

FAX TO:

ADEQ

ATTN: SANDRA FARMER

WATER ENFORCEMENT

1-⁵⁰¹800-682-0880

3 PAGES TOTAL


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

NPDES Permit Number: AR-0043389 Facility Name: HELENA MUNICIPAL WATER AND SEWER

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 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)

BENZE NE COLLIER

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

702 CHERRY HELENA, AR, 72342

Mailing Address City, State, and Zip


SUPERVISOR (870) 817-7460 338-7477

Title A/C Phone Fax

Email Address: helenawater@sbcglobal.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.)



Signature of the Responsible Official

01-14-2016

Date

JAY HOLLOWELL

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

P. O. BOX 248 HELENA, AR, 72342

Mailing Address City, State, and Zip

MAYOR (870) 817-7439 338-7250

Title A/C Phone Fax

Email Address: mayor@helena-westhelena.us

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

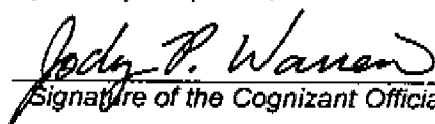
**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

NPDES Permit Number: AR-0022021 Facility Name: WEST HELENA, CITY OF-WATER UTILITIES

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 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)

JODY P. WARREN

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

92 PLAZA

Mailing Address

WEST HELENA, AR. 72390

City, State, and Zip

SUPERVISOR

Title

(870)

A/C

572-6714

Phone

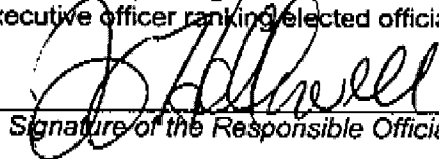
572-6545

Fax

Email Address: jodypwarren@hotmail.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 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).)



Signature of the Responsible Official

01-14-2016

Date

JAY HOLLOWELL

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

P. O. BOX 248

Mailing Address

HELENA, AR. 72342

City, State, and Zip

MAYOR

Title

(870)

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817-7439

Phone

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Email Address: mayor@helena-westhelena.us

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Will the Responsible Official also be the person signing submittals? Yes No