AI#64

Environmental Permits for Industrial Facilities 12 Request for Transfer of Permit, General Permit Coverage and/or Name Change DEQ-E

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 MDFO when a transferal date is finalized but prior to the actual transfer.

Note-This form should be submitted to MD Item I. Facility Name:	Responsible official after transfer or name change: Thomas Culpepper
City: Ovett State: MS Zip: 39464 Telephone: (_601)_344-7524	Telephone: (601)344 7305
Item V.	Item VI.
Industrial Activity SIC Code:	Will Facility Operations Change? YesNoX
Brief Description:	If yes, the appropriate applications and permits may require modification
Item VII.	prior to change. Item VIII.
Will Facility Name Change? Yes X No_ If Yes, Provide New Name for Permit Coverage. New Name: Thomas Culpepper	Signature for Name Change Print Name: Thomas Culpepper Authorized Signature: Thomas Culpepper Title: New Owner Date:
We the undersigned request transfer of p form From: Keith Culpepper Thomas Culpepper To:	permit(s) and/or permit coverage(s) listed on the backside of this
liability for the permit(s) listed on the back of this document and/or permit coverage(s) be transferred to the recipient.	nt. By signature below, the previous permittee is requesting that the permit(s) The transfer of the permit(s) or permit coverage(s) will be by written notification require submittal of information regarding financial capability and past Keith Culpepper
Print New Permittee Name Thom AS CU/PePPER	Print Previous Permittee Name
New Authorized Signature	Previous Authorized Signature Old Owner
New Owner Title Date	Title Date
A Permittee is a company or individual that has been issued an individual	idual permit or coverage under a general permit.
Authorized Signature must be owner or in the case of a corporati	on, a corporate officer as defined in Regulations APC-S-2 and WPC-1.
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Mississippi Department of Environmental Quality/Office of Pollution Control

P.O. Box 2261 Jackson, Mississippi 39225-2261

(601) 961-5171 Item X. Storm Water Item XI. Hazardous Waste ID Number EPA ID No. (Check One) X A Storm Water Pollution Prevention Plan (SWPPP) is not (Check One) An EPA Hazardous Waste ID Number is not required for the site. required for the site. The site's EPA ID Number is listed above. There is no change in the The recipient certifies that they have received a copy of the Office type or amount of hazardous waste generated on site. of Pollution Control approved SWPPP from the original owner. There is a change in the type or amount of hazardous waste The recipient is submitting a new SWPPP, which is attached to this generated and a Notification of Regulated Waste Activity Form is attached. A copy of the SWPPP cannot be obtained from the original owner. Item XII. Permit(s) and/or Coverage(s) to be Transferred Permit Type: General Operating Permit Type: _____ Permit/Coverage No.: MSG200269 Permit/Coverage No.: Permit Issuance Date: Permit Issuance Date: Date of General Permit Coverage: Date of General Permit Coverage: 1/31/2019 Permit Expiration Date: Permit Expiration Date: ___ Permit Type: Permit Type: Permit/Coverage No.: Permit/Coverage No.: Permit Issuance Date: Permit Issuance Date: Date of General Permit Coverage: Date of General Permit Coverage: Permit Expiration Date: Permit Expiration Date: Permit Type: _____ Permit Type: Permit/Coverage No.: Permit/Coverage No.: Permit Issuance Date: ___ Permit Issuance Date: Date of General Permit Coverage: Date of General Permit Coverage: Permit Expiration Date: Permit Expiration Date: OTHER INFORMATION: Permit Type: Permit/Coverage No.: Permit Issuance Date: Date of General Permit Coverage: Permit Expiration Date:

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