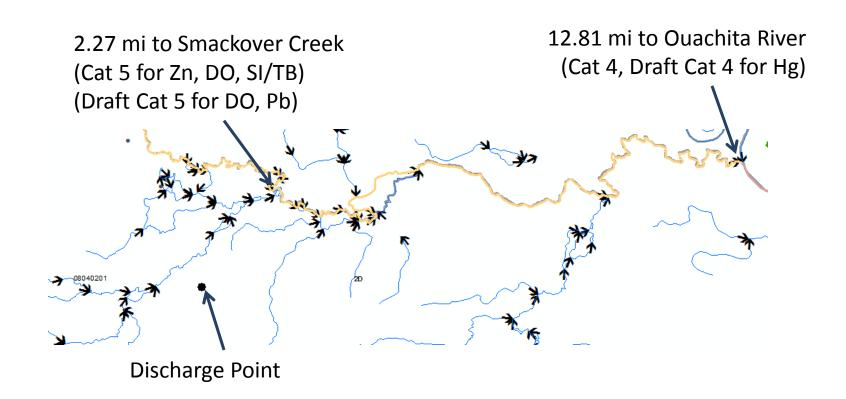
ARG670000 Checklist

ARG67 <u>0865</u>	New		☐ Renewal ☐ N	Nodificatio	on	
Permit Fee: CC Disclosure Statement:			Sec. of State Check: DE DE			
Does the facility have	any other NPDES pe	ermit: 🔲 No	Yes:ARR00115			
			If Yes, verify an	y overlapp	oing limits 🛮	
Discharge Path: unna	med tributary, Holm	nes Creek, Smac	kover Creek, Ouachita Ri	ver		_
HUC: <u>08040201</u>	S	tream Segment	: <u>2D</u>			
Potential Losing Stream	m Area:	☐ Yes				
Natural/Scenic Water:	■ No	☐ Yes:	Dist	ance:		_
Extraordinary Resource	e Water: 🔲 No	☐ Yes:	Dist	ance:		_
Ecologically Sensitive	Waterbody: 🔲 No	☐ Yes:	Dist	ance:		_
303 (d) list Impaired:	None					
■ Categ	ory 5 – Waterbody:	Smackover	Source/Cause: Zn, [OO, SI/TB	_ Distance:	2.27
Category	ory 4 – Waterbody:	<u>Ouachita</u>	Source/Cause: Hg		Distance:	12.81
Draft	Cat 5 – Waterbody:	Smackover	Source/Cause: <u>DO,</u>	Pb	Distance:	2.27
Draft	Cat 4 – Waterbody:	<u>Ouachita</u>	Source/Cause:_Hg		Distance: _	_12.81
X Discharge Locat Volume and Rate of D Test Water Source: Pipeline/Vessel Condit Pipe/Vessel Material:	ischarge: ischarge: Used	□ Virgir	1			
Typical fluid:						
Corrosion inhibitors:	■ No ■ Yes					
→ If Yes, MSDS she	ets included for eve	ry additive?				
Date sent to Tech.	Services Manager: _	R	esponse Date:	_		
Comments:						_
Check with Enforceme	ent for non-complia	nce issues: D	ate Sent_ <u>1/12/2017</u> _Res	ponse Dat	te_ <u>1/18/201</u>	<u>.7</u>
Discharge contains on	ly water used for hy	drostatic testin	g: 🔲			
>0.1 mg/l of chlorine i	n discharge: 🔲					
No substances that are	e not monitored by	effluent limits i	n permit: 🔲			
No lubricants with PCI	Bs:					
Other Comments:						

ARG670865 Stream Flow Map





Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

Begin New Search

For service of process contact the <u>Secretary of State's office</u>.

Corporation Name MARTIN OPERATING PARTNERSHIP L.P.

