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Dept. of Environmental Quality

# 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.

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| <p>Item I.</p> <p>Facility Name: <u>Thomas Clark</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>91 Dineen Church Rd</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>County: <u>Walthall</u></p> <p>Telephone: ( <u>601</u> ) <u>249-9341</u></p>  | <p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Tim &amp; April RAGAS</u></p> <p>Title: <u>OWNER</u></p> <p>Mailing Address: <u>89 MESA Rd</u></p> <p>Street/P.O. Box: <u>89 MESA Rd</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>Telephone: ( <u>601</u> ) <u>730-8305</u></p> |
| <p>Item III.</p> <p>Previous Permittee: <u>Thomas Clark</u></p> <p>Mailing Address: <u>460 Old Holmesville Rd</u></p> <p>Street/P.O. Box: <u>460 Old Holmesville Rd</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>Telephone: ( <u>601</u> ) <u>249-9341</u></p>   | <p>Item IV.</p> <p>New Permittee: <u>Tim &amp; April RAGAS</u></p> <p>Mailing Address: <u>89 MESA Rd</u></p> <p>Street/P.O. Box: <u>89 MESA Rd</u></p> <p>City: <u>Tylertown</u> State: <u>MS</u> Zip: <u>39667</u></p> <p>Telephone: ( <u>601</u> ) <u>730-8305</u></p>  |
| <p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: <u>Breeder operation</u></p>  | <p>Item VI.</p> <p>Will Facility Operations Change? Yes <u>X</u> No _____</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 <u>X</u> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Tim &amp; April RAGAS</u></p>   | <p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature: _____</p> <p>Title: _____ Date: _____</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>Thomas Clark</u></p> <p>To: <u>Tim &amp; April RAGAS</u> Acquisition Date: <u>12/17/2021</u></p> <p>By signature below, the recipient certifies that they are aware of the requirements of the permit(s) and 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> |   |
| <p><u>Tim &amp; April RAGAS</u></p> <p>Print New Permittee Name</p> <p><u>Tim &amp; April RAGAS</u></p> <p>New Authorized Signature</p> <p><u>OWNER</u></p> <p>Title</p> <p><u>12/17/2021</u></p> <p>Date</p>   | <p><u>Thomas Clark</u></p> <p>Print Previous Permittee Name</p> <p><u>Thomas Clark</u></p> <p>Previous Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>12/17/2021</u></p> <p>Date</p>   |

<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**

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| <p>Item X. Storm Water</p> <p>(Check One)<br/> <input checked="" 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 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. _____</p> <p>(Check One)<br/> <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. There is no change in the type or amount of hazardous waste generated on site.</p> <p><input type="checkbox"/> There is a change in the type or amount of hazardous waste generated and a Notification of Regulated Waste Activity Form is attached.</p> |
| <p align="center">Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>  |  |
| <p>Permit Type: <u>Breeder operation</u></p> <p>Permit/Coverage No.: <u>MSG 200847</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: <u>1-26-2021</u></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>  |
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