

AI #9796

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

RECEIVED
JAN 24 2019

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.

Dept. of Environmental Quality

<p>Item I.</p> <p>Facility Name: <u>Delphi Automotive Systems LLC</u></p> <p>Location: (Do Not Use P.O. Box) Street: <u>925 Industrial Park Road NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>County: <u>Lincoln</u></p> <p>Telephone: (<u>601</u>) <u>823-2000</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change: Name: <u>Errol Wint</u></p> <p>Title: <u>Plant Manager</u></p> <p>Mailing Address: Street/P.O. Box: <u>925 Industrial Park Road NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone (<u>601</u>) <u>823-2000</u></p>				
<p>Item III.</p> <p>Previous Permittee¹: <u>Delphi Automotive Systems LLC</u></p> <p>Mailing Address: Street/P.O. Box: <u>925 Industrial Park Road NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone: (<u>601</u>) <u>823-2000</u></p>	<p>Item IV.</p> <p>New Permittee¹: <u>Aptiv Services US, LLC</u></p> <p>Mailing Address: Street/P.O. Box: <u>925 Industrial Park Road NE</u></p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone: (<u>601</u>) <u>823-2000</u></p>				
<p>Item V.</p> <p>Industrial Activity SIC Code: <u>369401</u></p> <p>Brief Description: <u>Automobile Electric Equipment Manufacturing</u></p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ 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 _____</p> <p>If Yes, Provide New Name for Permit Coverage. New Name: <u>Aptiv Services US, LLC</u></p>	<p>Item VIII.</p> <p>Signature for Name Change Print Name: <u>Errol Wint</u></p> <p>Authorized Signature²: _____</p> <p>Title: <u>Plant Manager</u> Date: <u>12/19/18</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>Delphi Automotive Systems LLC</u></p> <p>To: <u>Aptiv Services US, LLC</u> Acquisition Date: <u>December 2017</u></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 border="0"> <tr> <td data-bbox="121 1617 771 1774"> <p><u>Errol Wint</u> Print New Permittee¹ Name</p>  <p>New Authorized Signature²</p> </td> <td data-bbox="803 1617 1453 1774"> <p><u>Robert Nye</u> Print Previous Permittee¹ Name</p> <p>Previous Authorized Signature²</p> </td> </tr> <tr> <td data-bbox="121 1785 771 1858"> <p><u>Plant Manager</u> <u>12/19/18</u> Title Date</p> </td> <td data-bbox="803 1785 1453 1858"> <p><u>Plant Manager</u> <u>12/19/18</u> Title Date</p> </td> </tr> </table>		<p><u>Errol Wint</u> Print New Permittee¹ Name</p>  <p>New Authorized Signature²</p>	<p><u>Robert Nye</u> Print Previous Permittee¹ Name</p> <p>Previous Authorized Signature²</p>	<p><u>Plant Manager</u> <u>12/19/18</u> Title Date</p>	<p><u>Plant Manager</u> <u>12/19/18</u> Title Date</p>
<p><u>Errol Wint</u> Print New Permittee¹ Name</p>  <p>New Authorized Signature²</p>	<p><u>Robert Nye</u> Print Previous Permittee¹ Name</p> <p>Previous Authorized Signature²</p>				
<p><u>Plant Manager</u> <u>12/19/18</u> Title Date</p>	<p><u>Plant Manager</u> <u>12/19/18</u> Title Date</p>				

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
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.

**Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171**

<p>Item X. Storm Water</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 checked="" 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 type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. <u>MSD084668367</u></p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input checked="" type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
Item XII. Permit(s) and/or Coverage(s) to be Transferred	
<p>Permit Type: <u>Stormwater Baseline General Permit</u></p> <p>Permit/Coverage No.: <u>MSR000271</u></p> <p>Permit Issuance Date: <u>1/20/2016</u></p> <p>Date of General Permit Coverage: <u>1/20/2016</u></p> <p>Permit Expiration Date: <u>10/31/2020</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>
<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>	<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>
<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>	<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>
<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>	<p>OTHER INFORMATION:</p>