



ENVIRONMENTAL QUALITY

Request for Change of Authorization (Certification and Signatory Requirement) Office of Water Quality, Permit Branch Form Last Revised November 30, 2021

Office of Water Quality (OWQ) requests that you electronically submit non-confidential applications using ePortal (<https://eportal.adeq.state.ar.us/>), our online submission system. Please provide an explanation in the paragraph box below as to why you are not submitting this Request for Change of Authorization electronically using ePortal.

OWQ Permit Number: 4899-WR-4 Facility Name: Cane Island Estates, LLC

Type of Change: ☒ New Cognizant Official (or duly authorized representative) (Sec. 1 & 2)
☐ Additional Cognizant Official (or duly authorized representative) (Sec. 1 & 2)
(check all that apply) ☒ New Responsible Official (complete section 2 only)

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:

David A. Meints
Signature of the Cognizant Official (Duly Authorized Representative)
DAVID A. MEINTS
Name (First Name, MI, Last Name) Typed or Printed
PO Box 1001 Bryant, AR 72089
Mailing Address City, State, and Zip
Class III operator (501) 821-3837
Title A/C Phone Fax
Email Address: david@meincowastewater.com

By signature below, the responsible 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. **RESPONSIBLE OFFICIAL** (Note: The responsible 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)

Michael McCracken 5-29-24
Signature of the Responsible Official Date
Michael McCracken
Name (First Name, MI, Last Name) Typed or Printed
1235 Rodgers Drive Fayetteville AR 72701
Mailing Address City, State, and Zip
POA President owner (479) 466-7969
Title A/C Phone Fax
Email Address: urhog@cox.net

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 the Responsible Official also be the person signing submittals? ☐ Yes ☐ No