

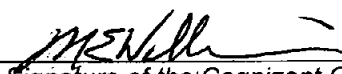
**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

NPDES Permit Number: AR0020303 Facility Name: North Little Rock Wastewater
Faulkner Lake

Type of Change: New Cognizant Official (or duly authorized representative) (sections 1 and 2)
 (check one) New Ranking Official (complete section 2 only)
 Both (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) (See 122.22(b); the individual, authorized by the ranking official in writing, as **having responsibility for the overall operation** of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following **individual** as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit; and other information requested by the Director:

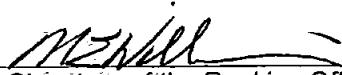


 Signature of the Cognizant Official (Duly Authorized Representative)
 Marc E. Wilkins

 Name (First Name, MI, Last Name) Typed or Printed
 P.O. Box 17898 _____ North Little Rock, AR 72117
 Mailing Address _____ City, State, and Zip
 Director _____ (501) 945-7186 _____ 945-4752
 Title _____ A/C Phone Fax

By signature below, the ranking official certifies that the above named **individual** is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RANKING OFFICIAL** (Note: The ranking official is the person authorized to sign the permit application i/a/w 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.)



 Signature of the Ranking Official
 Date 01/31/2014
 Marc E. Wilkins

 Name (First Name, MI, Last Name) Typed or Printed
 P.O. 17898 _____ North Little Rock, AR 72117
 Mailing Address _____ City, State, and Zip
 Director _____ (501) 945-7186 _____ 945-4752
 Title _____ A/C Phone Fax

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 Ranking Official also be the person signing submittals? (Check one) Yes No