From: <u>Les Morgan</u>

To: <u>Water Permit Application</u>

Cc: <u>David Sartain</u>

Subject: EDCC AGP Change of Authorization Forms Date: Friday, July 20, 2018 10:13:48 AM

Attachments: <u>image001.png</u>

Please see attached the Request for Change of Authorization forms for AGP ARR000000, and ARR150000 at El Dorado Chemical Company.

If you have any questions or need additional information, please contact me in any way.

Thanks,

Les Morgan

Environmental Technician El Dorado Chemical Company

4500 NW Ave El Dorado, AR 71730

Imorgan@edc-ark.com

Office - 870-863-1400 Ext. 481

Cell - 870-310-6445



REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Numb	er: ARR150000	Facility Name:	El Dorado Chemica	l Company
Type of Change: (check one)	New Cognizant Office New Responsible Office Both (sections 1 and 2) Additional Cognizant	fficial (complete sect	ion 2 only)	
the ranking official in	OFFICIAL (or duly authorized writing, as having responsible or having overall responsible.	nsibility for the	overall operation	of the regulated facility of
representative), for	hereby designates the fo signing the <u>permit</u> <u>required</u> it, and other information requ	reports, etc., ir	ncluding Discharge	
Signature of the Cog	gnizant Official (Duly Authori	ized Representati	ve)	
Name (First Name, I	MI, Last Name) Typed or Pri	inted		
Mailing Address		City State	and 7in	
Mailing Address	,	City, State,	апа гір	
Title Email Address: _		? Phone	Fax	
	the responsible official <u>certi</u> sentative under the provision			$\underline{\underline{I}}$ is qualified to act as the
RESPONSIBLE OFF i/a/w 40 CFR 122.22	ICIAL (Note: The responsible 2(a). For a Corporation: neral partner or proprietor. ing elected official.)	ble official is the p it is the respon	person authorized to sible corporate office	er. Partnership or Sol
Delmar R. Reppond	, position of the second			
Name (First Name, I	MI, Last Name) Typed or Pri	inted		
4500 North West Ave	enue	El Dorado, A		
Mailing Address		City, State,		
General Manager		70) 863-1400	870-863-	·1499
Title Email Address: <u> </u>	A/0 dreppond@edc-ark.com	C Phone	Fax	
with a system designed to person or persons who ma to the best of my knowled	er penalty of law that this documed assure that qualified personnel pro anage the system, or those person dge and belief, true, accurate, and cossibility of fine and imprisonment	operly gather and evalus directly responsible to complete. I am aw	uate the information subm for gathering the informa are that there are signific	nitted. Based on my inquiry of the tion, the information submitted is
Will the Responsible 0	Official also be the person si	gning submittals?	✓ Yes	☐ No