PERMIT TRANSFER FORM

Plea	ase select one of the following option	s:				
A. F	Permittee (legal name) change	B. Facility name cha	ange	C. Responsible offi	cial name change	
	A 🛛 B] C	A & C	🗌 B & C	A & B & C	
	PERMIT NUMBER:AR	R000955				
I.	CURRENT PERMITTEE INFO	RMATION				
	Permittee (legal name):		Arkansas Electric Co	operative Corporation	L	
	Facility Name:		Hot Spring Generating Station			
- Responsible Official Name (see Section IV below):		Jonathan Oliver				
	Is the permittee identified above, the	ne owner of the facility?	🛛 Yes 🗌 No			
	If you mark No, please list the nam	e of the owner:				
[].	NEW PERMITTEE INFORMATION					
	Permittee (legal name):		Arkansas Electric Cooperative Corporation			
	Facility Name (if different from Pe	rmittee Name):	Magnet Cove Generating Station			
	Is the permittee identified above, the	ne owner of the facility?	🛛 Yes 🗌 No			
	If you mark No, please list the nam	e of the owner:				
	Responsible Official Name (see Se	ction IV below): Jon	athan Oliver			
	Official Title of Responsible Offic	er: Vice President				
	E-mail:	joliver@aecc.con	1	Owne	er Type:	
	Permittee Address:	1 Cooperative Wa	ay	STATE	PARTNERSHIP	
	Permittee City:	Little Rock		FEDERAL	CORPORATION*	
	Permittee State:	AR Zip:	72209	SOLE PROPRIE	ETORSHIP	
	Permittee Telephone No.:	501.570.2420				
	Is the new permittee registered with the Arkansas Secretary		of State?	🛛 Yes	🗌 No	
	If yes, please provide the full name permittee name listed above.	of corporation if differer	nt than the legal			
	Facility Mailing Address: 410 Henderson Road		Facility City:	Malvern		
			Facility State		p: 72104	
Telephone Number: 501.467.3232 x104 Fax Number: 501.467.3233		Person Title: <u>Asst.</u>				
					a.morgan@aecc.com	
	Invoice Contact Person: Curtis Q. Warner		City: Little Rock State: AR Zip: 72219-4208			
	Invoice Mailing Address: P.O. Box 194208		State: <u>AR</u> Zip: <u>72219-4208</u> Telephone: 501.570.2462			
	Invoice Mailing Address:			aone. <u>301.370.2462</u>		
	Cognizant Official Name: John	Morgan	Cognizant O	fficial Title: Asst. P	lant Manager	
	Telephone Number:501.467.	3232 x104 Fax Number	:: _501.467.3233	E-mail:johr	.morgan@aecc.com	

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880 www.adeq.state.ar.us

PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete this Section (III.) only if the permit has a new owner or a new ownership.

Please specify the closing date for this transaction:	
Current Permittee (Seller):	
Signature of Responsible Corporate Officer:	
Title of Responsible Corporate Officer:	
Printed Name of Responsible Corporate Officer:	
Date:	
New Permittee (Buyer):	
Signature of Responsible Corporate Officer:	
Title of Responsible Corporate Officer:	
Printed Name of Responsible Corporate Officer:	
Date:	
Disclosure Statement:	

Disclosure Statement must be submitted for new permittee. Disclosure Statement is not required for Stormwater Permits.

Is Disclosure Statement enclosed:	🗌 Yes	🗌 No
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Financial Assurance:

Please note that if Financial Assurance is required for the current permittee then the new permittee may have to provide new Financial Assurance before the permit maybe transferred.

Land Use Contract:

For land application permits you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

IV. CERTIFICATION OF NEW PERMITTEE

"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. I certify under penalty of law that this document and all attachments were prepared under my direction or 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 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."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name:	Jonathan Oliver	\sim
Signature:	Jonethan	Om
	1	

Title:	Vice President		
Date:	November 15, 2012	 	

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1 Cooperative Way P.O. Box 194208 Little Rock, Arkansas 72219-4208 (501) 570-2200

Q5268

November 16, 2012

Arkansas Department of Environmental Quality Attention: Discharge Permits Section 5301 Northshore Drive North Little Rock, AR 72118-5317

RE: Facility Name Change for General Storm Water Permit for Industrial Activity Permit No. ARR000955 AFIN: 30-00337

To Whom It May Concern:

Arkansas Electric Cooperative Corporation has changed the name of one of its facilities and the name change needs to be reflected on the existing air permit. The Permit Transfer Form is attached. Additional information is below.

The old name is: Hot Spring Generating Station

The new name is: Magnet Cove Generating Station

Please contact me if you require additional information.

Sincerely,

Stephén Cain Manager – Environmental Compliance

xc: Jonathan Oliver Curtis Q. Warner Rob Smith (w/attachments) File (w/attachments)

Permit Change Route Sheet

Ownership Change □ Facility Name Change □ Responsible Official Change □

Project/Facility Name		Het Spring Generation Station		
Permit Number		ARRECCTION -	AFIN NO.	.x сС337
Assigned		Activity	Initials	Date Complete/Entered
Sect. (1 day)	Application Logged/Assign to Engineer		(A)WL	11 26-12
Engineer (3 days)	Completeness and Technical Review Enter Update Info to Database Disclosure Statement for ARG		BR	1/27/12
AA (15 days)	Merge Cl (if ap Email C/C (if ap Wait 10- (if ap	to PDS nange Owner Form plicable) O Form to Committee plicable) days for response plicable) Letter for Permittee	- 11- jc	[+] <* 7
Engineer (1 day)	Review transfer letter and documents		BR	11/29/12
Engineer Supervisor (1 day)	Supervisor Review all the do		1. 1. 1. 1.	
Permits Section Chief (1 day)	Review the documents and sign			
Sect. (1 day)	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this change in weekly report, due every Tuesday by 2:00 P.M.		(And)	12-11-12

Remarks: