Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and or Name/Change 2021

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items 1, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when Item I.	a transferal date is finalized but prior to the actual transfer U			
Facility Name: Quick Stop Number 9	Responsible official after transfer or name change:			
Location: (Do Not Use P.O. Box)	Name: Jay N. Santucci			
Street: 706 Main Street	Title: Treasurer			
City. Leakesville State: MS Zip: 39451	Mailing Address			
County. Greene	Street/P.O. Box: P.O. Box 1709			
Telephone: (N/A)	City: Ridgeland State: MS Zip: 39158			
	Telephone (601) 957-7813			
Item III	Item IV.			
Previous Permittee ¹ : Summit Environmental Group	New Permittee W. L. Burle Engineers, P.A.			
Mailing Address:	Mailing Address:			
Street/PO Box: P.O. Box 3143	Street/PO Box: P.O. Box 1293			
City: Ridgeland State: MS Zip: 39158	City: Greenville State: MS Zip: 38702			
Telephone: (601) 927-4798	Telephone: (662) 332-2619			
Item V. Industrial Activity SIC Code N/A	Item VI			
	Will Facility Operations Change? Yes No			
Brief Description:	If yes, the appropriate applications and permits may require modification prior			
Item VII	Item VIII			
Will Facility Name Change? Yes No ✓				
The state of the s	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	coverage(s) listed on the backside of this form.			
From: Summit Environmental Group, LLC				
To: W. L. Burle Engineers, P.A.	Acquisition Date: 4/1/21			
10: W. L. Butte Eligineers, F.A.	Acquisition Date: 7717 21			
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			
	ees to accept responsibility and liability for the permit(s) listed on the back of 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 no submittal of information regarding financial capability and past complia	tification from the Office of Pollution Control (OPC). The OPC may require			
Jay N. Santucci / W.L. Burle Engineers, P.A.	Summit Environmental Group			
Print New Permittee' Name				
1 1/5	Shi D Union			
New Anthorized Signature	Previous Authorized Signature ²			
Treasurer 3/10/21				
Title Date	President Title 3/11/21 Date			
A Pennittee is a company or individual that has been assued an individual per	mit or coverage under a general permit.			
² Authorized Signature must be owner or in the case of a corporation, a corporation Page	ite 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

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						
The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.	(Check One) ✓ 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: UST Coverage	Permit Type:						
Permit/Coverage No.: MSG120255	Permit/Coverage No.:						
Permit Issuance Date: 9/14/2017	Permit Issuance Date:						
Date of General Permit Coverage: 9/14/2017	Date of General Permit Coverage:						
Permit Expiration Date: 1/31/22	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:							
I Page	2 of 2 SEPTEMBER 2000						



104 EAST MARKETRIDGE DRIVE (P.O. BOX 1709) RIDGELAND, MISSISSIPPI 39157 (39158-1709) P 601-957-7813 F 601-957-8715			EDRIVE	ATTENTION Chi	ef, Environemental Perm	its Div.
			RE: ID 11527 Quick Stop #9			
				706 Main Street, Leakesville, MS		
TO Chief, Environemntal Permits Division				Request for Permit Transfer		
MDEQ / Office of Pollution Control				request	Of Formite Francisco	
	cson, MS	or remaining				
-	ENDING YOU	Attack	74	ate cover	E G 信 V E MAR 2 2 2021 the fo	ollowing items.
			via			
	Shop Drawing Copy of Letter		☐ Prints ☐ Change Order ☐	Plans Permit Transfer Fo		pecifications
COPIES	DATE	NO.		DESCRIPTION		
1	1 3/18/21 1 Request for Transfer of Permit for UST coverage p				age permit MSG120255	
						-
		L				
THESE ARE	ETRANSMITTE	ED as checke				
		Approved as submitted		Resubmit copies for approval		
,		☐ Approved as	noted	Submit copies	for distribution	
		Returned for corrections		Return correcte	d prints	
		nt				
			PRINTS RETURNED AFTER	R LOAN TO US		
REMARKS	S					
Thank you, Jay Santuco						
-uj -unituot	.,					

DATE

3/18/21

LETTER OF TRANSMITTAL

JOB

COPY TO Heather Pitts, MDEQ/GARD Environmental

Administrator Coordinator

SIGNED:

If enclosures are not as noted, please notify us at once.