

On-site Activity Reporting System (OARS) Designee(s)

I, _____, the undersigned responsible party for
Responsible Official Name

_____, Authorized Agent (AA), hereby delegate the
Regulated Entity Name

following designee(s) with the responsibility of submitting monthly activity report information in TCEQ's OARS program on behalf of the Authorized Agent:

Name of Designee/Title (print)

Mailing address of Designee (print)

Continuation of mailing address of Designee (if applicable) (print)

Name of alternate Designee/Title (print) (optional)

Mailing address of alternate Designee (if different from above)

Continuation of mailing address of alternate Designee (if applicable) (print)

Name/title of AA's responsible party

Signature

Date