



**NOTICE OF INTENT (NOI)
FOR SURFACE FACILITIES ASSOCIATED WITH DISPOSAL SYSTEMS
FOR INJECTION OF SALTWATER AND OTHER OILFIELD WASTES
AUTHORIZED UNDER NO-DISCHARGE GENERAL PERMIT 0000-WG-SW**

The enclosed form may be used to obtain coverage under No-Discharge General Permit 0000-WG-SW for construction and operation of the surface facilities associated with Class II underground injection control well commercial salt water disposal surface facility sites and/or surface facility sites having salt water storage capacity of over one thousand barrels. **Only a copy of this authorized Notice of Intent form will be accepted by this Division.**

DIRECTIONS:

Anyone seeking coverage under the No-Discharge general permit 0000-WG-SW must complete the following:

- **complete all sections of the Notice of Intent.**
- **sign the Certification in Section IX and the Cognizant Official in Section X.**
- **submit the following to the Division:**

		Complete NOI	Complete Disclosure Statement	Complete Permit Transfer Form	Permit Fee	Deadline for Submittal
New Applicant		Yes	Yes	No	Yes*	Minimum thirty (30) days prior to commencement of operation of the facility.
Modification of System	Increase in salt water storage volume	Yes	Yes	No	Yes	Minimum thirty (30) days prior to commencement of operation of the facility.
Modification of System	change in volume of stored fluids not increasing size of storage tanks or containment area; addition or deletion of production wells	Yes	Yes	No	No	Minimum thirty (30) days prior to commencement of operation of the facility.
Transfer to new owner or operator		No	Yes	Yes	No	Minimum thirty (30) days prior to the transfer of the facility.

* Required by APC&EC Rule No. 9. Subsequent annual fees of \$250.00 per year will be billed by the Division. Failure to remit the required permit fee may be grounds for the Director to deny coverage under this general permit, and to require the owner or operator to apply for an individual no-discharge permit.

Return the completed forms to:

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

Or by electronic mail [completed documents must be submitted in Adobe Acrobat format (pdf)] to:

[Water-permit-application@adeq.state.ar.us](mailto:water-permit-application@adeq.state.ar.us). **The Notice of Coverage (NOC) (for permit coverage) will not be issued until payment has been received by ADEQ.**

For additional information please contact:

No-Discharge Permits Section
Ph.: (501) 682-0650
Fax: (501) 682-0880
Email: water-permit-application@adeq.state.ar.us

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Application Type: New Previously Covered Permit Tracking No. _____ AFIN ____-_____

Facility (System) Name	Total Saltwater Storage Volume (bbl)	Commercial (Yes/No)

I. PERMITTEE/OWNER INFORMATION

Permittee (Legal Name)*: _____	Operator Type:
Permittee Mailing Address: _____	<input type="checkbox"/> STATE <input type="checkbox"/> PARTNERSHIP
Permittee City: _____	<input type="checkbox"/> FEDERAL <input type="checkbox"/> CORPORATION**
Permittee State: _____ Zip: _____	<input type="checkbox"/> SOLE PROPRIETORSHIP
Permittee Telephone Number: _____	<input type="checkbox"/> PUBLIC
Permittee Fax Number _____	<input type="checkbox"/> OTHER: __ _____
Permittee E-mail Address _____	**State of Incorporation: _____

* The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.(http://www.sos.arkansas.gov/corps/search_all.php)

II. INVOICE MAILING INFORMATION (if different from facility mailing address)

Invoice Contact Person: _____	City: _____
Invoice Mailing Company: _____	State: _____ Zip: _____
Invoice Mailing Address: _____	Telephone: _____

III. OPERATOR INFORMATION (if different from the Owner)

Operator (Legal Name)*: _____	
Operator Mailing Address: _____	
Operator City: _____	
Operator State: _____ Zip: _____	
Operator Telephone Number: _____	
Operator Fax Number _____	
Operator E-mail Address _____	

IV. CONSULTANT INFORMATION (If applicable)

Consultant Company: _____	
Consultant Contact Name: _____	
Consultant Email Address: _____	
Consultant Address: _____ City: _____ State: _____ Zip: _____	
Consultant Phone Number: _____ Consultant Fax Number: _____	

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IV. FACILITY INFORMATION

The following must be included with the NOI:

