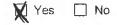
REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS) ARR010955¢ NPDES Permit Number: AR00496 Facility Name: Magnet Cove Generating Station New Cognizant Official (or duly authorized representative) (sections 1 and 2) Type of Change: 11 New Responsible Official (complete section 2 only) (check one) 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 1. 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) Mark Foisland Name (First Name, MI, Last Name) Typed or Printed Malvern, AR 72104 410 Henderson Road Mailing Address City, State, and Zip Plant Manager-Magnet Cove Gen. Station 501 618-4120 Phone Title A/C Fax mark.foisland@aecc.com Fmail 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 For a Corporation: it is the responsible corporate officer. i/a/w 40 CFR 122.22(a). Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.) 7/2019 Signature of the Responsible Official Steve Metcalf Name (First Name, MI, Last Name) Typed or Printed 1 Cooperative Way/P.O. Box 194208 Little Rock, AR 72209 Mailing Address City, State, and Zip VP - Power Production & Deliverv (501) 570-2466 Title Phone Fax A/C steve.metcalf@aecc.com Email Address: Certification: | 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?



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.ac.us