

Wilson, Tabatha

From: Gilliam, Allen
Sent: Friday, February 14, 2014 2:13 PM
To: aimee.branscum@st-ji.com; Wozny Tim
Cc: Fuller, Kim; Wilson, Tabatha; hswd@sbcglobal.net
Subject: AR0022381_Saint Jeans ARP001050 Feb 2014 signatory and owner change notification with ADEQ reply_20140214
Attachments: hs-sharpcolor@st-ji.com_20140206_160944.pdf

Aimee,

Thank you for the attached forms denoting a change in signatory authority and ownership change from Superior to Saint Jean.

Tim Wozny will now be recognized as the signatory authority for future Pretreatment reports from Saint Jean.

This correspondence (attached) will be filed in this office's file for Saint Jean.

Sincerely,

Allen Gilliam
ADEQ State Pretreatment Coordinator
501.682.0625

ec: Donald Knight, Heber Springs General Manager

E/NPDES/NPDES/Pretreatment/Reports

From: Branscum Aimee [<mailto:aimee.branscum@st-ji.com>]
Sent: Thursday, February 06, 2014 2:54 PM
To: Gilliam, Allen; Fuller, Kim
Cc: Branscum Aimee; Wozny Tim
Subject: RE: AR0022381_Saint Jeans ARP001050 Nov 2013 semi-annual Pretreatment report and ADEQ reply_20131213

Please see enclosed the requested information.

Please let me know if additional information is needed.

Best Regards, Aimee

Aimee BRANSCUM

Human Resources Manager

Saint Jean Industries Inc

Innovative Solutions

424 Industrial Park Road
USA - AR - 72543 Heber Springs
Tel :+1 501 362 9540

**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

Pretreatment Permit
and/or Tracking
Number:

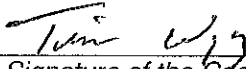
ARPO0150

Facility Name: Saint Jean Industries, Inc.

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

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) [See 40 CFR 403.12(l)(3)]; 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 Pretreatment required reports, etc., including Periodic Monitoring Reports required by the Federal Pretreatment Regulations, and other information requested by the Director:



Signature of the Cognizant Official (Duly Authorized Representative)

Tim Wozny

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

424 Industrial Park Rd

Heber Springs, AR 72543

Mailing Address

City, State, and Zip

Maint Manager

(501)

362-9500

501-206-5471

Title

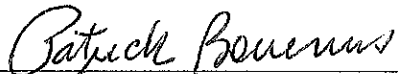
Phone

Cell

Email Address: Tim.Wozny@st-ji.com

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 402.12(l)(3).

2. **RESPONSIBLE OFFICIAL** {Note: For a Corporation: it is the responsible corporate officer. For a Partnership or Sole Proprietorship: a general partner or proprietor. [see 40 CFR 403.12(l)(1) or (2)]}



Signature of the Responsible Official

2-3-14

Date

Patrick Bowens

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

424 Industrial Park Rd

Heber Springs, AR 72543

Mailing Address

City, State, and Zip

Plant Manager

501

362-9500

501-362-9539

Title

A/C

Phone

Fax

Email Address: Patrick.bowens@st-ji.com

Certification: I certify under penalty of law that this document and all attachments were prepared under my direct 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, 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.

Will the Responsible Official also be the person signing submittals?

Yes No

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880

www.adeq.state.ar.us

PRETREATMENT PERMIT/INDIRECT DISCHARGER (PRETREATMENT TRACKING #) TRANSFER FORM

Please select one of the following options:

A. Permittee/Indirect Discharger (legal Name) change

B. Facility name change

C. Responsible official name change

A B C A & B A & C B & C A & B & C

PERMIT/INDIRECT DISCHARGER TRACKING NUMBER: _____

I. CURRENT PERMITTEE/INDIRECT DISCHARGER INFORMATION

Permittee/Indirect Discharger (legal name): Superior Industries, Inc.

Facility Name: _____

Responsible Official Name (see Section IV below): _____

Is the permittee/indirect discharger identified above, the owner of the facility? Yes No

If you mark No, please list the name of the owner: _____

II. NEW PERMITTEE/FACILITY INFORMATION

Permittee/Indirect Discharger (legal name): Saint Jean Industries, Inc.

Facility Name (if different from above): Saint Jean

Is the permittee/indirect discharger identified above, the owner of the facility? Yes No

If you mark No, please list the name of the owner: _____

Responsible Official Name (see Section IV below): Patrick Bowens

Official Title of Responsible Officer: Plant Manager

E-mail: Patrick.Bowens@st-ji.com

Owner Type:

Permittee/Indirect Discharger Physical Address: 424 Industrial Park Rd STATE PARTNERSHIP

Permittee/Indirect Discharger City: Heber Springs FEDERAL CORPORATION

Permittee/Indirect Discharger State: AR Zip: 72543 SOLE PROPRIETORSHIP

Permittee/Indirect Discharger Telephone No.: 501-362-9500

Is the new Permittee/Indirect Discharger registered with the Arkansas Secretary of State? Yes No

If yes, please provide the full name of corporation if different than the legal permittee name listed above. _____

Facility Mailing Address: 424 Industrial Park RD Facility City: Heber Springs

Facility State: AR Zip: 72543

Facility Contact Person Name: Tim.Wozny Contact Person Title: Maint Manager

Telephone Number: 501-206-5471 Fax Number: 501-362-9539 E-mail: Tim.Wozny@st-ji.com

Invoice Contact Person: Janice Brents City: Heber Springs

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880

www.cdeq.state.ar.us

PRETREATMENT PERMIT/INDIRECT DISCHARGER (PRETREATMENT TRACKING #) TRANSFER FORM

Invoice Mailing Address: 424 Industrial Park Rd State: AR Zip: 72543
Invoice Mailing Address: 424 Industrial Park Rd Telephone: 501-362-9500
Cognizant Official Name*: Tim Wozny Cognizant Official Title: Maint Manager
Telephone Number: 501-206-5471 Fax Number: 501-362-9539 E-mail: Tim.Wozny@st-ji.com
* Duty Authorized Representative as outlined in 40 CFR 403.12(l)(3)

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete this Section (III.) only if the permit/Pretreatment Tracking # has a new owner or a new ownership.

Please specify the closing date for this transaction: 9-25-2006

Current Permittee/Indirect Discharger (Seller): Superior Industries, Inc.

Signature of Responsible Corporate Officer: _____
Title of Responsible Corporate Officer: _____
Printed Name of Responsible Corporate Officer: _____
Date: _____

New Permittee/Indirect Discharger (Buyer): Saint Jean Industries, Inc.

Signature of Responsible Corporate Officer: _____
Title of Responsible Corporate Officer: Plant Manager
Printed Name of Responsible Corporate Officer: Patrick Bowens
Date: 2-3-2014

IV. CERTIFICATION OF NEW PERMITTEE/INDIRECT DISCHARGER

"I certify that the cognizant official designated in this Permittee/Indirect Discharger Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 403.12(l)(3). If no cognizant official has been designated, I understand that the Department will accept reports 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 knowing violations."

In addition, I certify that there will be no operational changes that warrant a permit/indirect discharger Pretreatment standards modification.

Typed or Printed Name: Patrick Bowens Title: Plant Manager
Signature: *Patrick Bowens* Date: 2-3-2014