

Nancy Koon (adpce.ad)

From: J.L. Wagoner <cofmaintenance@hotmail.com>
Sent: Tuesday, February 7, 2023 11:06 AM
To: Nancy Koon (adpce.ad)
Subject: Re: Change of Authorization Form -City of Flippin
Attachments: Request for Change Authorization Signed.pdf

Hi Nancy,

Please find the corrected form.

Thank you

From: Nancy Koon (adpce.ad) <Nancy.Koon@adeq.state.ar.us>
Sent: Monday, February 6, 2023 3:04 PM
To: 'mayorhogancof@gmail.com' <mayorhogancof@gmail.com>; 'cofmaintenance@hotmail.com' <cofmaintenance@hotmail.com>
Subject: Change of Authorization Form -City of Flippin

We have received your request for a Change of Authorization (COA) for the above permit.

The Responsible Official is the person authorized to sign the permit application. Section 2 of the form should be completed by the Mayor.

Please make the changes and submit the new form to me.

Please contact me if you have any questions.

Thank you.

Nancy Koon | Administrative Analyst
Energy & Environment | Office of Water Quality
5301 Northshore Drive | North Little Rock, AR 72118
t: 501.682.0656 | e: Nancy.Koon@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

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

NPDES Permit Number: AR 0021717 Facility Name: CITY OF FLIPPIN WASTEWATER PLANT

- 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)
 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 of the Cognizant Official (Duly Authorized Representative)

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

 Mailing Address

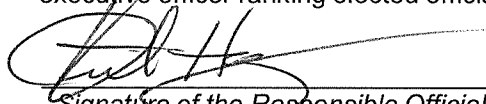
 City, State, and Zip

 Title ()
 A/C Phone Fax

Email Address: _____

By signature below, the 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

2/7/23
 Date

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

P.O. Box 40 _____
 Mailing Address

FLIPPIN AR 72634
 City, State, and Zip

MAYOR _____
 Title

(870) 453-8300 _____
 A/C Phone Fax

870-453-5722
 Fax

Email Address: mayorhogancof@gmail.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