

# Environmental Permits for Industrial Facilities

## Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side)  
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).  
 Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

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Dept. of Environmental Quality

<p><b>Item I.</b></p> <p>Facility Name: <u>Cole Poultry, LLC</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>20115 Tumblin Rd.</u></p> <p>City: <u>Aberdeen</u> State: <u>MS</u> Zip: <u>39730</u></p> <p>County: <u>Monroe</u></p> <p>Telephone: <u>(228) 234-1492</u></p>	<p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Noland Skeels</u></p> <p>Title: <u>owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>20010 Egypt Rd.</u></p> <p>City: <u>Aberdeen</u> State: <u>MS</u> Zip: <u>39730</u></p> <p>Telephone: <u>(662) 295-4109</u></p>				
<p><b>Item III.</b></p> <p>Previous Permittee<sup>1</sup>: <u>Martha Cole</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>12190 Lake Forest Dr.</u></p> <p>City: <u>Gulfport</u> State: <u>MS</u> Zip: <u>39503</u></p> <p>Telephone: <u>(228) 234-1492</u></p>	<p><b>Item IV.</b></p> <p>New Permittee<sup>1</sup>: <u>Noland Skeels</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>20010 Egypt Rd.</u></p> <p>City: <u>Aberdeen</u> State: <u>MS</u> Zip: <u>39730</u></p> <p>Telephone: <u>(662) 295-4109</u></p>				
<p><b>Item V.</b></p> <p>Industrial Activity      SIC Code: _____</p> <p>Brief Description: _____</p>	<p><b>Item VI.</b></p> <p>Will Facility Operations Change?    Yes _____ No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may required modification prior to change.</p>				
<p><b>Item VII.</b></p> <p>Will Facility Name Change?    Yes _____ No <input checked="" type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p><b>Item VIII.</b></p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature<sup>2</sup>: _____</p> <p>Title: _____ Date: _____</p>				
<p><b>Item IX.</b></p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>Martha Cole</u></p> <p>To: <u>Noland Skeels</u>      Acquisition Date: <u>7/11/16</u></p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <u>Noland Skeels</u>                      Print New Permittee<sup>1</sup> Name  <u>Noland Skeels</u>                      New Authorized Signature<sup>2</sup>  <u>Owner</u>                      Title                 </td> <td style="width: 50%; text-align: center;"> <u>Martha Cole</u>                      Print Previous Permittee<sup>1</sup> Name  <u>Martha Cole</u>                      Previous Authorized Signature<sup>2</sup>  <u>Owner</u>                      Title                 </td> </tr> <tr> <td style="text-align: center;"> <u>4-4-16</u>                      Date                 </td> <td style="text-align: center;"> <u>4/8/16</u>                      Date                 </td> </tr> </table>		<u>Noland Skeels</u> Print New Permittee <sup>1</sup> Name <u>Noland Skeels</u> New Authorized Signature <sup>2</sup> <u>Owner</u> Title	<u>Martha Cole</u> Print Previous Permittee <sup>1</sup> Name <u>Martha Cole</u> Previous Authorized Signature <sup>2</sup> <u>Owner</u> Title	<u>4-4-16</u> Date	<u>4/8/16</u> Date
<u>Noland Skeels</u> Print New Permittee <sup>1</sup> Name <u>Noland Skeels</u> New Authorized Signature <sup>2</sup> <u>Owner</u> Title	<u>Martha Cole</u> Print Previous Permittee <sup>1</sup> Name <u>Martha Cole</u> Previous Authorized Signature <sup>2</sup> <u>Owner</u> Title				
<u>4-4-16</u> Date	<u>4/8/16</u> Date				

<sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup>Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

**Mississippi Department of Environmental Quality/Office of Pollution Control**

**P.O. Box 2261**

**Jackson, Mississippi 39225**

**(601) 961-5171**

**Item X. Storm Water**

(Check One)

☐ A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.

☒ The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.

☐ The recipient is submitting a new SWPPP, which is attached to this form.

☐ A copy of the SWPPP cannot be obtained from the original owner.

**Item XI. Hazardous Waste ID Number**

EPA ID No. \_\_\_\_\_

(Check One)

☒ An EPA Hazardous Waste ID Number is not required for the site.

☐ The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.

**Item XII. Permit(s) and/or Coverage(s) to be Transferred**

Permit Type: Dry Litter Poultry (DLPAFO)

Permit/Coverage No.: MSG 200473

Permit Issuance Date: ~~02-18-16~~ 2-2-16

Date of General Permit Coverage: 1-31-19

Permit Expiration Date: \_\_\_\_\_

Permit Type: \_\_\_\_\_

Permit/Coverage No.: \_\_\_\_\_

Permit Issuance Date: \_\_\_\_\_

Date of General Permit Coverage: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

Permit Type: \_\_\_\_\_

Permit/Coverage No.: \_\_\_\_\_

Permit Issuance Date: \_\_\_\_\_

Date of General Permit Coverage: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

Permit Type: \_\_\_\_\_

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Permit/Coverage No.: \_\_\_\_\_

Permit Issuance Date: \_\_\_\_\_

Date of General Permit Coverage: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

**OTHER INFORMATION:**