Wilson, Tabatha

From: Gilliam, Allen

Sent: Tuesday, December 03, 2013 12:16 PM

To: randel.davis@badboymowers.com; scott.lancaster@badboymowers.com

Cc: Fuller, Kim; Wilson, Tabatha; bateseville eugene townsley; batesville mike mcdaniels **Subject:** AR0020702_Bad Boy 1 ARP001027 and Bad Boy 2 ARP001028 Nov 2013 change of

ownership and signatory authorities and ADEQ reply_20131202

Attachments: ADEQ Letter; Pret. Change in Signatory Authorization Form Dec 2013.doc; Pret. Permit

Transfer Form Dec 2013.doc

Follow Up Flag: Follow up Flag Status: Completed

Randel,

It is understood from the attached letter and our recent phone conversation Bad Boy (BB) is restructuring. Bad Boy #2 will soon be separated and re-named, "Intimidator, Inc." with no corporate attachment to Bad Boy Mowers (#1).

To facilitate this transition for Pretreatment please find attached the two (2) forms which should distinguish the soon-to-be completely separate facilities. BB #1 will retain its Pretreatment tracking number ARP001027. Once BB #2 is officially declared "Intimidator, Inc." it will still retain its old BB #2 Pretreatment tracking number ARP001028.

Their semi-annual Pretreatment reports' due dates will remain "during the months of June and December".

The attached forms were modified from ADEQ's NPDES direct discharger's requirements for such changes. If you see anything confusing about them please feel to contact this office. Hopefully these two (2) documents will make for a clean paperwork change of ownership and name change.

Sincerely,

Allen Gilliam
ADEQ State Pretreatment Coordinator
501.682.0625

ec: Eugene Townsley, Batesville Water Utilities Superintendent Mike McDaniel, Batesville Pretreatment Coordinator

E/NPDES/NPDES/Pretreatment/Reports

From: Randel Davis [mailto:randel.davis@badboymowers.com]

Sent: Tuesday, November 26, 2013 9:41 AM

To: Gilliam, Allen

Subject: FW: ADEQ Letter

Let me know what I need to do.

Thanks Randel

Wilson, Tabatha

From: Adoree Johnson <adoree.johnson@badboymowers.com>

Sent: Monday, November 25, 2013 3:26 PM

To: 'Randel Davis'
Subject: ADEQ Letter

Attachments: 11.25.13.ADEQ Letter.pdf

Hi Randel,

The letter to ADEQ is attached. Please let me know if you would like me to mail this or send it to you differently.

Thanks,

Adoree Johnson 102 Industrial Drive Batesville, AR 72501 Office: 870.698.0090 Fax: 870.698.2123





TOLL-FREE(866)622-3269

(870) 698-0090 102 Industrial Drive Batesville, Arkansas 72501

FAX(870)698-0090

November 25, 2013

Allen Gilliam ADEQ (sent via fax)

Re:

Bad Boy Powder Coat Paint Systems

Dear Allen:

The purpose of this letter is to update you regarding the status of the two powder coat paint systems located at Bad Boy. Bad Boy has been in the process of doing a corporate restructuring which will involve the separation or spin-off of Intimidator, Inc. The Intimidator facilities which are being spun-off as a separate company will be those facilities located on the nine acres with the new building, which is where the newest powder coat paint system is located. We are currently going through a transitional phase to accomplish the spin-off and total separation of the two companies. By the end of next year, and most likely by the time of the next reporting requirements (after the one Randel Davis is currently completing), we will have the total separation of the corporate entities accomplished.

At that time, Intimidator, Inc. will be a totally independent company with no formal corporate relationship as related to Bad Boy.

I am assuming that you will work with Randel Davis regarding whatever changes this spin-off will require with regard to future reporting requirements.

If anything is needed from me with regard to this transaction, or if you have any questions or need additional information, please do not hesitate to contact me at your convenience.

Thank you, as always, for your consideration and assistance.

