

SHERIDAN WATER AND SEWER

P O BOX 486

SHERIDAN, AR 72150

TO: Alan Anderson

FROM: Jill Reese

PHONE:

PHONE: 870-942-2722

FAX:

FAX: 870-942-1937

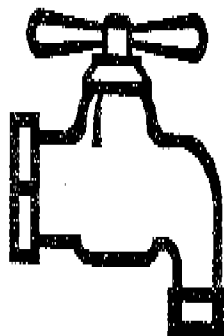
- Urgent
-
- For Review
-
- Please Comment
-
- Please Reply

Date sent: 7-25-16

Time sent:

Number of pages including cover page: 2

MESSAGE:



REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Number: AR00343417 Facility Name: Sheridan Water Works

- Type of Change: (check one)
- New Cognizant Official (or duly authorized representative) (sections 1 and 2)
 - New Responsible Official (complete section 2 only)
 - Both (sections 1 and 2)
 - Additional Cognizant Official (or duly authorized representative) (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) (See 122.22(b); the individual, authorized by the ranking official in writing, as having responsibility for the overall operation of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following individual as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Tamela Julie Reese

Signature of the Cognizant Official (Duly Authorized Representative)

Tamela "Julie" Reese

Name (First Name, MI, Last Name) Typed or Printed

8 Hopewell Dr

Mailing Address

Sheridan, AR 72150

City, State, and Zip

Office Manager

Title

(870) 917-5244

A/C

Phone

870-942-1937

Fax

Email Address: SheridanWater@windstream.net

By signature below, the responsible official certifies that the above named individual is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RESPONSIBLE OFFICIAL** (Note: The responsible official is the person authorized to sign the permit application i/a/w 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.)

Joe C. Wise Jr

Signature of the Responsible Official

07/21/16

Date

JOE C. WISE JR

Name (First Name, MI, Last Name) Typed or Printed

PO BOX 44

Mailing Address

SHERIDAN, AR 72150

City, State, and Zip

MANDR

Title

870 942 3921

A/C

Phone

870 942 4683

Fax