

ATD  
9591

# Environmental Permits for Industrial Facilities

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

BY:

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.

RECEIVED  
DEC 7 4 30 PM '17

<b>Item I.</b> Facility Name: <u>Johnny Tran Farm</u> Location: (Do Not Use P.O. Box) Street: <u>3800 Prospect Cedar Lane Rd</u> City: <u>UNION</u> State: <u>MS</u> Zip: <u>39365</u> County: <u>NEWTON</u> Telephone: ( <u>601</u> ) <u>5 00 2258</u>	<b>Item II.</b> Responsible official after transfer or name change: Name: <u>JAMES LE</u> Title: <u>OWNER</u> Mailing Address: Street/P.O. Box: <u>3800 Prospect Cedar Lane Rd</u> City: <u>UNION</u> State: <u>MS</u> Zip: <u>39365</u> Telephone: ( <u>801</u> ) <u>494 4204</u>
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<b>Item III.</b> Previous Permittee: <u>Johnny Tran</u> Mailing Address: Street/P.O. Box: <u>3800 Prospect Cedar Lane Rd</u> City: <u>UNION</u> State: <u>MS</u> Zip: <u>39365</u> Telephone: ( )	<b>Item IV.</b> New Permittee: <u>James Le</u> Mailing Address: Street/P.O. Box: <u>3800 Prospect Cedar Lane Rd</u> City: <u>UNION</u> State: <u>MS</u> Zip: <u>39365</u> Telephone: ( <u>801</u> ) <u>494 4204</u>
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<b>Item V.</b> Industrial Activity SIC Code: _____ Brief Description: _____	<b>Item VI.</b> Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, the appropriate applications and permits may require modification prior to change.
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<b>Item VII.</b> Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Provide New Name for Permit Coverage. New Name: <u>JAMES LE FARM</u>	<b>Item VIII.</b> Signature for Name Change Print Name: _____ Authorized Signature: <u>JAMES LE</u> Title: <u>OWNER</u> Date: <u>3/3/17</u>
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**Item IX.**  
 We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: Johnny Tran (Son Q. Tran)  
 To: JAMES LE Acquisition Date: 2/9/17

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.

<u>JAMES LE</u> Print New Permittee' Name <u>[Signature]</u> New Authorized Signature' <u>OWNER</u> Title <u>3/3/17</u> Date	<u>Johnny Tran</u> Print Previous Permittee' Name <u>[Signature]</u> Previous Authorized Signature' <u>owner</u> Title <u>3/3/17</u> Date
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<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 39225-2261**  
**(601) 961-5171**

<p><b>Item X. Storm Water</b></p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input checked="" type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p><b>Item XI. Hazardous Waste ID Number</b></p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
<b>Item XII. Permit(s) and/or Coverage(s) to be Transferred</b>	
<p>Permit Type: <u>DLPAFO</u></p> <p>Permit/Coverage No.: <u>MSG 201585</u></p> <p>Permit Issuance Date: <u>4/7/2014</u></p> <p>Date of General Permit Coverage: <u>1/31/2019</u></p> <p>Permit Expiration Date: <u>1/31/2019</u></p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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