

Environmental Permits for Industrial Facilities

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

RECEIVED

DEC 22 2022

Department of Environmental Quality

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>Business + Technology Park North</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>American Way</u></p> <p>City: <u>Grenada</u> State: <u>MS</u> Zip: <u>38901</u></p> <p>County: <u>Grenada</u></p> <p>Telephone: <u>(901) 361-3755</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Ste-Bil Grading, Inc, Collins Simpson</u></p> <p>Title: <u>Civil Engineer</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>148 CR 509</u></p> <p>City: <u>Waterford</u> State: <u>MS</u> Zip: <u>38685</u></p> <p>Telephone <u>(901) 361-3755</u> Email: <u>Collins.Simpson.SteBil@gmail.com</u></p>
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (____) _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: (____) _____ Email: _____</p>
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: <u>Four lane Access Road</u></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 type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Timothy C Simpson</u></p> <p>Authorized Signature²: <u>[Signature]</u></p> <p>Title: <u>Civil Engineer</u> Date: <u>12/19/22</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: _____</p> <p>To: _____ 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>	
<p>Print New Permittee¹ Name _____</p> <p>New Authorized Signature² _____</p> <p>Title _____ Date _____</p>	<p>Print Previous Permittee¹ Name _____</p> <p>Previous Authorized Signature² _____</p> <p>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 11 Miss. Admin. Code Pt. 2, Ch. 2 and Pt. 6, Ch. 1.
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Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(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. _____</p> <p>(Check One)</p> <p><input checked="" 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>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: <u>LCNOI</u></p> <p>Permit/Coverage No.: <u>MSR108758</u></p> <p>Permit Issuance Date: <u>Sept 7, 2022</u></p> <p>Date of General Permit Coverage: <u>Sept 7, 2022</u></p> <p>Permit Expiration Date: <u>Jan 31, 2027</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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<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>
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PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 8758 County Grenada

(Fill in your Certificate of Coverage Number and County)



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and severable responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Collins Simpson PHONE NUMBER: (901) 361-3755

PRIME CONTRACTOR COMPANY: Ste-Bil Grading, Inc.

PRIME CONTRACTOR STREET (P.O. BOX): 148 CR 509

PRIME CONTRACTOR CITY: Waterford STATE: MS ZIP: 38685

E-MAIL ADDRESS: Collins.Simpson.Stebil@gmail.com

OWNER INFORMATION

OWNER CONTACT PERSON: Michael Lott PHONE NUMBER: (662) 226-1821

OWNER COMPANY NAME: Grenada County Board of Supervisors

PROJECT INFORMATION

PROJECT NAME: Business & Technology Park North

DESCRIPTION OF CONSTRUCTION ACTIVITY: new 4-lane Roadway

PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)

STREET: American Way

CITY: Grenada COUNTY: Grenada

I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature]
Prime Contractor Signature

12/19/22
Date Signed

Timothy C Simpson
Printed Name

Civil Engineer
Title

- ¹This application shall be signed as follows:
- For a corporation, by a responsible corporate officer.
 - For a partnership, by a general partner.
 - For a sole proprietorship, by the proprietor.
 - For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

This Prime Contractors Certification form shall be submitted to:
Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225