

ADEQ

ARKANSAS
Department of Environmental Quality

October 24, 2011

Gayle Stude
Yellville, City of
P.O. Box 647
Yellville, AR 72687

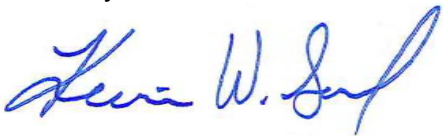
RE: NPDES Permit Number AR0034037, AFIN 45-00023,

Dear Mr. Stude,

The Water Division Enforcement Branch is requesting that the permittee submit an updated signatory authorization form for the facility referenced above. Enclosed is a signatory authorization form. Please fill out the form completely and submit the completed form back to the Department so we may place them on file and correct our records.

Thank you for your attention to this request. Please refer to NPDES Permit Number AR0034037 and AFIN 45-00023 in any written correspondence to this Department. Should you have any questions, feel free to contact me at 501-682-0823 or e-mail to suel@adeq.state.ar.us.

Sincerely,



Kevin Suel
Enforcement Analyst
Water Division, Enforcement Branch

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

NPDES Permit Number: _____ Facility Name: _____

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

Signature of the Cognizant Official (Duly Authorized Representative)

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

Mailing Address *City, State, and Zip*

Title () *A/C* *Phone* *Fax*

Email Address

By signature below, the ranking 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. **RANKING OFFICIAL** (**Note:** *The ranking 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.*)

Signature of the Ranking Official *Date*

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

Mailing Address *City, State, and Zip*

Title () *A/C* *Phone* *Fax*

Email Address

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 Ranking Official also be the person signing submittals? (Check one) Yes No