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

<sub>I,</sub> Judge KP George	, the undersigned responsible party for
Responsible Official Name	
Fort Bend County	, Authorized Agent (AA), hereby delegate the
Regulated Entity Name	
following designee(s) with the responsib	bility of submitting monthly activity report information in
TCEQ's OARS program on behalf of th	e Authorized Agent:
Michael R Schaffer/Dire	ector, EH
Name of Designee/Title (print)	
4520 Reading Road, Rose	enberg, TX 77471
Mailing address of Designee (print)	
Continuation of mailing address of De-	signee (if applicable) (print)
Crystal Hernandez	
Name of alternate Designee/Title (print	t) (optional)
4520 Reading Road, Ro	osenberg, TX 77471
Mailing address of alternate Designee	
Continuation of mailing address of alto	ernate Designee (if applicable) (print)
	Manas
Judge KP George	3.26.24
Name/title of AA's responsible party	Signature J.26.24 Date