

PERMIT TRANSFER FORM

PERMIT NUMBER: 4815-WR-5

SELECT ALL OF THE FOLLOWING THAT APPLY:

- ☐ Permittee (legal name) change [CHANGE OF OWNERSHIP] ☒ Permittee (legal name) change [NAME CHANGE ONLY]
☐ Facility name change ☐ Responsible official name change

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name): Goshen Municipal Property Owners Improvement District # 2

Facility Name: Waterford Estates at Hissom Ranch

Responsible Official Name (see Section IV below): Birch Wright

Is the permittee identified above, the owner of the facility? ☐ Yes ☒ No

If No, list owner name: Waterford Estates at Hissom Ranch Property Owners Association Inc.

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Waterford Estates at Hissom Ranch Property Owners Association, Inc.

Facility Name (if different from Permittee Name): Waterford Estates at Hissom Ranch

Is the Permittee the owner of the facility? ☒ Yes ☐ No If No, list owner name: _____

Responsible Official Name (see Section IV below): Birch Wright

Responsible Official Title: President

Permittee Type:

Responsible Official E-mail: bwright@wregional.com ☐ STATE ☐ PARTNERSHIP

Permittee Mailing Address: PO BOX 8295 ☐ FEDERAL ☐ PUBLIC

Permittee City: Fayetteville ☒ CORPORATION/LLC

Permittee State: AR Zip: 72703 State of Incorporation: AR

Permittee Phone No.: 479-313-9700 ☐ SOLE PROPRIETORSHIP

☐ OTHER: _____

Is the new permittee registered with the Arkansas Secretary of State? ☒ Yes ☐ No

If yes, the Permittee (legal name) above must EXACTLY match the name registered with the Arkansas Secretary of State.

A current Certificate of Good Standing from the State of Incorporation must be submitted with this form.

Facility Mailing Address: PO BOX 8295 Facility City: Fayetteville

Facility State: AR Zip: 72703

Facility Contact Person Name: Birch Wright Contact Person Title: President

Phone Number: 479-313-9700 Fax Number: _____ E-mail: bwright@wregional.com

Invoice Contact Person: Birch Wright City: Fayetteville

Invoice Mailing Address: PO BOX 8295 State: AR Zip: 72703

Invoice Mailing Address: _____ Phone: 479-313-9700

Cognizant Official Name*: Kathryn Bartlett Cognizant Official Title: VP NWA Utility Services

Phone Number: 479-530-5924 Fax Number: _____ E-mail: kathy@aquatechsys.com

* Duly Authorized Representative as outlined in 40 CFR 122.22(b)

PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete Section III only if this permit transfer is for a change of ownership.

Please specify the closing date for this transaction: _____

Current Permittee (Seller): _____

Signature of Responsible Corporate Officer: _____

Title of Responsible Corporate Officer: _____

Printed Name of Responsible Corporate Officer: _____

Date: _____

New Permittee (Buyer): _____

Signature of Responsible Corporate Officer: _____

Title of Responsible Corporate Officer: _____

Printed Name of Responsible Corporate Officer: _____

Date: _____

Disclosure Statement:

Disclosure Statement must be submitted for new permittee. Disclosure Statement is not required for Stormwater Permits.

Is Disclosure Statement enclosed: ☒ Yes ☐ No

Trust Fund Requirements:

If this facility is subject to the trust fund requirements (Ark. Code Ann. §8-4-203(b)(1)(B)), the permittee must also submit the ADEQ Trust Fund Requirements form with this transfer form. A form may be obtained from the ADEQ website:

<https://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

Land Use Contract:

For land application permits you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

IV. CERTIFICATION OF NEW PERMITTEE (Responsible Official in Section II)

"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. I certify under penalty of law that this document and all attachments were prepared under my direction or 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 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."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: _____

Birch Wright

Title: _____

President

Signature: _____

[Signature]

Date: _____

3/17/25 4/23/2025

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317
TELEPHONE 501-682-0744 / FAX 501-682-0880 / www.adeq.state.ar.us



Instructions for the completion of this document:

- A. Individuals, firms, or other legal entities with no changes to a DEQ Disclosure Statement, complete items I through III and XVI.
- B. Individuals who never submitted a DEQ Disclosure Statement, complete items I through II, IV, V, and XIV through XVI.
- C. Firms or other legal entities who never submitted a DEQ Disclosure Statement, complete items I through III, and IV through XVI.

IF NOT SUBMITTING BY EPORTAL, MAIL ORIGINAL TO:

Arkansas Energy & Environment,
Division of Environmental Quality,
Office of Water Quality
Disclosure Statement
5301 Northshore Drive,
North Little Rock, AR 72118-5317

I. APPLICANT INFORMATION

APPLICANT NAME: Waterford Estates at Hissom Ranch Property Owners Association, Inc.

