

Section 1.2(a)(4) of MSD's Sewer Use Ordinance (SUO) requires a signature from an "authorized representative" on Industrial Waste Applications and Reports. MSD requires a Signatory Authority form stating the current authorized representative and if they wish to delegate a person or persons as a signatory authority. Usually, the delegate signature authority is someone in the organization that has overall responsibility of environmental matters or the person responsible for the overall operations of the facility.

A new form must be submitted any time there is a change of the person who is the Authorized Representative or the person or persons that are delegated as having signatory authority. This form may be submitted via email at <u>Pretreatment@msdbc.org</u> or by Mail to:

Industrial Pretreatment MSD 2028 Riverside Drive Asheville, NC 28804

Authorized Representative of the Industrial User:

- (i) If the Industrial User is a corporation, Authorized Representative shall mean:
 - (A) the president, secretary, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
 - (B) the manager of one or more manufacturing, production, or operation facilities, provided, the manager is 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 initiate and direct comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.



- (ii) If the Industrial User is a partnership or sole proprietorship, an Authorized Representative shall mean a general partner or the proprietor, respectively.
- (iii) If the Industrial User is a Federal, State or local government facility, an Authorized Representative shall mean a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.
- (iv) the individuals described in paragraphs i-iii above may designate another Authorized Representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to The District.
- v) If the designation of an Authorized Representative is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of this section must be submitted to the General Manager prior to or together with any reports to be signed by an Authorized Representative.



If a primary authority will be signing all reports, applications, and certification statements, they must complete sections 1 and 3 and return the form to the address on the adjacent page. To delegate signatory authority, you must also complete section 2.

SECTION 1: Primary Signatory Authority Verification

Industry Permit #	
Facility Name	
Street Address	
City, State, Zip	

I certify that I qualify for signatory authority, as set forth in MSD's SUO 1.03.04 Authorized Representative of the Industrial User, based on the following criteria

Check one:

](A) ∐(B)

(iii)

SECTION 2: Delegation of Signatory Authority (optional)

I hereby delegate signatory authority for:

Application

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Compliance / Self-monitoring Reports



Certification Statements

MSD Industrial Waste – Signatory Authority & Delegation of Signature Authority Form



Delegate # 1

Name	
Title	
Company Name	
Street Address	
City, State, Zip Code	
Phone	
Email	
Signature	

Delegate #2

Name	
Title	
Company Name	
Street Address	
City, State, Zip Code	
Phone	
Email	
Signature	



By signing below, you are stating that you have read and understand the Permit and any other documentation that you are responsible for as the Primary Signatory Authority.

SECTION 3: Primary Authority Signature

Company Name	
Permit Number	
Name	
Title	
Street Address	
City, State, Zip Code	
Email	
Phone	
Date	
Signature	