REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

the ranking official in writing, as having responsibility for the <u>overall operation</u> of the regulated fa activity responsibility, or having overall responsibility for environmental matters for the company.) The ranking official hereby designates the following <u>individual</u> as the cognizant official, (duly autrepresentative), for signing the <u>permit required reports</u> , etc., including Discharge Monitoring Reports required by the permit, and other information requested by the Director: Signature of the Cognizant Official (Duly Authorized Representative) Sarah M. Ross Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Mailing Address Facility Compliance Leader (0/0) 303-0-139 A/C Phone Fax Sarah.ross@gapac.com By signature below, the responsible official certifies that the above named <u>individual</u> is qualified to act aduly authorized representative <u>under the provisions of 40 CFR 122.22(b)</u> . RESPONSIBLE OFFICIAL (Note: The responsible official is the person authorized to sign the permit appliance 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership of Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the pexecutive officer ranking ejected official.) When the Responsible Official Tommy D. Smith Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Mailing Address Crossett, AR 71635 City, State, and Zip Vice President of Manufacturing (870) 500-8096 A/C Phone Fax Lommy smith2@gapac.com Certification: I certify under penalty of law that this document and all attachments were prepared under my direct supervision in activity a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inqueron or persons who manage the system, or those persons of irectly responsible for gathering the information submitted. Based on my inqueron or persons who manage the system, the information submitted.	NPDES Permit Nu	mber: AR0001210	_ Facility Nam	e: <u>Georgia-Pac</u>	cificConsumerOp	oerationsLl <u>e</u>
NEW COGNIZANT OFFICIAL (or duly authorized representative) (See 122.22(b); the individual, authorite ranking official in writing, as having responsibility for the overall operation of the regulated far 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 by the permit, and other information requested by the Director: Signature of the Cognizant Official (Duly Authorized Representative) Sarah M. Ross Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Crossett, AR 71635 City, State, and Zip Facility Compliance Leader AC Phone Fax By signature below, the responsible official certifies that the above named individual is qualified to act aduly authorized representative under the provisions of 40 CFR 122.22(b). RESPONSIBLE OFFICIAL (Note: The responsible official is the person authorized to sign the permit applicative of the Responsible Official Frommy D. Smith Name (First Name, MI, Last Name) Typed or Printed Do Box 3333 Crossett, AR 71635 City, State, and Zip Vice President of Manufacturing (870) 500-8096 Title Title ACC Phone Fax Crossett, AR 71635 City, State, and Zip Vice President of Manufacturing (870) 500-8096 Title Commy, smith 2@gapac.com AC Phone Fax Certification: I certify under penalty of law that this document and all attachments were prepared under my direct supervision in activity as a search designed to assure that qualified personnel property gather and evaluate the information, the Information submitted. Based on my inquiperson or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittinformation, including the possibility of fire and imprisonment for knowledge violations.	• •	New Responsib Both (sections 1 ar	le Official (complete s nd 2)	section 2 only)	, .	·
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representative), for signing the permit required reports, etc., including Discharge Monitoring Reports required by the permit, and other information requested by the Director: Signature of the Cognizant Official (Duly Authorized Representative) Sarah M. Ross Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Mailing Address Facility Compliance Leader Title Email Address: Sarah.ross@gapac.com By signature below, the responsible official certifies that the above named individual is qualified to act aduly authorized representative under the provisions of 40 CFR 122.22(b). RESPONSIBLE OFFICIAL (Note: The responsible official is the person authorized to sign the permit applyals 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership of Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the pexecutive officer ranking elected official.) Signature of the Responsible Official Tommy D. Smith Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Crossett, AR 71635 Mailing Address City, State, and Zip Vice President of Manufacturing (870) 500-8096 Title Certification: I certify under penalty of law that this document and all attachments were prepared under my direct supervision in acc with a system designed to assure that qualified personnel property gather and evaluate the information, the information, the information, including the possibility of fine and imprisonment for knowledge and belife, fure, accurate, and are available that there are significant penalties for submittinformation, including the possibility of fine and imprisonment for knowledge informations.	the ranking officia	I in writing, as having re	sponsibility for t	he <u>overall ope</u>	eration of the r	egulated fa
Sarah M. Ross Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Mailing Address Crossett, AR 71635 City, State, and Zip Facility Compliance Leader (OIU) 300-3139 870-3504-9076 Fax By signature below, the responsible official certifies that the above named individual is qualified to act aduly authorized representative under the provisions of 40 CFR 122.22(b). RESPONSIBLE OFFICIAL (Note: The responsible official is the person authorized to sign the permit applian 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership of Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the pexecutive officer ranking elected official.) Signature of the Responsible Official Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Crossett, AR 71635 Mailing Address City, State, and Zip Vice President of Manufacturing (870) 500-8096 Title Email Address: tommy.smith2@qapac.com Certification: I certify under penalty of law that this document and all attachments were prepared under my direct supervision in account of persons who manage the system, or those persons directly responsible for gathering the information, submitted. Based on my inquiperson or persons who manage the system, or those persons directly responsible for gathering the information, submitted. Based on my inquiperson or persons who manage the system, or those persons directly responsible for gathering the information, submitted. Based on my inquiperson or persons who manage the system, or those persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowing violations.	representative), for	or signing the permit req	<u>uired reports,</u> etc.	including Disc		
Sarah M. Ross Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Mailing Address Facility Compliance Leader (0/U) 300-0139 By signature below, the responsible official certifies that the above named individual is qualified to act aduly authorized representative under the provisions of 40 CFR 122.22(b). RESPONSIBLE OFFICIAL (Note: The responsible official is the person authorized to sign the permit appliant 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership of Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the percentage of the Responsible Official.) Signature of the Responsible Official.) August 10 Date Tommy D. Smith Name (First Name, MI, Last Name) Typed or Printed PO Box 3333 Crossett, AR 71635 Mailing Address City, State, and Zip Vice President of Manufacturing (870) 500-8096 Title A/C Phone Fax Certification: I certify under penalty of law that this document and all attachments were prepared under my direct supervision in activith a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiperson or persons who manage the system, or those persons directly responsible for gathering the information, submitted. Based on my inquiperson or persons who manage the system, or those persons directly responsible for gathering the information submitted. Based on my inquiperson or persons who manage the system, or those persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowing violations.		aurkiku				
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