

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
PIPELINE HYDROSTATIC TESTING DISCHARGE
NPDES GENERAL PERMIT ARG670000**

Application Type: New Renewal Permit # ARG67 _____
AFIN# _____

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Reliable Contracting Group Operator Type:
Permittee Mailing Address: 13035 Middletown Industrial BLVD. State Partnership
Permittee City: Louisville Federal Corporation*
Permittee State: KY Zip: 40223 Sole Proprietorship/Private
Permittee Telephone Number: 502-244-2596 *State of Incorporation: KY
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: ncox@teamreliable.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Nate Cox City: Louisville
Invoice Mailing Company: Reliable Contracting Group State: KY Zip: 40223
Invoice Mailing Address: 13035 Middletown Industrial BLVD Telephone: 214-433-0650

III. FACILITY INFORMATION

Facility Name: Little Rock Air Force Base - Bulk Fuels Facility Contact Person: Mark Fannin
Facility Address: 1342 Pipeline Parkway Contact Title: Quality Control Manager
Facility County: Pulaski Contact Telephone Number: 502-777-6031
Facility City, State & Zip: Jacksonville, AR 72099 Contact E-mail: mfannin@teamreliable.com
Facility SIC Code: 1799 Facility NAICS Code: 237120 Type of Business: Air Force Base
Facility Latitude: 34 Deg 54 Min 18.38Sec Facility Longitude: 92 Deg 07 Min 46.66Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Section: _____ Township: _____ Range: _____

IV. DISCHARGE INFORMATION

Is the permittee capable of meeting the applicable effluent limits and conditions of the general permit?
 Yes No*

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

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Outfall Number:	0001			
Stream Segment:	3C			
Hydrologic Basin Code:	11110207			
Outfall Latitude:	32	°	54	'
Outfall Longitude:	92	°	07	'
County:	Pulaski			
Start Date:	4/4/22	End Date:	6/1/23	There will be three serperate discharges for hydrtesting the storage tanks. This will be completed in phases during construction.
Name of Receiving Stream:				
Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.				
Estimated Volume of Discharge:	3,301,788 (For All 3 Discharges)			gallons
Estimated Rate of Discharge:	322,140 gallons per day			MGD
Source of Test Water:	Jacksonville Water Works - Fire Hydrant			
Pipeline/Vessel:	Bulk Fuel Tank	<input checked="" type="checkbox"/> Used	<input type="checkbox"/> Virgin	<input type="checkbox"/> Other _____
Describe material from which pipeline/vessel was constructed:	Steel			
Type of fluid normally contained/transported through pipe/vessel:	Jet Fuel / Jet A			
Are Corrosion Inhibitors Used?:	Yes			
Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Outfall Number:				
Stream Segment:				
Hydrologic Basin Code:				
Outfall Latitude:		°		'
Outfall Longitude:		°		'
County:				
Start Date:		End Date:		
Name of Receiving Stream:				
Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.				
Estimated Volume of Discharge:				gallons
Estimated Rate of Discharge:				MGD
Source of Test Water:				
Pipeline/Vessel:	<input type="checkbox"/> Used <input type="checkbox"/> Virgin <input type="checkbox"/> Other _____			
Describe material from which pipeline/vessel was constructed:				
Type of fluid normally contained/transported through pipe/vessel:				
Are Corrosion Inhibitors Used?:				
Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Outfalls can be added using separate attached pages.

WATER DIVISION
 5301 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
 PHONE 501-682-0623 / FAX 501-682-0880
 www.adeq.state.ar.us

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V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number(If Applicable): _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15 0000
Permit Tracking # ARR157176 AFIN 60-06093

VI. OTHER INFORMATION:

Additional Location Description _____
Additional Comments: No Additives
Consultant Contact Name: _____
Consultant Email Address: _____
Consultant Address: _____ City: _____ State: _____ Zip: _____
Consultant Phone Number: _____ Consultant Fax Number: _____

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeg.state.ar.us/disclosure_stmt.pdf.

VII. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>	Payment will be made online Check Number: _____
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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VIII. CERTIFICATION OF OPERATOR

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

DAC (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."

DAC (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: David Conkin Title: Vice President

Responsible Official Signature: _____ Date: 16-March-2022

Responsible Official Email: dconkin@teamreliable.com

Cognizant Official Printed Name: _____ Title: _____

Cognizant Official Signature: _____ Date: _____

Cognizant Official Email: _____ Telephone: _____
