AI: 5422

Rec'd via email: 06/13/2025

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

Item X. Storm Water	Item XI. Hazardous Waste ID Number
(Check One) ☐ A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site. ☒ The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner. ☐ The recipient is submitting a new SWPPP, which is attached to this form. ☐ A copy of the SWPPP cannot be obtained from the original owner.	EPA ID No. _____ (Check One) ☒ An EPA Hazardous Waste ID Number is not required for the site. ☐ The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: Wet Deck Log Spray Permit/Coverage No.: MSG170014 Permit Issuance Date: May 19, 2022 Date of General Permit Coverage: May 19, 2022 Permit Expiration Date: February 28, 2027	Permit Type: General NPDES Permit Permit/Coverage No.: MSR 000597 Permit Issuance Date: March 8, 2021 Date of General Permit Coverage: March 8, 2021 Permit Expiration Date: November 30, 2025
Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	OTHER INFORMATION:

OC

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.

Item I

Facility Name: Redwood Services, Inc.

Location (Do Not Use P.O. Box)

Street: 9227 Highway 3 North

City: Redwood State: MS Zip: 39156

County: Warren

Telephone: (601) 885-1901

Item II

Responsible official after transfer or name change:

Name:

Title:

Mailing Address:

Street P.O. Box:

City: State: Zip:

Telephone ( ) Email:

Item III

Previous Permittee: Redwood Services, Inc.

Mailing Address:

Street P.O. Box: P.O. Box 5

City: Redwood State: MS Zip: 39156

Telephone: (601) 885-1901

Item IV

New Permittee: Scott Davis Chip Company

Mailing Address:

Street P.O. Box: #1 Industrial Road

City: Brent State: AL Zip: 35034

Telephone: (601) 218-8105 Email: dj.scottdavis@gmail.com

Item V

Industrial Activity SIC Code: 2499

Brief Description:

Log Storage Wetyard

Item VI

Will Facility Operations Change? Yes ☐ No ☒

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

Item VII

Will Facility Name Change: Yes ☒ No ☐

If Yes, Provide New Name for Permit Coverage.

New Name: Scott Davis Chip Company Redwood Yard

Item VIII

Signature for Name Change

Print Name:

Authorized Signature:

Title: Date:

Item IX

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

From: The Price Companies

To: Scott Davis Chip Company Acquisition Date: 6-1-25

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 coverages(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.

Scott Davis Chip Company
Print New Permittee* Name

New Authorized Signature**

President 6-13-25
Title Date

The Price Companies
Print Previous Permittee* Name

Previous Authorized Signature**

Manager 6-13-25
Title Date

*A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
**Authorized 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.

Last Revised: 04.06.2022