Best personal regards,

Scott J. Landaster

General Counsel

scott.lancaster@badboymowers.com

SJL/alj

REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

	Pretreatment Permit and/or Tracking Number:	Facility Name:							
	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)								
1.	NEW COGNIZANT OFFICIAL (<i>or duly authorized representative</i>) [See 40 CFR 403.12(I)(3)]; the individual authorized by the ranking official in writing, as having responsibility for the <u>overall operation</u> of the regulater facility or activity responsibility, or having overall responsibility for environmental matters for the company.) The ranking official hereby designates the following <u>individual</u> as the cognizant official, (duly authorized representative), for signing the <u>Pretreatment required reports</u>, etc., including Periodic Monitoring Report required by the Federal Pretreatment Regulations, and other information requested by the Director:								
	Signature of the Cognizant Official (Duly Authorized Representative)								
	Name (First Name, MI, Last Name) Typed or Printed								
	Mailing Address			City, State, and	d Zip				
			()					
	Title Email Address:			Phone	Cell				
2.	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 402.12(I)(3)</u> . RESPONSIBLE OFFICIAL { <i>Note:</i> For a <i>Corporation</i> : it is the responsible corporate officer. For a Partnership of Sole Proprietorship: a general partner or proprietor. [see 40 CFR 403.12(I)(1) or (2)]}								
	Signature of the Responsible Official				Date				
	Name (First Name, MI, Last Name) Typed or Printed								
	Mailing Address			City, State, and Zip					
			()					
	Title Email Address:		A/C	Phone	Fax				
	Certification: I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordant with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fainformation, including the possibility of fine and imprisonment for knowing violations. Will the Responsible Official also be the person signing submittals? Yes No								
	vviii trie Kesponsible Offi	Jiai aiso be trie per	son signif	ig submittels?	∐ Yes	∐ No			

PRETREATMENT PERMIT/INDIRECT DISCHARGER (PRETREATMENT TRACKING #) TRANSFER FORM

Please select one of the following options: A. Permittee/Indirect Discharger (legal Name) change B. Facility name change C. Responsible official name change $\prod C$ \square A \square B □ A & B ☐ A & C □ B & C □ A & B & C PERMIT/INDIRECT DISCHARGER TRACKING **NUMBER:** I. CURRENT PERMITTEE/INDIRECT DISCHARGER INFORMATION Permittee/Indirect Discharger (legal name): Facility Name: Responsible Official Name (see Section IV below): Is the permittee/indirect discharger identified above, the □ No owner of the facility? ☐ Yes If you mark No, please list the name of the owner: II. NEW PERMITTEE/FACILITY INFORMATION Permittee/Indirect Discharger (legal name): Facility Name (if different from above): Is the permittee/indirect discharger identified above, the Yes □ No owner of the facility? If you mark No, please list the name of the owner: Responsible Official Name (see Section IV below): Official Title of Responsible Officer: E-mail: Owner Type: Permittee/Indirect Discharger Physical ☐ STATE ☐ PARTNERSHIP Address: Permittee/Indirect Discharger City: ☐ FEDERAL ☐ CORPORATION SOLE PROPRIETORSHIP Zip: Permittee/Indirect Discharger State: Permittee/Indirect Discharger Telephone No.: Is the new Permittee/Indirect Discharger registered with the Arkansas Secretary of ☐ Yes □ No If yes, please provide the full name of corporation if different than the legal permittee name listed above. Facility City: Facility Mailing Address: _____ Zip: ____ Facility State: Contact Person Title: Facility Contact Person Name: Fax Number: E-mail: Telephone Number: Invoice Contact Person:

<u> </u>			RACKING #) TRANSFER FORM
Invoice Mailing Address: Invoice Mailing Address:			Zip:
invoice Maning Address.			·
Cognizant Official Name*:		Cognizant Officia	ıl Title:
Telephone Number: * Duly Authorized Representative as	Fax Numb outlined in 40 CFR 403.12(l)(3)	per:	E-mail:
III. OWNERSHIP CHANGE	AGREEMENT		
Please note you must complete the ownership.	nis Section (III.) only if	the permit/Pretreatment Tr	cacking # has a new owner or a new
Please specify the closing date for th	is transaction:		_
Current Permittee/Indirect Discharger (Seller):			
Signature of Responsibl	e Corporate Officer:		
Title of Responsible Co	-		
Printed Name of Respor	nsible Corporate Officer:		
Date:	_		
New Permittee/Indirect Discharger (Buyer):			
Signature of Responsibl	e Corporate Officer:		
Title of Responsible Con	rporate Officer:		
Printed Name of Respon	nsible Corporate Officer: _		
Date:	_		
IV. CERTIFICATION OF NEW	PERMITTEE/INDIREC	Γ DISCHARGER	
as a duly authorized represent designated, I understand that the document and all attachments with that qualified personnel properly who manage the system, or the knowledge and belief, true, as information, including the possi	tative under the provision e Department will accept repered under my dily gather and evaluate the sose persons directly response courate, and complete. I bility of fine and imprison	eports signed by the applicant rection or supervision in accommodification and accommodification and accommodification and aware that there are signent for knowing violations."	nsfer Form (Section II) is qualified to ac (3). If no cognizant official has bee t. I certify under penalty of law that thirdance with a system designed to assur I on my inquiry of the person or person rmation submitted is, to the best of m gnificant penalties for submitting fals direct discharger Pretreatment standard
Typed or Printed Name:		Title:	