

Att# 70127

# 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.

<p>Item I.</p> <p>Facility Name: <u>Robert Leathers Farm</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>391 Dean Rd.</u></p> <p>City: <u>Weir</u> State: <u>MS</u> Zip: <u>39772</u></p> <p>County: <u>Choctaw</u></p> <p>Telephone: <u>(662) 582-4581</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Naomi Tha Chin Tial</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>391 Dean Rd</u></p> <p>City: <u>Weir</u> State: <u>MS</u> Zip: <u>39772</u></p> <p>Telephone: <u>(262) 899 8158</u></p>
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Item III.

Previous Permittee: Robert Leathers

Mailing Address:

Street/P.O. Box: 391 Dean Rd.

City: Weir State: MS Zip: 39772

Telephone: (662) 582-4581

Item IV.

New Permittee: Naomi Tha Chin Tial

Mailing Address:

Street/P.O. Box: 391 Dean Rd.

City: Weir State: MS Zip: 39772

Telephone: (262) 899 8158

Item V.

Industrial Activity SIC Code: 0252

Brief Description: Breeder Operation

Item VI.

Will Facility Operations Change? Yes  No

If yes, the appropriate applications and permits may required modification prior to change.

Item VII.

Will Facility Name Change? Yes  No

If Yes, Provide New Name for Permit Coverage.

New Name: Naomi Tha chin Tial

Item VIII.

Signature for Name Change

Print Name: Naomi Tha chin Tial

Authorized Signature: [Signature]

Title: OWNER Date: \_\_\_\_\_

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: Robert Leathers

To: Naomi Tha chin Tial Acquisition Date: Est. May/2023

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><u>Naomi Tha chin Tial</u> Print New Permittee' Name</p> <p><u>[Signature]</u> New Authorized Signature<sup>2</sup></p> <p><u>Owner</u> Title</p> <p><u>5-22-23</u> Date</p>	<p><u>Robert Leathers</u> Print Previous Permittee' Name</p> <p><u>[Signature]</u> Previous Authorized Signature<sup>2</sup></p> <p><u>Owner</u> Title</p> <p><u>5-22-23</u> Date</p>
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MAY 25 2023

<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 owned by 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><b>Item X. Storm Water</b></p> <p>(Check One)</p> <p><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><b>Item XI. Hazardous Waste ID Number</b></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>AFO General Coverage</u></p> <p>Permit/Coverage No.: <u>MSG20**** 1890</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: <u>JANUARY 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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