Fictitious Names CROSS PACKAGING

MARTIN LUBRICANTS

Filing # 100216770

Filing Type Foreign Limited Partnership
Filed under Act Foreign LP; 657 of 1979

Status Good Standing

Principal Address 484 E 6TH ST

SMACKOVER, AR 71762

Reg. Agent THE CORPORATION COMPANY
Agent Address 124 WEST CAPITOL AVENUE

SUITE 1900

LITTLE ROCK, AR 72201

Date Filed 08/12/2002

Officers SEE FILE, Incorporator/Organize

SEE FILE, Incorporator/Organizer
MARTIN OPERATING GP LLC, General Partners

Foreign Name N/A

Foreign Address 1209 ORANGE STREET WILMINGTON, 19801

,

State of Origin DE

Purchase a Certificate of Good Standing for this Entity

Pay Franchise Tax for this corporation

Department of State: Division of Corporations

Allowable Characters

HOME About Agency Secretary's Letter Newsroom Frequent Questions Related Links Contact Us Office Location File Number: SERVICES Pay Taxes
Bulk Tax Payment (alternative entity payment only) Entity Name: Delaware Laws Online Name Reservation Entity Kind: Entity Search Status Residency: Validate Certificate Customer Service Survey Status: INFORMATION Corporate Forms Corporate Fees UCC Forms and Fees Taxes Expedited Services Service of Process Registered Agents GetCorporate Status Submitting a Request Name: Address: How to Form a New Business Entity Certifications, Apostilles & Authentication of Documents City: State:

Frequently Asked Questions View Search Results **Entity Details** Incorporation Date / 6/21/2002 3539954 Formation Date: (mm/dd/yyyy) MARTIN OPERATING PARTNERSHIP L.P. Limited Entity Type: General Partnership **Domestic** State: DELAWARE Good Status Date: 6/1/2004 Standing REGISTERED AGENT INFORMATION THE CORPORATION TRUST COMPANY **CORPORATION TRUST CENTER WILMINGTON** County: DE Postal Code: 19801 Phone: 302-658-7581 Back to Entity Search **Email Status**

Governor | General Assembly | Courts | Elected Officials | State Agencies

For help on a particular field click on the Field Tag to take you to the help area.

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RE: ARG670773 Sandy Lands & ARR155465 Wildwood Water Association Enforcement Check for ARG67

Wednesday, January 18, 2017 10:54 AM

Subject	RE: ARG670773 Sandy Lands & ARR155465 Wildwood Water Association Enforcement Check for ARG67
From	Pemberton, Layne
То	Kreps, Alexander
Сс	McDonald, Scott
Sent	Wednesday, January 18, 2017 10:53 AM

Alex.

There are no apparent enforcement actions for either permittee at this time.

Thank you,

Layne Pemberton
Enforcement Analyst
ADEQ Office of Water Quality
Enforcement Branch
Phone: 501-682-0664

Phone: 501-682-0664 Fax: 501-682-0880

pemberton@adeq.state.ar.us



From: Kreps, Alexander

Sent: Thursday, January 12, 2017 4:00 PM

To: Pemberton, Layne **Cc:** McDonald, Scott

Subject: Enforcement Check

Layne,

Are there any enforcement issues with the following companies that would impede them from obtaining coverage under the Hydrostatic Testing Discharge General Permit (ARG670000):

Martin Operating Partnership – Sandy Land (AFIN 70-01421), or Wildwood Water Association?

Thanks,



OPERATING PARTNERSHIP **Smackover Operations Environmental Department 484 E Sixth Street** Smackover, AR 71762

January 10, 2017

Arkansas Department of Environmental Quality Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118

RE:

Hydrostatic Testing Discharge Permit Application to replace

Permit ARG670773

AFIN 70-01421

Martin Operating Partnership - Sandy Land

To Whom It May Concern:

Attached find Subject permit application the Martin Operating Partnership (MOP) Sandy Land pipeline and associated vessels. We request the \$200 fee be paid by corporate credit card.

Please contact Mr. Jim Dodson with any questions or concerns at 870 864 7550 or Jim.Dodson@martinmlp.com.

Respectfully submitted,

Randall Whitmore

Director - Corporate Environmental

pendell athetiers

Cc:

