### Wilson, Tabatha

From: Gilliam, Allen

**Sent:** Tuesday, January 07, 2014 3:42 PM **To:** Scott Lancaster; BAD BOY-RANDEL DAVIS

**Cc:** Fuller, Kim; Wilson, Tabatha; bateseville eugene townsley; batesville mike mcdaniel **Subject:** ARP0020702\_Bad Boy MTV 2 name change to Intimidator Inc ARP001028 Dec 2013

name change and signatory authority\_20140101

**Attachments:** Request for Change of Authorization.pdf; Pretreatment Permit.pdf

Follow Up Flag: Follow up Flag Status: Flagged

### Scott,

Thank you for making the necessary signatory authority change "official" as well as the name change from Bad Boy MTV to Intimidator Inc. This office appreciates you time and cooperation helping to keep these facilities' files complete and up-to-date.

There are no further documents necessary at this time.

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:** Scott Lancaster [mailto:scott.lancaster@badboymowers.com]

Sent: Tuesday, December 31, 2013 1:00 PM

To: Gilliam, Allen

Cc: BAD BOY-RANDEL DAVIS

Subject: FW: Intimidator ARP001028 Dec 2013 name change and signatory authority

Allen, see attached. Let me know if you have any questions or need anything further from me. Thanks again for all of your help. Happy new Year! Scott

From: Gilliam, Allen [mailto:GILLIAM@adeq.state.ar.us]

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

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

# REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

1.

	Pretreatment Permit and/or Tracking Number:	AR001028	Facility Name: Intimida	tor, Inc.	
	Type of Change: (check one)	<ul> <li>New Cognizant Official (or duly authorized representative) (sections 1 and 2)</li> <li>New Responsible Official (complete section 2 only)</li> <li>Both (sections 1 and 2)</li> </ul>			
	NEW <b>COGNIZANT OFFICIAL</b> (or duly authorized representative) [See 40 CFR 403.12(I)(3)]; the individual, authorized by the ranking official in writing, as <b>having responsibility for the <u>overall operation</u></b> of the regulated 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 Reports required by the Federal Pretreatment Regulations, and other information requested by the Director:  Signature of the Cognizant Official (Duly Authorized Representative)				
	Randel Davis				
	Name (First Name, MI, Last Name) Typed or Printed				
	#1 Bad Boy Blvd.		Batesville, AR 72501 City, State, and Zip		
	Mailing Address		•	(0.00) 0.40 00.00	
	Paint Shop Superv Title Email Address:	isor randel.davis@badboymowe	(870) 307-6740 <i>Phone</i> ers.com	(870) 612-0350 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> . <b>RESPONSIBLE OFFICIAL</b> { <i>Note:</i> For a <i>Corporation</i> : it is the responsible corporate officer. For a Partnership or Sole Proprietorship: a general partner or proprietor. [see 40 CFR 403.12(I)(1) or (2)]}				
	(SAN Finds			10 10 10 20 20	
	Signature of the Re	esponsible Official		12 31 2013	
	Robert Foster Name (First Name, MI, Last Name) Typed or Printed				
	#1 Bad Boy Blvd.	,,	Batesville, AR 72501	1	
	Mailing Address		City, State, and Zip		
	Owner		(870) 307-6740	(870) 307-6799	
	Title		Phone	Fax	
	Email Address:	robert.foster@intimidatorutv	v.com		
	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?  Yes  No				
	Will the Responsible	e Official also be the person s	igning submittals?	∐ Yes ⊠ No	

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

Please select one of the following options: A. Permittee/Indirect Discharger (legal C. Responsible official name change B. Facility name change Name) change ПВ&С  $\Box c$  $\Box$  A & B ☐ A & C  $\prod A$ ПВ PERMIT/INDIRECT DISCHARGER TRACKING **NUMBER: ARP001028** CURRENT PERMITTEE/INDIRECT DISCHARGER INFORMATION Permittee/Indirect Discharger (legal name): Bad Boy, Inc. Facility Name: Bad Boy, Inc. Responsible Official Name (see Section IV below): Phil Pulley & Robert Foster 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: NEW PERMITTEE/FACILITY INFORMATION Intimidator, Inc. Permittee/Indirect Discharger (legal name): Facility Name (if different from above): Same 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: Robert Foster Responsible Official Name (see Section IV below): Official Title of Responsible Officer: Owner robert.foster@intimidatorutv.com Owner Type: E-mail: Permittee/Indirect Discharger Physical ☐ PARTNERSHIP STATE #1 Bad Boy Blvd. Address: FEDERAL **◯** CORPORATION Batesville Permittee/Indirect Discharger City: Zip: 72501 SOLE PROPRIETORSHIP Permittee/Indirect Discharger State: Permittee/Indirect Discharger Telephone No.: (870) 307-6740 Is the new Permittee/Indirect Discharger registered with the Arkansas Secretary of X Yes □ No State? If yes, please provide the full name of corporation if different than the legal permittee name listed above. Same as above Facility City: Batesville #1 Bad Boy Blvd. Facility Mailing Address: Facility State: Zip: 72501 AR Facility Contact Person Name: Randel Davis Contact Person Title: Paint Supervisor Fax Number: (870) 307-6799 Telephone Number: (870) 612-0350 E-mail: randel.davis@badboymowers.com City: Batesville Randel Davis **Invoice Contact Person:** 

## PRETREATMENT PERMIT/INDIRECT DISCHARGER (PRETREATMENT TRACKING #) TRANSFER FORM **Invoice Mailing Address:** #1 Bad Boy Blvd. State: AR Zip: 72501 Telephone: (870) 307-6740 Invoice Mailing Address: (same as above) Cognizant Official Name\*: Randel Davis Cognizant Official Title: Paint Supervisor (870) 612-0350 Fax Number: (870) 307-6799 E-mail: randel.davis@badboymowers.com Telephone Number: \* Duly Authorized Representative as outlined in 40 CFR 403.12(1)(3) OWNERSHIP CHANGE AGREEMENT III. Please note you must complete this Section (III.) only if the permit/Pretreatment Tracking # has a new owner or a new ownership. Please specify the closing date for this transaction: Current Permittee/Indirect Discharger (Seller): Signature of Responsible Corporate Officer: Title of Responsible Corporate Officer: Printed Name of Responsible Corporate Officer: Date: New Permittee/Indirect Discharger (Buyer): Signature of Responsible Corporate Officer: Title of Responsible Corporate Officer: Printed Name of Responsible Corporate Officer: Date: IV. CERTIFICATION OF NEW PERMITTEE/INDIRECT DISCHARGER "I certify that the cognizant official designated in this Permittee/Indirect Discharger Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 403.12(1)(3). 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/indirect discharger Pretreatment standards modification. Title: Owner Typed or Printed Name: Robert Foster Date: December 31, 2013