INTERNAL Change of Authorization Form - All permits

version 1.9

Digitally signed by: nform DPEPORTALIIS.ADPCEDM2, state of Date: 2022.03.30 10:16:15 -05:00 Reason: Copy Of Record Location: North Little Rock, Arkansas

(Submission #: HPG-JBZ6-PHRWD, version 1)

Details

AFIN 88-00850

Submission ID HPG-JBZ6-PHRWD

 $\label{eq:submission} \textbf{Submission} \; \textbf{Reason} \; \text{New}$

Form Input

Application and Information

Date Request Received 03/30/2022

AFIN number 88-00850

Attach Permit Transfer Form & Disclosure Statement

ARR040020_Request for Change of Authorization_20220330.pdf - 03/30/2022 10:15 AM Comment NONE PROVIDED

REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Number: ARR040020	Facility Name: University of Arkansas at Little Rock
(check one) New Responsible Of Both (sections 1 and 2)	ial (or duly authorized representative) (sections 1 and 2) fficial (complete section 2 only) Official (or duly authorized representative) (sections 1 and 2)
NEW COGNIZANT OFFICIAL (or duly authorize the ranking official in writing, as having respo activity responsibility, or having overall responsibil	ed representative) (See 122.22(b); the individual, authorized by nsibility for the <u>overall operation</u> of the regulated facility or lity for environmental matters for the company.)
	llowing <u>individual</u> as the cognizant official, (duly authorized <u>reports</u> , etc., including Discharge Monitoring Reports (DMR) rested by the Director:
ϵ	
Signature of the Cognizant Official (Duly Authori	zed Representative)
Shawn Bayouth	· · · · · · · · · · · · · · · · · · ·
Name (First Name, MI, Last Name) Typed or Pri	· · ·
2801 S. University Ave. Mailing Address	Little Rock, AR 72204
	City, State, and Zip
Director of Environmental Health & Safety	D Phone Fax
Email Address:sbayouth@ualr.edu	
duly authorized representative under the provision	ties that the above named individual is qualified to act as the <u>is of 40 CFR 122.22(b)</u> . In 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 Municipality, State, Federal or other Public Agency: the principal
Ceser dutin	3/24/22
Signature of the Responsible Official	Dale
Leslie Hutchins Name (First Name, MI, Last Name) Typed or Prir	nted
2801 S. University Ave.	Little Rock, AR 72204
Mailing Address	City, State, and Zip

Mailing Address Associate Vice Chancellor		City, State, and Zip			
		(501)916-6347			
Title Email Address:	lkhutcins@ualr.edu	A/C	Phone	Fax	

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.

2.

🗹 Yes 🗌 No

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

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