STREET ADDRESS: PO Box 8295

CITY: Fayetteville

STATE: AR

ZIP CODE: 72703

II. APPLICANT CATEGORY

APPLICANT TYPE: ☐ INDIVIDUAL ☒ OTHER LEGAL ENTITY

REASON FOR SUBMISSION:

- | | | |
|---|--|--|
| <input type="checkbox"/> PERMIT | <input type="checkbox"/> CERTIFICATION | <input type="checkbox"/> OPERATIONAL AUTHORITY |
| <input type="checkbox"/> LICENSE | <input type="checkbox"/> MODIFICATION | <input type="checkbox"/> NEW APPLICATION |
| <input checked="" type="checkbox"/> RENEWAL APPLICATION | | |

(If no changes from previous disclosure statement, complete number III and XVI.)

PROGRAMS:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> AIR | <input type="checkbox"/> MINING | <input type="checkbox"/> HAZARDOUS WASTE |
| <input checked="" type="checkbox"/> WATER | <input type="checkbox"/> SOLID WASTE | <input type="checkbox"/> REGULATED STORAGE TANK |
| <input type="checkbox"/> USED TIRE PROGRAM | | |

III. DECLARATION OF NO CHANGES

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil, and criminal, have not changed since the last Disclosure Statement that was filed with DEQ on 03/17/2025.

IV. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications, or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

Prior Permits 4815-W, 4815-WR-1, 4815-WR-2, 4815-WR-3, 4815-WR-4, 4815-WR5

V. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant* in the last ten (10) years including:

- A. Administrative enforcement actions resulting in the imposition of sanctions
- B. Permit or license revocations or denials issued by any state or federal authority
- C. Actions that have resulted in a finding or a settlement of a violation
- D. Pending actions

(Attach additional pages, if necessary.)

None

*Firms or other legal entities shall also include this information for all persons and legal entities identified in sections VI through XIV of this Disclosure Statement.

VI. List all officers of the Applicant. (Add additional pages, if necessary.)

OFFICER NAME: Birch Wright
JOB TITLE: President
STREET ADDRESS: 2412 Brookwater Lane
CITY: Fayetteville **STATE:** AR **ZIP CODE:** 72703

OFFICER NAME: Lauri Meisner
JOB TITLE: Vice President
STREET ADDRESS: 2530 Riverfront Lane
CITY: Fayetteville **STATE:** AR **ZIP CODE:** 72703

OFFICER NAME: Stacy Pritchett
JOB TITLE: Treasurer
STREET ADDRESS: 2401 Riverwater Lane
CITY: Fayetteville **STATE:** AR **ZIP CODE:** 72703

VII. List all directors of the Applicant. (Add additional pages, if necessary.)

DIRECTOR NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DIRECTOR NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DIRECTOR NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

VIII. List all partners of the Applicant. (Add additional pages, if necessary.)

PARTNER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PARTNER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PARTNER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

IX. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application. (Add additional pages, if necessary.)

EMPLOYEE NAME: NWA Utility Services, Inc
JOB TITLE: Contracted Operator
STREET ADDRESS: PO Box 9299
CITY: Fayetteville **STATE:** AR **ZIP CODE:** 72703

EMPLOYEE NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMPLOYEE NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

X. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity. (Add additional pages, if necessary.)

INDIVIDUAL/ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

INDIVIDUAL/ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

INDIVIDUAL/ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XI. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%). (Add additional pages, if necessary.)

ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XII. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant. (Add additional pages, if necessary.)

COMPANY NAME: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XIII. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant. (Add additional pages, if necessary.)

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

ORGANIZATIONAL RELATIONSHIP:

XIV. List any person who is not now in compliance or has a history of noncompliance with the environmental law or rules of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment. (Add additional pages, if necessary.)

INDIVIDUAL NAME: _____

JOB TITLE: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

INDIVIDUAL NAME: _____

JOB TITLE: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

XV. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant. (Attach additional pages, if necessary.)

XVI. VERIFICATION AND ACKNOWLEDGMENT

The Applicant agrees to provide any other information the DEQ Chief Administrator may require at any time to comply with the provisions of the Disclosure Law and any rules promulgated thereto. The Applicant further agrees to provide the DEQ with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification or operational authorization.

SKIP THIS SECTION IF SUBMITTING WITH CROMERR-APPROVED SIGNATURE ON EPORTAL

I, Birch Wright, certify under penalty of law that this document and all attachments were prepared under my direction or 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 fines and imprisonment for knowing violation.

