

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

NPDES Permit Number: See Attached Facility Name: Ark Dept of Corrections

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:

See attached
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.)

Gail Mainard 9/3/15
Signature of the Responsible Official Date

Gail E. Mainard
Name (First Name, MI, Last Name) Typed or Printed

7800 Correction, Pine Bluff Arkansas 71603
Mailing Address City, State, and Zip

Assistant Director (870) 367-6625 (870) 267-6617
Title A/C Phone Fax

gail.mainard@arkansas.gov
Email Address:

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



Arkansas Department of Correction

Construction/Maintenance

7800 Correction Circle
Pine Bluff, AR 71603
Phone: (870) 267-6625
Fax: (870) 267-6617

MEMORANDUM

To: Jaqueline Trotta, ADEQ
From: Gail Mainard, Assistant Director
Date: 9-3-2015
Re: Authorized Signatures for DMR Reports

NPDES Permit Numbers:
Cummins Unit- AR0040827
East Arkansas Unit- AR0045578
North Central Unit- AR0040827, AR0044016
Tucker Unit, AR0035980

Mrs. Trotta, per your request, here is the information that you request to have on file to allow these individuals to be allowed to sign DMR Reports in for me or in my absence. Their signatures are on the 3rd page.

Robert Leggett
Title: Coordinator
Address: 7800 Correction Circle, Pine Bluff, AR 71603
Phone# 870-540-6594
Fax: 870-267-6619
Email: robert.leggett@arkansas.gov

Chris Ashcraft
Title: Coordinator
Address: 7800 Correction Circle, Pine Bluff, Ar 71603
Phone# 870-692-0835
Fax: 870-267-6166
Email: chris.ashcraft@arkansas.gov

Robert Leggett
ROBERT LEGGETT

Chris Osborn