



700 Office Parkway
St. Louis, MO 63141-7124
(314) 872-2400 Voice
(314) 787-3918 Fax

ISO 9001 AND 14001 CERTIFIED

February 14, 2024

Mississippi Department of Environmental Quality
Environmental Permits Division
PO Box 2261
Jackson, MS 39225-2261

RE: Notice of Ownership Change – Original Signature Follow-up for the following:

Desoto Recycling	MSR002015
Martin Bros. – Byhalia	MSR001822
Martin Bros. – Clarksdale	MSR000961
Martin Bros. – Sardis	MSR002250

To Whom It May Concern:

On February 16, 2024 Alter Trading Corp. will acquire the assets of Martin Brothers Scrap Metal, and own and operate its four operating locations thereafter. Enclosed please find the Request for Transfer of Permit forms with original signatures. These same forms were submitted electronically via the MS DEQ website on 2/9/2024. Please contact me with any questions.

Sincerely,
Alter Trading Corp.

Sarah Schlichtholz
Vice President Environment & Community

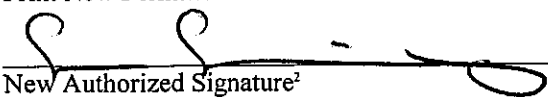
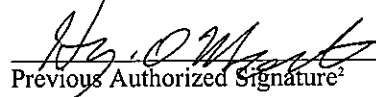
Encl.
Environmental Permits for Industrial Facilities: Request for Transfer of Permit, General Permit Coverage and/or Name Change – 4 completed forms with original signatures

RECEIVED
FEB 21 2024
Dept. of Environmental

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>Martin Brothers - Sardis</u></p> <p>Location: (Do Not Use P.O. Box) Street: <u>690 Belmont Road</u> City: <u>Sardis</u> State: <u>MS</u> Zip: <u>38666</u> County: <u>Panola</u> Telephone: <u>(662) 487-2632</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change: Name: <u>Sarah Schlichtholz</u> Title: <u>V.P. of Environment and Community</u> Mailing Address: Street/P.O. Box: <u>700 Office Parkway</u> City: <u>St. Louis</u> State: <u>MO</u> Zip: <u>63141</u> Telephone: <u>(314)872-2406</u> Email: <u>Sarah.Schlichtholz@altertrading.com</u></p>
<p>Item III.</p> <p>Previous Permittee¹: <u>Martin Brothers Scrap Metal, Inc.</u> Mailing Address: Street/P.O. Box: <u>690 Belmont Road</u> City: <u>Sardis</u> State: <u>MS</u> Zip: <u>38666</u> Telephone: <u>(662) 487-2632</u></p>	<p>Item IV.</p> <p>New Permittee¹: <u>Alter Trading Corporation</u> Mailing Address: Street/P.O. Box: <u>700 Office Parkway</u> City: <u>St. Louis</u> State: <u>MO</u> Zip: <u>63141</u> Telephone: <u>(314)872-2406</u> Email: <u>Sarah.Schlichtholz@altertrading.com</u></p>
<p>Item V.</p> <p>Industrial Activity SIC Code: <u>5093</u> Brief Description: <u>Ferrous and Non-Ferrous Metal Recycler.</u></p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"/> If Yes, Provide New Name for Permit Coverage. New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change _____ Print Name: _____ Authorized Signature²: _____ 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>Martin Brothers Scrap Metal, Inc.</u> To: <u>Alter Trading Corporation</u> Acquisition Date: <u>2/16/2024</u></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><u>Sarah Schlichtholz</u> Print New Permittee¹ Name  New Authorized Signature² <u>V.P. of Environment and Community</u> Title <u>2/9/24</u> Date</p>	<p><u>Henry Martin</u> Print Preyious Permittee¹ Name  Previous Authorized Signature² <u>managing member</u> Title <u>2/8/24</u> 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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O.C

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. <u>N/A</u></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>Stormwater</u></p> <p>Permit/Coverage No.: <u>MSR002250</u></p> <p>Permit Issuance Date: <u>January 4, 2017</u></p> <p>Date of General Permit Coverage: <u>November 2, 2021</u></p> <p>Permit Expiration Date: <u>November 30, 2025</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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