

AI #12126

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FEB 02 2018

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.

<p>Item I.</p> <p>Facility Name: <u>John Nguyen Poultry</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>5111 Pine Bluff Rd.</u></p> <p>City: <u>Decatur</u> State: <u>MS</u> Zip: <u>39327</u></p> <p>County: <u>Newton</u></p> <p>Telephone: <u>(601) 683-2506 - HOME</u> <u>504-250-1591 - CELL</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Johnny Nguyen</u></p> <p>Title: <u>New owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>245 Sumac Trail</u></p> <p>City: <u>Woodstock</u> State: <u>GA</u> Zip: <u>30188</u></p> <p>Telephone: <u>(404) 825-1508</u></p>						
<p>Item III.</p> <p>Previous Permittee¹: <u>John Nguyen</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>5111 Pine Bluff Rd.</u></p> <p>City: <u>Decatur</u> State: <u>MS</u> Zip: <u>3932</u></p> <p>Telephone: <u>(601) 683-2506-4 (504) 250-1591-C</u></p>	<p>Item IV.</p> <p>New Permittee¹: <u>Johnny Nguyen</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>245 Sumac Trail</u></p> <p>City: <u>Woodstock</u> State: <u>GA</u> Zip: <u>30188</u></p> <p>Telephone: <u>(404) 825-1508</u></p>						
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: _____</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>						
<p>Item VII.</p> <p>Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Johnny Nguyen Farm</u></p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>JOHNNY NGUYEN</u></p> <p>Authorized Signature²: <u>[Signature]</u></p> <p>Title: <u>OWNER</u> Date: <u>11-27-2017</u></p>						
<p>Item IX.</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>John Nguyen</u></p> <p>To: <u>Johnny Nguyen</u> Acquisition Date: _____</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> <tr> <td> <p><input checked="" type="checkbox"/> <u>JOHNNY NGUYEN</u></p> <p>Print New Permittee¹ Name</p> </td> <td> <p><input checked="" type="checkbox"/> <u>JOHN NGUYEN</u></p> <p>Print Previous Permittee¹ Name</p> </td> </tr> <tr> <td> <p><input checked="" type="checkbox"/> <u>[Signature]</u></p> <p>New Authorized Signature²</p> </td> <td> <p><input checked="" type="checkbox"/> <u>[Signature]</u></p> <p>Previous Authorized Signature²</p> </td> </tr> <tr> <td> <p><u>New Owner</u> <u>2-9-2018</u></p> <p>Title Date</p> </td> <td> <p><u>Previous Owner</u> <u>2-9-2018</u></p> <p>Title Date</p> </td> </tr> </table> <p>¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.</p> <p>²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.</p> <p>Page 1 of 2 SEPTEMBER 2000</p>		<p><input checked="" type="checkbox"/> <u>JOHNNY NGUYEN</u></p> <p>Print New Permittee¹ Name</p>	<p><input checked="" type="checkbox"/> <u>JOHN NGUYEN</u></p> <p>Print Previous Permittee¹ Name</p>	<p><input checked="" type="checkbox"/> <u>[Signature]</u></p> <p>New Authorized Signature²</p>	<p><input checked="" type="checkbox"/> <u>[Signature]</u></p> <p>Previous Authorized Signature²</p>	<p><u>New Owner</u> <u>2-9-2018</u></p> <p>Title Date</p>	<p><u>Previous Owner</u> <u>2-9-2018</u></p> <p>Title Date</p>
<p><input checked="" type="checkbox"/> <u>JOHNNY NGUYEN</u></p> <p>Print New Permittee¹ Name</p>	<p><input checked="" type="checkbox"/> <u>JOHN NGUYEN</u></p> <p>Print Previous Permittee¹ Name</p>						
<p><input checked="" type="checkbox"/> <u>[Signature]</u></p> <p>New Authorized Signature²</p>	<p><input checked="" type="checkbox"/> <u>[Signature]</u></p> <p>Previous Authorized Signature²</p>						
<p><u>New Owner</u> <u>2-9-2018</u></p> <p>Title Date</p>	<p><u>Previous Owner</u> <u>2-9-2018</u></p> <p>Title Date</p>						

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(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: DLP AFO

Permit/Coverage No.: MSG 200561

Permit Issuance Date: April 18, 2014

Date of General Permit Coverage: _____

Permit Expiration Date: January 31, 2019

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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OTHER INFORMATION: