REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Number: <u>AR 0053384</u> Facility Name: <u>BIG RIVOR STOEL</u>
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)
,
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 <u>overall operation</u> of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)
deterty responsibility, or naving 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 <u>permit</u> required reports, etc., including Discharge Monitoring Reports (DMR)
required by the permit, and other information requested by the Director:
$() \lambda / / 0 \rho$
Signature of the Cognizant Official (Duly Authorized Penrecentative)
Signature of the Cognizant Official (Duly Authorized Representative)
KIDED MALC R.
Name (First Name, MI, Last Name) Typed or Printed
TS MARANSON LAND DY MSBURG, TA 3802 4 Mailing Address City, State, and Zip
WHICR SUSTEMS SUADOUSOR (731) 334-0443 Title AIC Phone Fax Email Address: <u>THAL @ BIG RIVER STEEL, CD an</u>
Title A/C Phone Fax
Email Address: <u>THALL @ BIG KINGA STEEL, CD an</u>

By <u>signature below</u>, the responsible official <u>certifies</u> that the above named <u>individual</u> is qualified to act as the duly 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 application <u>i/a/w 40 CFR 122.22(a)</u>. 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.)

Mill	filled		101	10/2023
/Signature of the l	Responsible Official		Date	l
Randall C	V. Caldwell			
Name (First Nam	e, MI, Last Name) Typed or Pl	rinted (1 +>	
PO Box 7	207	Osceola	AK	72370
Mailing Address		City, State, and	d Zip	
Director	Environmental (879 819-30	031	
Title Email Address	Icaldwellebigni	C Phone	Fé	ах

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?

1.

□ No Yes

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880

www.adeq.state.ar.us

REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Num	nber: AR0053384	Facility Name:	EXPLORATORY VEN	NTURES, LLC
Type of Change: (check one)	New Response Both (sections *	nt Official (or duly author sible Official (complete sec 1 and 2) gnizant Official (or duly a	ion 2 only)	5
the ranking official	in writing, as having	uthorized representative responsibility for the ponsibility for environme	overall operation o	individual, authorized by f the regulated facility or npany.)
representative), for required by the peri	r signing the <u>permit</u> <u>r</u> mit, and other information		ncluding Discharge M ector:	official, (duly authorized onitoring Reports (DMR)
CHRISSIE ANN G				
Name (First Name	e, MI, Last Name) Type	d or Printed		
5091 E. COUNTY	ROAD 132		LE, AR 72315	
Mailing Address		City, State,	and Zip	
ENVIRONMENTAL	MANAGER	(870) 740-7350		
Title Email Address:	cgray@bigriversteel.c	A/C Phone om	Fax	
		al <u>certifies</u> that the abo rovisions of 40 CFR 122		is qualified to act as the

 RESPONSIBLE OFFICIAL (Note: The responsible official is the person authorized to sign the permit application <u>i/a/w 40 CFR 122.22(a)</u>. 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.

all Adulel	10/10/2023
Signature of the Responsible Official	Date
Randall D Caldwell	
Name (First Name, MI, Last Name) Typed or Printed	1
PO Box 707 Osceola,	AR 72370
Mailing Address City, State, and Z	Zip
Director Environmental (BA) 819-30	031
Title Email Address: I cald well & AVC, Phone Email Address:	Fax
Email Address: & cald well a fightiversteelic	o-

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?

1.

\checkmark	Yes		No
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