Jim Dodson – Sr. Environmental Coordinator

Attachments

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

, and the second se	Application T	ype: New 🗌	Re	newal 🗌	Permit # / AFIN#			
I. PERMITTE	E/OPERATO	R INFORMATION				WHAT THE THE THE THE THE THE THE THE THE TH		
Permittee (Legal Name):	Martin Operating Pa	rtnership, I	LP		Operator 7	Type:	
Permittee Mai	ling Address:	4200 Stone Road		****	☐ State		X Pa	rtnership
P	ermittee City:	Kilgore			☐ Feder	ral	☐ Co	rporation*
Pe	rmittee State:	TX	Zip: _75	6662	Sole 1	Proprietorship/	Private	
Permittee Teleph	one Number:	800 256 6644				Incorporation:		
Permittee	Fax Number:				_	I name of the to the name		
Permittee E-	mail Address:	Randall.Whitmore@	martiomlp	.com	Arkansas	Secretary of S	tate.	
II. INVOICE M	AILING INF	ORMATION						
Invoice Conta	ct Person: Ji	m Dodson			City:	Smackover		
Invoice Mailing	Company: M	artin Operating Partn	ership		State:	AR	Zip:	71762
Invoice Mailing	g Address: Sa	ame			Telephone:	870 864 7550		
III. FACILITY I	NFORMATION Sandy Land	ON		Facilit	ly Contact Per	rson: Jim Do	ison	
Facility Address:	152 Gas Plan	t Road			Contact 1	Title: Sr. Env	ronmen	tal Coor
Facility County:	Union			Contact Te	elephone Nun	iber: 870 864	7550	
Facility City, State	& Zip: AR	71762			Contact E-1	nail: Jim.Do	ison@n	nartinmlp.co
-		Facility NAICS Co		l Type		Refinery 92° 42′ 1.92″		
Accuracy:		Method:	Datum:		Scale:	Descrip	tion: _	· · · · · · · · · · · · · · · · · · ·
Section:	To	wnship: <u>16S</u>	Range:	16W				
		TION ng the applicable eff	luent limits	and cond	itions of the	general permí	!?	

^{*}If the answer is NO, do not submit the NOI for permit coverage.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

Outfall Number:	001					
Stream Segment:						
Hydrologic Basin Code:						
Outfall Latitude:	33	0	20'	7	32.046	17
Outfall Longitude:	92	0	42	,	7.416	25
County:	Union					
Start Date:	2/15/17		End Date:			
Name of Receiving Stream:	Tributary to	Hol	mes Creek			
Are any of the Receiving Stream						
Clean Water Act section 303 (d						
waters or have an approved TN	ADL? If yes, I	list				
the Receiving Streams.						
Estimated Volume of Discharge	;		20,000		gallons	
Estimated Rate of Discharge:			0.004		MGD	
Source of Test Water:			City water			
Pipeline/Vessel:			x Used 🔲 Virgin 🔲	Other		
Describe material from which p	ipeline/vessel w	as/	Steel			
constructed:						
Type of fluid normally conta	iined/transport	ed	Crude			
through pipe/vessel:				·····		
Are Corrosion Inhibitors Used?			No			
Does pipeline use compre		ats	Yes No			
containing polychlorinated biph	enyls (PCBs)?					
O JC II NI						
Outfall Number:						
Stream Segment:	· · · · · · · · · · · · · · · · · · ·		 			· · · · · · · · · · · · · · · · · · ·
Hydrologic Basin Code: Outfall Latitude:		0	****			T
		-		,		,,
Outfall Longitude:		L		,	<u> </u>	,,,
County:			T2 2 75	·····	T	
Start Date:			End Date:			
Name of Receiving Stream:						
Are any of the Receiving Stream	ms on the late	est				
Clean Water Act section 303 (d						
waters or have an approved TN the Receiving Streams.	add: At yes, 1	ISL				
Estimated Volume of Discharge:					1	
Estimated Volume of Discharge:	i				gallons	
Source of Test Water:					MGD	
Pipeline/Vessel:			Used Virgin (Other		
Describe material from which pi	neline/vessel w	205	Osca [] viigiii [] (Julei		
constructed:						
Type of fluid normally conta						
through pipe/vessel:				}		
Are Corrosion Inhibitors Used?:						
Does pipeline use compre	its	Yes No				
containing polychlorinated biphe						

Additional Outfalls can be added using separate attached pages.

WATER DIVISION

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

V.	FACILITY PERMIT INFO	RMAT	ION				
	NPDES 1	Individu	al Per	mit Number (If Appli	cable):	AR00	
	NPDE	S Gener	ral Per	mit Number (If Appli	cable): [ARG	
	State Co	nstructi	on Pe	rmit Number(If Appli	cable):		
Ì	NPDES General Construction St	ormwai	er Per	mit Number (If Applie	cable): _	ARR15	
VI.	OTHER INFORMATION						
	ditional Location Description	N/A				······	
	ditional Comments:						
	nsultant Contact Name:						
	nsultant Email Address:			O:		Ga-a	7:
	nsultant Address: nsultant Phone Number:			City:		State:x Number:	
Co	isunant Phone Number.			Colise	mant ra	X Mumber.	
Arkan certifi statem withou	sare Statements: sas Code Annotated Section 8 cation or operational authority tent with their applications. The ut one. You must submit a new tained from ADEQ web site at:	issued b filing o disclos	y the fadis sure st	Arkansas Department closure statement is m atement even if you h	of Envir andatory ave one	ronmental Quality . No application on file with the D	y (ADEQ) file a disclosure can be considered complete
VII. F	PERMIT REQUIREMENT Please check the following to ve				ents.		
	-	Yes	No	* If No is answered	for any of	the questions, then	a permit can not be issued!
	omittal of Complete NOI? omittal of Required Permit	×					
Fee		\boxtimes		Check Number:	Credit c	ard	
	omittal of Site Map?	\boxtimes		-			
	omittal of Disclosure tement?	\boxtimes					

