

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.

Item I.	Item II.
Facility Name: SXP SCHULZ XTRUDED PRODUCTS, LLC	Responsible official after transfer or name change:
Location: (Do Not Use P.O. Box)	Name: Bob Morley
Street: 1001 Schulz Boulevard	Title: General Manager
City: Robinsonville State: MS Zip: 38664	Mailing Address:
County: Tunica	Street/P.O. Box: 1001 Schulz Boulevard
Telephone: (662) 373-4706	City: Robinsonville State: MS Zip: 38664
	Telephone (662) 373-4605
Item III.	Item IV.
Previous Permittee ¹ : SCHULZ XTRUDED PRODUCTS (SXP, LP)	New Permittee ¹ : SXP Schulz Xtruded Products, LLC
Mailing Address:	Mailing Address:
Street/P.O. Box: 1001 Schulz Boulevard	Street/P.O. Box: 1001 Schulz Boulevard
City: Robinsonville State: MS Zip: 38664	City: Robinsonville State: MS Zip: 38664
Telephone: (662 373-4706	Telephone: (662 373-4706
Item V. Industrial Activity SIC Code: _3317	Item VI.
	Will Facility Operations Change? Yes No No
Brief Description: Iron and Steel Pipe and Tube	If yes, the appropriate applications and permits may require modification prior
Manufacturing from Purchased Steel	to change. Item VIII.
Will Facility Name Change? Yes No	
	Signature for Name Change
If Yes, Provide New Name for Permit Coverage.	Print Name: Bob Morley
New Name:	Authorized Signature ² :
	Title: General Manager Date: 7/25/19
Item IX. We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.	
From: SCHULZ XTRUDED PRODUCTS (SXP, LP)	
To: SXP Schulz Xtruded Products, LLC Acquisition Date: 07/31/19	
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.	
SXP Schulz Xtruded Products, LLC	SCHULZ XTRUDED PRODUCTS (SXP, LP)
Print New Permittee Name	Print Previous Permittee Name
Within	144 KM
New Authorized Signature ²	Previous Authorized Signature ²
General Manager 7/25/19	General Manager 7/25/19
Title Date	Title Date /
¹ A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit. ² 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 Page 1 of 2 SEPTEMBER 2000	



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
(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.	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: Baseline SW General NPDES	Permit Type:
Permit/Coverage No.: MSR002236	Permit/Coverage No.:
Permit Issuance Date: 12/11/15	Permit Issuance Date:
Date of General Permit Coverage: 12/11/15	Date of General Permit Coverage:
Permit Expiration Date: 10/31/20	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:
Permit Type:	OTHER INFORMATION:
Permit/Coverage No.:	
Permit Issuance Date:	
Date of General Permit Coverage:	
Permit Expiration Date:	
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