Rec'd 2-2-20

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: Crane Mine	Responsible official after transfer or name change:
Location: (Do Not Use P.O. Box)	Name: Mr. Greggory Crane
Street: Hwy 488	Title: Owner
City: Carthage State: MS Zip: 39051	Mailing Address: 6607 Hypr. 488
County: Leake	Street/P.O. Box: 6697 Hwy 488
Telephone: 601.507.6620	city: Carthage State: Ms Zip: 39051
Item III.	Telephone (601.50)7.6620
Previous Permittee ¹ : Mr. Andrew B. Tanner	New Permittee': Triple G Contracting LLC
Mailing Address:	Mailing Address:
Street/P.O. Box: P.O. Box 460	Street/P.O. Box: 6697 Hwy 488
city: Ellisville State: Ms zip: 39437	City: Carthage State: Ms Zip: 39051
Telephone: (601.47)7.3820	Telephone: (601.507.6620
Item V. Industrial Activity SIC Code: 1442	Item VI.
The state of the s	Will Facility Operations Change? Yes No
Brief Description: Mining Borrow Material	If yes, the appropriate applications and permits may require modification prior to change.
Item VII.	Item VIII.
Will Facility Name Change? Yes No	Signature for Name Change
If Yes, Provide New Name for Permit Coverage.	Print Name:
New Name:	Authorized Signature ² :
	Title: Date:
Item IX. We the undersigned request transfer of permit(s) and/or permit From: TANKEL CONSTRUCTION CO. INC.	
	Acquisition Date: 1-27-20
By signature below, the recipient certifies that: 1) they are aware of the Board it has the financial resources and operational expertise and 3) age this document. By signature below, the previous permittee is requestin. The transfer of the permit(s) or permit coverage(s) will be by written no submittal of information regarding financial capability and past compli-	e requirements of the permit(s), 2) the applicant can demonstrate to the Permit rees to accept responsibility and liability for the permit(s) listed on the back of g that the permit(s) and/or permit coverage(s) be transferred to the recipient. of the control from the Office of Pollution Control (OPC). The OPC may require ance history of the recipient.
Covergory Count	Andrew B. Tanner
Print New Permittee Name	Print Previous Permittee Vanne
MANER	Under & Jam
New Authorized Signature ²	Previous Authorized Signature ²
and owner 127-21	Vice President INSIV
Title Date	Title Date
A Permittee is a company or individual that has been issued an individual p Authorized Signature must be owner or in the case of a corporation, a corporation.	ermit or coverage under a general permit. orate 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 39225-2261

(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.	EPA ID No(Check One)
The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.	f An EPA Hazardous Waste ID Number is not required for the site.
The recipient is submitting a new SWPPP, which is attached to this form.	The site's EPA ID Number is listed above 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: Mining Storm Water	Permit Type:
Permit/Coverage No.: MSR322748	Permit/Coverage No.:
Permit Issuance Date: 8/15/2018	Permit Issuance Date:
Date of General Permit Coverage: 8/15/2018	Date of General Permit Coverage:
Permit Expiration Date: 3/31/2023	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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