- The designation of the type of system;
 - **general** (all saltwater is piped to system from connected production wells)
 - **individual** (saltwater is piped and/or trucked to system from owner's production wells), or
 - **commercial** (saltwater accepted from various production wells and manifests must be submitted to AOGC)
- A copy (8 ½" X 11") of a topographic map showing:
 - the location of the facility and the connected producing wells,
 - the nearest waterbody, water supplies, dwellings, and property lines for the facility,
 - pipeline transmission lines (above and below ground surface);
 - the name of and distance to the nearest waterbody;
- A copy of a county road map or a Google Earth map showing roadways in the vicinity of the site, **including driving directions to the facility**;
- A diagram of the secondary containment including:
 - The composition of the firewall and the areal dimensions (including firewall height);
 - The materials, sizes, and locations of any storage tanks, gunbarrels, separators, heater treaters, pumps, piping, and/or any other equipment within the secondary containment;
 - The location of the stormwater release valve;
 - Calculations demonstrating adequate secondary containment capacity of at least 1.5 times the size of the largest tank within the secondary containment area (e.g. one 500 bbl tank requires at least 750 bbl secondary storage capacity);
 - A statement indicating **whether or not the system has an automatic cut-off switch (Murphy switch)**; **Y/N**
 - A statement indicating how stormwater will be disposed. If released outside secondary containment, state the chloride testing results in parts per million. (Should be 300 ppm chlorides or less).
- For each system; provide a spreadsheet listing the name and latitude/longitude of each production well AND the volume of saltwater produced by each production well AND the total volume of saltwater produced by all the production wells. For systems with more than one disposal well, provide the volume of salt water for disposal for each disposal well.
- An AOGC-approved authorization to construct and/or operate any injection well associated with the injection facility(s), an approved AOGC Form 23 (for a change of operator only), or any other AOGC-approved approval document to construct and/or operate the injection wells that includes the permitted injection volume;
- A completed ADEQ disclosure statement. (available from the Division's website at the following link: http://www.adeg.state.ar.us/ADEQ_Disclosure_Statement.pdf)
- A copy of the Certificate of Good Standing from the AR Secretary of State's website (available at the following link: http://www.sos.arkansas.gov/corps/search_all.php);
- A check for the permit fee (if applicable-see page one of this form)

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VI. SALTWATER DISPOSAL WELLS

Name of Injection Well(s)	Permitted maximum injection volume (bswpd)	Permitted maximum injection pressure (psi)	AOGC Permit No.	Latitude	Longitude

VII. PRODUCTION WELLS

List all production wells that generate salt water disposed of in the system (piped and/or trucked). **If necessary, attach another sheet to this form.** For commercial wells, indicate that the well is a commercial well on page 2 of the NOI.

Name of production well(s)	Volume of salt water produced per day(in barrels)	Latitude	Longitude
Total volume salt water produced			

VIII. PERMIT REQUIREMENT VERIFICATION CHECKLIST FOR NEW PERMITS AND MODIFICATIONS.

Please check the following to verify completion of permit requirements.

A completed NOI <i>including the following information:</i>	<input type="checkbox"/>
The name of and distance to the nearest waterbody	<input type="checkbox"/>
A topographic map	<input type="checkbox"/>
A county road map or Google Earth map	<input type="checkbox"/>
A diagram of the secondary containment, including dimensions and composition of containment units	<input type="checkbox"/>
Calculations demonstrating adequate secondary containment capacity	<input type="checkbox"/>
Whether or not the system has an automatic cut-off switch (Murphy Switch)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How the stormwater is to be disposed (if released outside secondary containment, state the chloride testing results)	<input type="checkbox"/>
A copy of the Certificate of Good Standing from the AR Secretary of State's website available at the following link: http://www.sos.arkansas.gov/corps/search_all.php	<input type="checkbox"/>
A copy of an AOGC approval document to construct and/or operate the injection well including permitted volumes of salt water	<input type="checkbox"/>
List of disposal wells and of production wells, including salt water volumes	<input type="checkbox"/>
A completed ADEQ disclosure statement available from the Division's website at the following link: http://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf	<input type="checkbox"/>
The required permit fee	<input type="checkbox"/>
Check number:	<input type="checkbox"/>

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Signatory Requirements:

All Notices of Intent submitted to the Director shall be signed and certified by a **Responsible Official** as defined in the “signatory requirements for permit applications” (40 CFR 122.22).

Responsible official is defined as follows:

For a **corporation**: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:

- 1) A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- 2) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a **partnership** or **sole proprietorship**: by a general partner or the proprietor, respectively.

For a **municipality, State, Federal, or other public agency**: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:

- 1) The chief executive officer of the agency; or
- 2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

IX. CERTIFICATION OF OPERATOR

This statement must be completed for all applicants requesting coverage under 000-WG-SW.

“I certify that, if this facility is a corporation, it is registered and in good standing with the Arkansas Secretary of State.”

“I certify that the cognizant official designated in Part VIII of this Notice of Intent 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 Division will accept reports only signed by the applicant.”

“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 who manage the system, or those persons directly responsible for gathering 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 known violations.”

X. COGNIZANT OFFICIAL

OPERATORS

Responsible Official Printed Name: _____ Title: _____
Responsible Official Signature: _____ Date: _____

COMPANY OWNER OR OTHER DESIGNATED SIGNATORY AUTHORITY

Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Telephone: _____
Cognizant Official E-mail: _____ Date: _____
