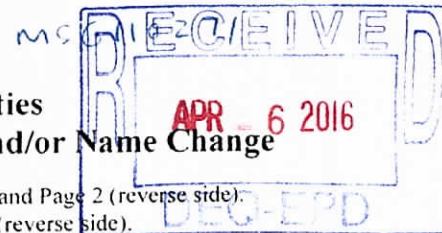


AI #4999

michael



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 <u>Hanson Pipe & Precast - Jackson South</u> Location (Do Not Use P O Box) Street <u>6699 Interstate 55 South</u> City <u>Jackson</u> State <u>MS</u> Zip <u>39212</u> County <u>Hinds</u> Telephone <u>(601) 982-1100</u>	Item II Responsible official after transfer or name change Name <u>Charles Piwowski</u> Title <u>Area Environmental Manager</u> Mailing Address Street/P O Box <u>840 West Avenue</u> City <u>Deland</u> State <u>Florida</u> Zip <u>32720</u> Telephone <u>(386) 337-3932</u>						
Item III Previous Permittee ¹ _____ Mailing Address Street/P O Box _____ City _____ State _____ Zip _____ Telephone (____) _____	Item IV New Permittee ¹ _____ Mailing Address Street/P O Box _____ City _____ State _____ Zip _____ Telephone (____) _____						
Item V Industrial Activity SIC Code <u>3272</u> Brief Description <u>Concrete Pipe & Precast</u>	Item VI Will Facility Operations Change? Yes _____ No <input checked="" type="checkbox"/> If yes, the appropriate applications and permits may require modification prior to change						
Item VII Will Facility Name Change? Yes <input checked="" type="checkbox"/> No _____ If Yes, Provide New Name for Permit Coverage New Name <u>Forterra Pipe & Precast - Jackson South</u>	Item VIII Signature for Name Change Print Name <u>Charles Piwowski</u> Authorized Signature ² _____ Title <u>Area Environmental Manager</u> Date <u>04/06/2016</u>						
Item IX We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: _____ To: _____ Acquisition Date: _____ 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. <table> <tr> <td>Print New Permittee¹ Name</td> <td>Print Previous Permittee¹ Name</td> </tr> <tr> <td>New Authorized Signature²</td> <td>Previous Authorized Signature²</td> </tr> <tr> <td>Title _____ Date _____</td> <td>Title _____ Date _____</td> </tr> </table> <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 11 Miss Admin Code Pt 6, Ch 1</p>		Print New Permittee ¹ Name	Print Previous Permittee ¹ Name	New Authorized Signature ²	Previous Authorized Signature ²	Title _____ Date _____	Title _____ Date _____
Print New Permittee ¹ Name	Print Previous Permittee ¹ Name						
New Authorized Signature ²	Previous Authorized Signature ²						
Title _____ Date _____	Title _____ Date _____						

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225
(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 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 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>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>RMC GP</u></p> <p>Permit/Coverage No.: <u>MSG110271</u></p> <p>Permit Issuance Date: <u>April 1, 2014</u></p> <p>Date of General Permit Coverage: <u>July 9, 2014</u></p> <p>Permit Expiration Date: <u>3/31/2019</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>
<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>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>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>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>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> <p>Hanson Pipe & Precast, LLC changed it name to Forterra Pipe & Precast, LLC.</p>