WATER DIVISION 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

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ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

PIPELINE HYDROSTATIC TESTING DISCHARGE NPDES GENERAL PERMIT ARG670000

VIII. CERTIFICATION OF OPERATOR

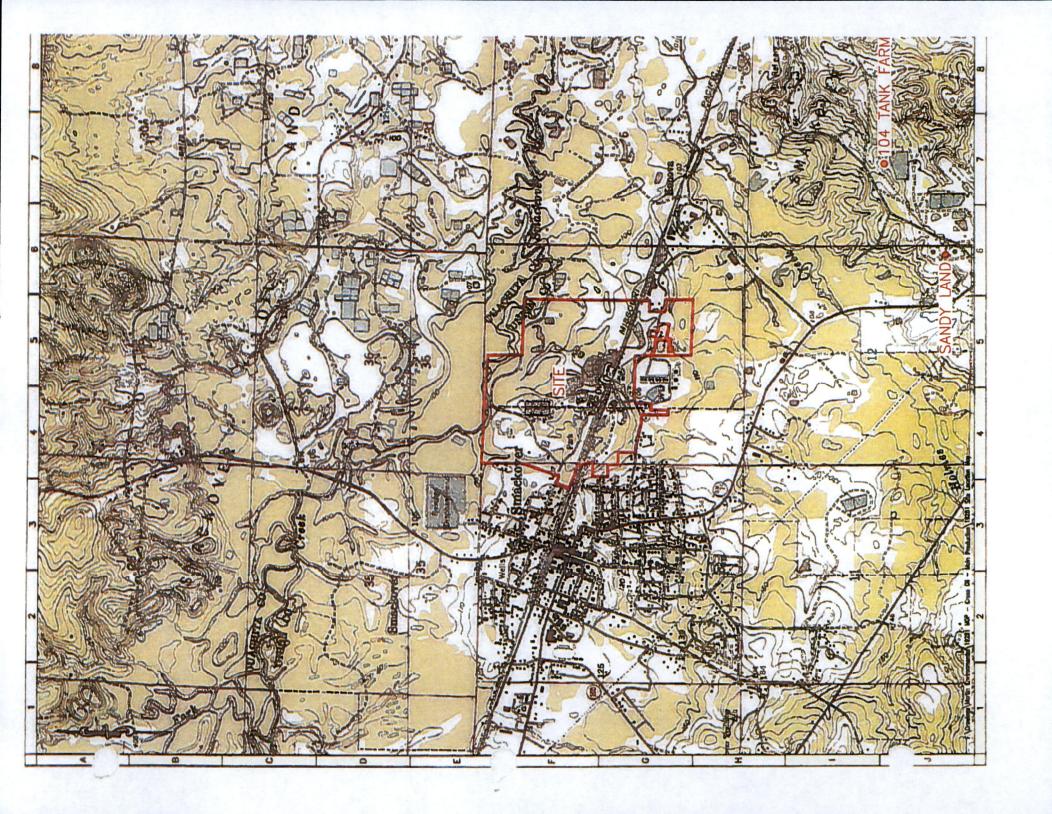
(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

