

Gage, Hannah

From: Gilliam, Allen
Sent: Friday, February 12, 2016 1:32 PM
To: 'Colleen Tuggle'
Cc: Bernie K. Finch; magnolia russell thomas; Gage, Hannah
Subject: AR0043613_Southern Aluminum ARP001059 Feb 2016 Signatory Authority change_20160212
Attachments: 0822_001.pdf

Colleen,

Attachment received and will be placed into your file.

Thank you for the quick response.

Sincerely,

Allen Gilliam
ADEQ State Pretreatment Coordinator
501.682.0625

ec: Russell Thomas, Magnolia Wastewater Manager

E/NPDES/NPDES/Pretreatment/Reports

From: Colleen Tuggle [<mailto:ctuggle@southernaluminum.com>]
Sent: Thursday, February 11, 2016 4:30 PM
To: Gilliam, Allen
Cc: Bernie K. Finch
Subject: FW: Attached Image
Importance: High

Mr. Gilliam,
I have attached the signed form you requested. Please confirm that you have received this form.
Thank you

Sincerely,

Colleen Tuggle

HR Director



**The
Linenless
Table Company**

V: 800-221-0408
F: 870-234-4665
5 Highway 82 West
Magnolia, AR 71753
ctuggle@southernaluminum.com

RE: Documentation of authority to sign pretreatment reports.

PURPOSE: Pretreatment rules at 40 CFR 403.12(l) specify who can sign reports required by industries subject to the Pretreatment Regulations in 40 CFR 403. These rules require the information on this form and apply to those signing electronic submissions as well. Accordingly, this form must be provided before ADEQ can accept documents submitted by an individual.

USES: This form establishes who can sign documents for a Permittee provided to ADEQ in compliance with a permit for discharge of wastewater to the sanitary sewer under the Federal Pretreatment and State Waste Discharge permit programs (pretreatment permits).

APPLICABILITY: The below authorization is for submittals required of:

Southern Aluminum (Name of Company)

CERTIFICATION: I understand: A) the information I provide on this form is governed by rules for civil documents and the Clean Water Act. B) I must submit a new form to ADEQ when this information changes. C) I may need to periodically provide ADEQ a new form so they can verify the information is current and valid.

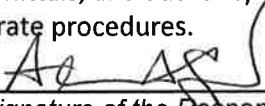
I am (check one)

A general partner or the proprietor of the business for which the permit is issued. **OR**

A responsible corporate officer. Specifically I am (further check one of the two below)

A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or a person who performs similar policy- or decision-making functions for the corporation. **OR**

The manager of one or more manufacturing, production, or operating facilities, authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and taking measures to assure compliance with environmental laws and regulations. I have the authority to ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit submittals; and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

 2-11-16
Signature of the Responsible Official Date

ALLISON A. SCHULTZ
Name (First Name, MI, Last Name) Typed or Printed

SOUTHERN ALUMINUM P O BOX 884 MAGNOLIA, AR 71753-91754
Mailing Address City, State, and Zip

CFO 0870 234-8660 870-234-1498
Title Area Phone Fax
Code

Email Address: ASCHULTZ@SOUTHERNALUMINUM.COM

(Optional) N/A hereby designate the following person or position as my Duly Authorized Representative for purposes of signing documents required by the permit issued to this facility:

This person or position has responsibility for the overall operation of the facility from which the Industrial Discharge originates, (e.g. manager, operator, superintendent, or equivalent), or has the overall responsibility for environmental matters for the company.

- This designation is in addition to prior designations.
- This designation supersedes all prior authorizations
- This designation is valid until _____. (If no date given valid until rescinded)

Signature of the Duly Authorized Representative

Name (First Name, MI, Last Name) Typed or Printed

<i>Mailing Address</i>	<i>City, State, and Zip</i>	
_____	_____	
<i>Title</i>	<i>Phone</i>	<i>Cell</i>
_____	() _____	() _____
<i>Email Address:</i>	_____	

OR N/A I hereby designate the following position as having the authority to sign documents required by the pretreatment permit issued to this facility: _____.