

# FAX

TO:	GINA PORTER/ ADEQ
FAX NUMBER :	501-682-0880
FROM:	DEBBIE
FAX NUMBER:	870-269-9158
DATE:	10-7-2016
REGARDING:	
NUMBER OF PAGES:	2
PHONE NUMBER:	

**COMMENTS:**

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**MOUNTAIN VIEW WATER & WASTEWATER**

PO BOX 360 311 WEST MAIN ST MTN. VIEW AR 72560  
870-269-3293 | FAX 870-269-9158

REQUEST FOR CHANGE OF AUTHORIZATION  
(CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Number: AR0020117 Facility Name: City of Mountain View

- Type of Change: (check one)
- New Cognizant Official (or duly authorized representative) (sections 1 and 2)
  - New Responsible Official (complete section 2 only)
  - Both (sections 1 and 2)
  - Additional Cognizant Official (or duly authorized representative) (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]  
Signature of the Cognizant Official (Duly Authorized Representative)

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

PO Box 360 Mountain View AR 72560  
Mailing Address City, State, and Zip

Wastewater Plant Mgr (870) 269-3293 870-269-9158  
Title A/C Phone Fax

Email Address: waterdepartment@cityofmtnview.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] 10-7-16  
Signature of the Responsible Official Date

Roger D Gardner  
Name (First Name, MI, Last Name) Typed or Printed

PO Box 360 Mountain View AR 72560  
Mailing Address City, State, and Zip

Mayor (870) 269-3804 870-269-9158  
Title A/C Phone Fax

Email Address: mayor@cityofmtnview.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

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

NPDES Permit Number: AR0020117 Facility Name: City of Mountain View

**HAND DELIVERED**  
**HAND DELIVERED**  
**OCT 11 2016**  
**OCT 10 2016** *JW*

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  - Additional Cognizant Official (or duly authorized representative) (sections 1 and 2)

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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:

*Jackie E Craig*  
Signature of the Cognizant Official (Duly Authorized Representative)

JACKIE E CRAIG  
Name (First Name, MI, Last Name) Typed or Printed

PO Box 360 Mountain View AR 72560  
Mailing Address City, State, and Zip

Operator (870) 269-3293 870-269-9158  
Title A/C Phone Fax

Email Address: waterdepartment@cityofmtv.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.)

*Roger Gardner* 10-10-16  
Signature of the Responsible Official Date

ROGER D. GARDNER  
Name (First Name, MI, Last Name) Typed or Printed

PO Box 360 Mountain View AR 72560  
Mailing Address City, State, and Zip

Mayor (870) 269-3804 870-269-9158  
Title A/C Phone Fax

Email Address: mayor@cityofmtv.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.

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