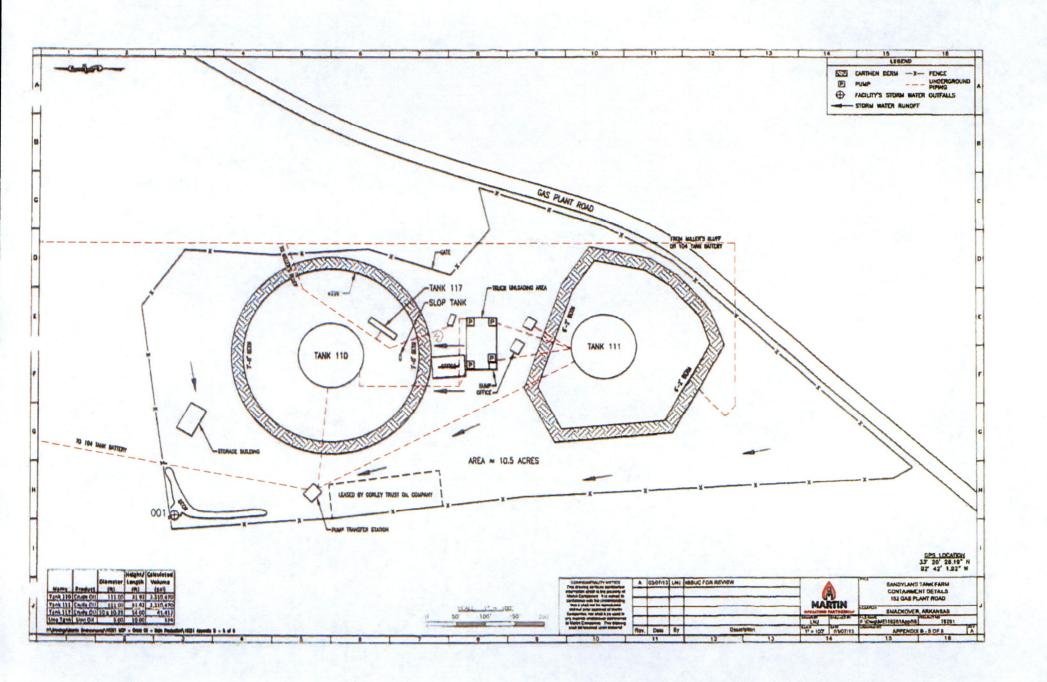
(Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I

understand that the Department will accept reports signed only by the Applicant."

(Initial) "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Responsible Official Printed Name: Responsible Official Signature: Responsible Official Email:	Matt Yost Matt Yost@martinmlp.com		Terminalling /o - 17
Cognizant Official Printed Name: Cognizant Official Signature: Cognizant Official Email:	Randall Whitmore Randall Whitmore@martinm	Title: Date: Telephone:	Director - Corp Environmental /-10 - 2017 870 864 7841





ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:
A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.
If Not Submitting by ePortal, Mail Original to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317
1. APPLICANT: (Full Name)
Randall Whitmore
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):
484 E 6th Street 3. CITY, STATE, AND ZIPCODE:
Smackover, AR 71762
Undervice, Til Tille
4a. Applicant Type:
Individual Corporate or Other Entity
Individual W Corporate of Other Cataly
4b. Reason for Submission:
Permit License Certification Operational Authority
New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division:
Alr 🗹 Water 🗌 Hazardous Waste 🔲 Regulated Storage Tank 🔲 Mining 📗 Solid Waste
5. Declaration of No Changes:
The violation history, experience and credentials, involvement in current or pending environmental lawsults, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on

6. Describe the experience and credentials of the Applicant, including the receipt of any past or authorization relating to environmental regulation. (Attach additional pages, if necessary.)	present permits, licenses, certifications or operational
1	
7. List and explain all civil or criminal legal actions by government agencies involving environm in the last ten (10) years including:	ental protection laws or regulations against the Applicant a
in the last ten (10) years including:	ental protection laws or regulations against the Applicant *
in the last ten (10) years including: 1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority;	ental protection laws or regulations against the Applicant *
 Administrative enforcement actions resulting in the imposition of sanctions; Permit or license revocations or denials issued by any state or federal authority; Actions that have resulted in a finding or a settlement of a violation; and Pending actions. 	ental protection laws or regulations against the Applicant a
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8. List all officers of the Applicant. (A	Add additional pages, it necessary.)
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
	TITLE:
CITY, STATE, ZIP:	
!	TITLE:
CITY, STATE, ZIP:	
9. List all directors of the Applicant.	(Add additional pages, if necessary.)
NAME:	TITLE:
1	
, , , , , , , , , , , , , , , , , , , ,	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
10. List all partners of the Applicant.	(Add additional pages, if necessary.)
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
	-
NAME:	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
Ad A Lab all management and but the A	applicant in a supervisory capacity or with authority over operations of the facility subject to this application.
	TITLE:
CITY, STATE, ZIP:	
NAME.	TITLE:
	TITUE.
	TITLE:
1	

