

ACT# 22873

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

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NOV 15 2023

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>Magnolia Farm</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>26 Pennington McGuffee Rd</u></p> <p>City: <u>Monticello</u> State: <u>MS</u> Zip: <u>39654</u></p> <p>County: <u>Lincoln</u></p> <p>Telephone: (<u>601</u>) <u>748-2192</u></p> | <p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Ram Za Thang</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address: <u>964 Townsend Jr SE</u></p> <p>Street/P.O. Box:</p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone (<u>601</u>) <u>320-9054</u></p> | | |
| <p>Item III.</p> <p>Previous Permittee: <u>Jackie Taylor</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>26 Pennington McGuffee Rd</u></p> <p>City: <u>Monticello</u> State: <u>MS</u> Zip: <u>39654</u></p> <p>Telephone: (<u>601</u>) <u>748-2192</u></p> | <p>Item IV.</p> <p>New Permittee: <u>Ram Za Farm</u></p> <p>Mailing Address: <u>964 Townsend Jr SE</u></p> <p>Street/P.O. Box:</p> <p>City: <u>Brookhaven</u> State: <u>MS</u> Zip: <u>39601</u></p> <p>Telephone: (<u>601</u>) <u>320-9054</u></p> | | |
| <p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: <u>4 Poultry Houses Operation</u></p> | <p>Item VI.</p> <p>Will Facility Operations Change? Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Ram Za Farm</u></p> | <p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: <u>Ram Za Thang</u></p> <p>Authorized Signature: <u>Ram Za Thang</u></p> <p>Title: <u>Owner</u> Date: <u>11-13-23</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>Jackie W Taylor</u></p> <p>To: <u>Ram Za Thang</u> Acquisition Date: <u>11-13-23</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> <table border="0"> <tr> <td data-bbox="99 1617 779 1851"> <p><u>Ram Za Thang</u></p> <p>Print New Permittee Name</p> <p><u>Ram Za Thang</u></p> <p>New Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>11/13/2023</u></p> <p>Date</p> </td> <td data-bbox="779 1617 1507 1851"> <p><u>Jackie W. Taylor</u></p> <p>Print Previous Permittee Name</p> <p><u>Jackie W Taylor</u></p> <p>Previous Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>11/13/2023</u></p> <p>Date</p> </td> </tr> </table> <p><small>1 A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit. 2 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.</small></p> | | <p><u>Ram Za Thang</u></p> <p>Print New Permittee Name</p> <p><u>Ram Za Thang</u></p> <p>New Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>11/13/2023</u></p> <p>Date</p> | <p><u>Jackie W. Taylor</u></p> <p>Print Previous Permittee Name</p> <p><u>Jackie W Taylor</u></p> <p>Previous Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>11/13/2023</u></p> <p>Date</p> |
| <p><u>Ram Za Thang</u></p> <p>Print New Permittee Name</p> <p><u>Ram Za Thang</u></p> <p>New Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>11/13/2023</u></p> <p>Date</p> | <p><u>Jackie W. Taylor</u></p> <p>Print Previous Permittee Name</p> <p><u>Jackie W Taylor</u></p> <p>Previous Authorized Signature</p> <p><u>Owner</u></p> <p>Title</p> <p><u>11/13/2023</u></p> <p>Date</p> | | |

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) <input checked="" type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site. <input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner. <input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form. <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. _____ (Check One) <input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site. <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. <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>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p> | |
| <p>Permit Type: <u>Poultry</u> Permit/Coverage No.: <u>M5G200388</u> Permit Issuance Date: <u>11/20/2020</u> Date of General Permit Coverage: <u>11/20/2020</u> Permit Expiration Date: <u>11/20/2025</u></p> | <p>Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____</p> |
| <p>Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____</p> | <p>Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____</p> |
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| <p>Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____</p> | <p>OTHER INFORMATION:</p> |