



**APPLICATION (NOTICE OF INTENT) TO OBTAIN
COVERAGE UNDER NDPDES GENERAL PERMIT
FOR STORMWATER DISCHARGES ASSOCIATED
WITH CONSTRUCTION ACTIVITY (NDR10-0000)**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 19145 (01/10)

FOR DEPT. USE ONLY

Application No.
Date Received

GENERAL INFORMATION

Name of Owner of Construction Project Oneok Partners, Bear Paw Energy	Contact Person Name (Mr / Ms) Ms. Lynn Reed, P.E.	Contact Phone No. 918.588.7380
Mailing Address 100 West Fifth Street	City Tulsa	State/Province OK
		Zip Code 74103-4298
Name of Operator Working at Site (attach additional, if needed) <i>Al Cuykendall</i>	Contact Person Name (Mr / Ms) <i>Mr.</i>	Contact Phone No. <i>701-565-2296</i>
Mailing Address <i>16001 Bernice Pierre Road</i>	City <i>Sidney</i>	State/Province <i>MT</i>
		Zip Code <i>59270</i>

PROJECT INFORMATION

Name of Construction Project Garden Creek Gas Plant			
Brief Description of Construction Activity Construction of gas processing facility, to include fractionation, storage, wholesale transfer station, transmission, and miscellaneous auxiliary and appurtenant equipment.			
Project Start Date September 1, 2010	Estimated Completion Date 2011	Estimated Total Area of Site (acres) 80	Estimated Area of Disturbance (acres) 60
Project Location	Street Address		City
	OR	Township 151 N	Range 98 W
		Section 35	County McKenzie
	Latitude		Longitude
Receiving Water	Name of Municipal Storm Sewer System, Including Receiving Water N/A		
	OR	Name or Description of Receiving Water Cherry Creek is located approximately 2200 feet south/southwest of project.	

Stormwater Pollution Prevention Plan (SWPPP) Requirements

Has a SWPPP been developed in accordance with Part II.C of NDR10-0000?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STOP: A SWPPP must be prepared and available for review at the time of application. See Part I.D.2 of NDR10-0000 for submittal information.
SWPPP Contact (NDR10-0000, Part II.C.2.a)	SWPPP Contact Phone No.	SWPPP Location (NDR10-0000, Part III.B) SWPPP Contact to retain records locally

Signature Information

<p>RETURN COMPLETED APPLICATION TO:</p> <p>North Dakota Department of Health Division of Water Quality, 4th Floor 918 East Century Avenue Bismarck, ND 58501-1847</p> <p>Telephone: (701) 328-3210 Fax: (701) 328-6200</p>	<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.</p>	
	Printed Name of Owner(s) Lynn T. Reed, PE	Title Environmental Manager
	Signature of Owner(s) <i>[Signature]</i> FOR Lynn T. Reed	Date 8/25/10
	Printed Name of Operator(s) Al Cuykendall	Title Special Projects/Opt.
Signature of Operator(s) <i>[Signature]</i>	Date 8/24/10	