	r control more than five percent (5%) of the Applicant's debt or equity.
NAME:	TITLE:
CITY, STATE, ZIP:	
	NUMBER OF
	TITLE:
OH I, OTAL E, EMI	
MIARAT.	eriere e.
	TITLE:
CITY STATE ZIP:	
13. List all legal entities, in which the Applican	t holds a debt or equity interest of more than five percent (5%).
NAME:	TITLE:
NAME:	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
14. List any parent company of the Applicant.	Describe the parent company's ongoing organizational relationship with the Applicant.
NAME:	
STREET:	
CITY, STATE, ZIP:	
Organizational Relationship:	
15. List any subsidiary of the Applicant. Descr	ibe the subsidiary's ongoing organizational relationship with the Applicant,
15. List any subsidiary of the Applicant. Descr	ibe the subsidiary's ongoing organizational relationship with the Applicant.
NAME:	
NAME: STREET: CITY, STATE, ZIP:	
NAME:STREET:	
NAME: STREET: CITY, STATE, ZIP:	

NAME: THILE:	I6. List any person who is not now in comp jurisdiction and who through relationship t the Applicant in a manner which could adv	liance or has a history of noncompliance with the environmental laws or regulations of this state or any other by blood or marriage or through any other relationship could be reasonably expected to significantly influence ersely affect the environment.
STREET: CITY, STATE, ZIP: NAME: TITLE: STREET: CITY, STATE, ZIP: 17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.	NAME:	TITLE:
NAME: TITLE: STREET: CITY, STATE, ZIP: 17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
NAME: TITLE: STREET: CITY, STATE, ZIP: 17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
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STREET: CITY, STATE, ZIP: 17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
CITY, STATE, ZIP: 17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
Applicant.	•	
Applicant.		
Region 6 EPA		and any other environmental agencies outside this state that have or have had regulatory responsibility over the
Region 6 EPA	5 (55)	
	Region 6 EPA	

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

	all attachments were prepared designed to assure that qualific Based on my inquiry of the pe responsible for gathering the i and belief, true, accurate, and	, certify under penalty of law that this document and under my direction or supervision in accordance with a system ed personnel properly gather and evaluate the information submitted. rson or persons who manage the system, or those persons directly information, the information submitted is, to the best of my knowledge complete. I am aware that there are significant penalties for submitting e possibility of fines and imprisonment for knowing violation.
A	PPLICANT IGNATURE: Klushali D	Catal
T	ITLE: Director - Corporate Environ	nental
D	ATE:	2017

RE: Hydrostatic Testing Discharge Permit Application, Martin Operating Partnership - Sandy Land

Friday, January 13, 2017 7:34 AM

Subject	RE: Hydrostatic Testing Discharge Permit Application, Martin Operating Partnership - Sandy Land
From	Jim Dodson
То	Kreps, Alexander
Сс	Matt Yost; Randall Whitmore
Sent	Friday, January 13, 2017 7:17 AM

Clarified below

From: Kreps, Alexander [mailto:kreps@adeq.state.ar.us]

Sent: Tuesday, January 10, 2017 2:42 PM

To: Jim Dodson < Jim. Dodson@martinmlp.com>

Cc: Matt Yost < Matt.Yost@martinmlp.com; Randall Whitmore < Randall.Whitmore@martinmlp.com Subject: Hydrostatic Testing Discharge Permit Application, Martin Operating Partnership - Sandy Land

Mr. Dodson,

The Department has received your Notice of Intent for coverage under the Hydrostatic Testing Discharge General Permit (ARG670000). To complete the application, we request the following be provided:

- 1. Proof of Good Standing in your state of origin (Delaware's Secretary of State), Attached and
- 2. Answers to the following questions:
 - a. Will the discharge contain substances that are not addressed by this permit? (Part 1.2.2.2) No it will not
 - b. Will the discharge contain only water used for hydrostatic testing? (Part 1.2.2.9) Yes only city water
 - c. Will you be using water with a total residual chlorine concentration of more than 0.1 mg/L? (Part 1.2.2.12) No, total residual chlorine will be below 0.1 mg/L

Please contact me with any questions.

Regards,

Alex Kreps

Engineer, NPDES ADEQ Office of Water Quality Phone: (501) 682-0619

Fax: (501) 682-0880 Attn: kreps

kreps@adeq.state.ar.us