## Nancy Koon (adpce.ad)

**To:** Water Permit Application

**Subject:** RE: AR0045578 FW: Request for Change of Authorization forms

From: Tiana Toups (adpce.ad)

**Sent:** Tuesday, March 7, 2023 9:41 AM

To: Water Permit Application

Subject: FW: Request for Change of Authorization forms

Tiana Toups | Enforcement Analyst

**Division of Environmental Quality** | Office of Water Quality

**Enforcement Branch** 

5301 Northshore Drive | North Little Rock, AR 72118 t: 501.682.0699 | e: Tiana.Toups@adeq.state.ar.us



From: Travis Adair (DOC) [mailto:Travis.Adair@arkansas.gov]

Sent: Tuesday, March 7, 2023 9:24 AM

**To:** Tiana Toups (adpce.ad)

**Subject:** Request for Change of Authorization forms

Sorry this took so long

Travis Adair

**Fiscal Support Analyst** 

**Construction Division** 

Ph# 870-267-6459

Fax: 870-267-6166

Email: travis.adair@arkansas.gov

Office Hours: 7:30AM to 4:30PM (Occassionally 5PM)

Delivery Hours: 8:30AM to 2:00PM



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

NPDES Permit Num	iber: AR004401	P F	acility Name:	AR Dept of	Correction - N C	Central Unit
Type of Change: (check one)	New Re  Both (se	sponsible Offici	al (complete sec	tion 2 only)	entative) (sections	
	Addition	al Cognizant Of	ficial (or duly a	authorized re	presentative) (se	ctions 1 and 2)
NEW COGNIZANT the ranking official activity responsibilit	in writing, as ha	ving responsi	bility for the	<u>overall or</u>	eration of the	regulated facility
The ranking official representative), for required by the perm	signing the per	mit required re	eports, etc., i	ncluding Dis	cognizant officia scharge Monitori	I, (duly authoriz ng Reports (DM
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Signature of the C		Duly Authorized	l Poprosontat	ivo)		<del></del>
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7800 Correction Ci	rcie		Pine Bluff, / City, State,			
•		142	. Oily, State,	anu zip		
Construction/Maint	enance Coordina		) Phone		Fax	
Title Email Address:		A/C	Phone		rax	
RESPONSIBLE OF i/a/w 40 CFR 122. Proprietorship: the gexecutive officer ran	<u>22(a)</u> . For a general partner or	Corporation: it proprietor. Mu	is the respoi	nsible corpo ite, Federal d	rate officer. F or other Public A	Partnership or S
1006		-			.7.23	
Signature of the R	esponsible Officia	n/		Dai	te	
Richard Cooper						
Name (First Name		Typed or Printe				
7800 Correction Ci	rcle		Pine Bluff, A			
Mailing Address			City, State,	0.07		
Assistant Director		( 870	) 267-6459		870-267-6166 	
Title Email Address:	Richard.Cooper	A/C @arkansas.gov	Phone		Fax	
Certification: I certify use with a system designed person or persons who to the best of my know information, including the	to assure that qualifie manage the system, ledge and belief, true	d personnel properl or those persons di e, accurate, and co	y gather and eva rectly responsible mplete. I am av	lluate the inform e for gathering t vare that there	nation submitted. Ba the information, the i	sed on my inquiry o nformation submitte