APPLICANT SIGNATURE:



JOB TITLE: President

DATE: 03/17/2025

4/27/2025

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

THAT, WATERFORD ESTATES DEVELOPMENT, INC., an Arkansas Corporation, hereinafter called Grantor, for and in consideration of the sum of \$10.00 and other good and valuable consideration in hand paid by **WATERFORD ESTATES AT HISSOM RANCH PROPERTY OWNERS ASSOCIATION, INC., an Arkansas Corporation,** the receipt of which is hereby acknowledged, do hereby grant, bargain, sell and convey unto paid **WATERFORD ESTATES AT HISSOM RANCH PROPERTY OWNERS ASSOCIATION, INC., an Arkansas Corporation,** hereinafter called Grantee, and unto their heirs, successors, and/or assigns forever the following lands lying in Washington County, Arkansas:

SEE ATTACHED EXHIBIT "A"

Subject to existing easements, building lines, restrictions, and assessments of record, if any.

RECITAL: THIS PROPERTY IS BEING DONATED BY GRANTOR TO GRANTEE AND AS SUCH NO DEED STAMPS ARE NECESSARY.

Send tax statement to: Waterford Estates at Hissom Ranch, POA
1695 Electric Ave.
Springdale, AR 72764

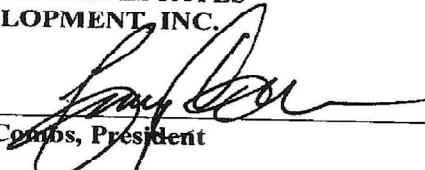
To have and to hold the same unto the said Grantee and unto his heirs, successors, and/or assigns forever, with all appurtenances thereunto belonging.

And Grantor hereby covenants with said Grantee that they will forever warrant and defend the title to the said lands against all claims whatever.

[REMAINDER OF PAGE INTENTIONALLY BLANK, SIGNATURE TO FOLLOW]

200 7. WITNESS our hand and seal on this 21 day of December.

WATERFORD ESTATES
DEVELOPMENT, INC.



Gary Combs, President

ACKNOWLEDGMENT

STATE OF ARKANSAS)
) §§
COUNTY OF WASHINGTON)

On this the 21 day of December, 200 7, before me, the undersigned, a Notary Public, within and for the aforesaid County and State, duly commissioned, qualified, and acting to me appeared in person **GARY COMBS**, in his capacity as the President of WATERFORD ESTATES DEVELOPMENT, INC., to me personally well known as the persons whose name appears upon the within and foregoing deed of conveyance as the grantor and stated that he had executed the same for the consideration and purposes therein mentioned and set forth, and I do hereby so certify.

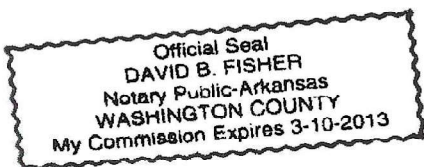
IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal as such Notary Public at the County and State aforesaid on this 21 day of December, 200 7.

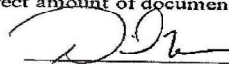

Notary Public

My Commission expires:

3-10-2013

This instrument was prepared by DAVID FISHER, PLLC, 1589 Electric Ave., Springdale, AR 72764. I certify under penalty of false swearing that at least the legally correct amount of documentary stamps have been placed on this instrument.




GRANTEE/AGENT

GRANTEE/AGENT'S ADDRESS:
1589 Electric Ave.
Springdale, AR 72764

EXHIBIT "A"

Part of the Final Plat for Waterford Estates at Hissom Ranch recorded as File #23A-174 in the Circuit Clerk's Office of Washington County, Arkansas being more particularly described as follows:

Commencing at the Northwest corner of Lot 1 of the above said Final Plat for Waterford Estates; thence N01°43'51"E, a distance of 341.09 feet; thence S88°16'09"E, a distance of 92.00 feet to the True Point of Beginning; thence N01°43'51"E, a distance of 1016.13 feet; thence S87°31'52"E, a distance of 34.84 feet; thence N02°19'02"E, a distance of 53.29 feet; thence S87°45'19"E, a distance of 79.57 feet; thence S02°19'02"W, a distance of 53.61 feet; thence S87°31'52"E, a distance of 341.26 feet; thence S01°43'51"W, a distance of 1010.26 feet; thence N88°16'09"W, a distance of 455.63 feet to the Point of Beginning and containing 465,897 square feet or 10.70 acres, more or less.

Details

For service of process contact the [Secretary of State's office](#).

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name

WATERFORD ESTATES AT HISSOM RANCH PROPERTY OWNERS ASSOCIATION, INC.

Fictitious Names

—

Filing #

800065665

Filing Type

Nonprofit Corporation

Filed Under Act

Dom Nonprofit Corp; 1147 of 1993

Status

Good Standing

Principal Address

2435 RIVERFRONT LN FAYETTEVILLE, AR 0

Reg. Agent

LAURIE MEISNER

Agent Address

2435 RIVERFRONT LN FAYETTEVILLE, AR 72703

Date Filed

08/22/2005

Officers

HEARTSILL RAGON III, Incorporator/Organizer

BRETT MURPHY, Director

WILL MCCLAMROCH, Director

RYAN GOENS, Director

BIRCH WRIGHT, Director

COREY STAGGS, Director