REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

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Type of Change:		izant Official (d	or duly author	ized representativ	(e) (sections 1 and	2)
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the ranking official	「OFFICIAL(or duly in writing, as havir ty, or having overall r	ng responsib	ility for the	overall operatio	n of the regula	
representative), for	al hereby designate r signing the <u>permit</u> mit, and other inform	t required rep	orts, etc., ind	cluding Discharge		
Killed	Min		•			
Signature of the	ognizant Official (Du	ılv Authorized	Representativ	ve)		
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Kelly Olivier	e, MI, Last Name) Ty	ned or Printed	1			
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P.O. Box 231 Mailing Address			El Dorado, A City, State, a			
Environmental,	Health, & Safet	tv	City, State, i	απα Ζιρ		
Manager		(870)	863-1400			
Manager						
Title Email Address: By signature below duly authorized rep	kolivier@edc-ark.com we the responsible of the comparison of the c	ficial <u>certifies</u> e provisions of	f 40 CFR 122.	<u>.22(b)</u> .		
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