

# 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><b>Item I.</b></p> <p>Facility Name: <u>ROSS FOREST PRODUCTS INC.</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>178 KOLA ROAD</u></p> <p>City: <u>COLLINS</u> State: <u>MS</u> Zip: <u>39428</u></p> <p>County: <u>COVINGTON</u></p> <p>Telephone: <u>(601) 606-9401</u></p>	<p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>CHAD SMITH</u></p> <p>Title: <u>OWNER / PRESIDENT</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>PO BOX 865</u></p> <p>City: <u>BROOKHAVEN</u> State: <u>MS</u> Zip: <u>39602</u></p> <p>Telephone: <u>(601) 835-5050</u> Email: <u>chad@landmaxproperties.com</u></p>		
<p><b>Item III.</b></p> <p>Previous Permittee<sup>1</sup>: <u>ROSS FOREST PRODUCTS INC.</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>178 KOLA ROAD</u></p> <p>City: <u>COLLINS</u> State: <u>MS</u> Zip: <u>39428</u></p> <p>Telephone: <u>(601) 606-9401</u></p>	<p><b>Item IV.</b></p> <p>New Permittee<sup>1</sup>: <u>LANDMAX SERVICES LLC DBA KOLA WOODYARD</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>PO BOX 865</u></p> <p>City: <u>BROOKHAVEN</u> State: <u>MS</u> Zip: <u>39602</u></p> <p>Telephone: <u>(601) 835-5050</u> Email: <u>chad@landmaxproperties.com</u></p>		
<p><b>Item V.</b></p> <p>Industrial Activity SIC Code: <u>2411</u></p> <p>Brief Description:</p> <p><u>WOODYARD STORAGE &amp; HANDLING</u></p>	<p><b>Item VI.</b></p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>		
<p><b>Item VII.</b></p> <p>Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>LANDMAX SERVICES LLC DBA KOLA WOODYARD</u></p>	<p><b>Item VIII.</b></p> <p>Signature for Name Change <u>CLAS</u></p> <p>Print Name: <u>CHAD SMITH</u></p> <p>Authorized Signature<sup>2</sup>: <u>CLAS</u></p> <p>Title: <u>OWNER / PRESIDENT</u> Date: <u>10-26-22</u></p>		
<p><b>Item IX.</b></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>ROSS FOREST PRODUCTS INC.</u></p> <p>To: <u>LANDMAX SERVICES LLC DBA KOLA WOODYARD</u> Acquisition Date: <u>11-1-22</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> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p><u>LANDMAX SERVICES LLC</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p><u>CLAS</u></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>OWNER / PRESIDENT</u></p> <p>Title _____ Date _____</p> </td> <td style="width: 50%;"> <p><u>ROSS FOREST PRODUCTS INC.</u></p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p><u>Richard C. Ross</u></p> <p>Previous Authorized Signature<sup>2</sup></p> <p><u>Owner</u></p> <p>Title _____ Date _____</p> </td> </tr> </table>		<p><u>LANDMAX SERVICES LLC</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p><u>CLAS</u></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>OWNER / PRESIDENT</u></p> <p>Title _____ Date _____</p>	<p><u>ROSS FOREST PRODUCTS INC.</u></p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p><u>Richard C. Ross</u></p> <p>Previous Authorized Signature<sup>2</sup></p> <p><u>Owner</u></p> <p>Title _____ Date _____</p>
<p><u>LANDMAX SERVICES LLC</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p><u>CLAS</u></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>OWNER / PRESIDENT</u></p> <p>Title _____ Date _____</p>	<p><u>ROSS FOREST PRODUCTS INC.</u></p> <p>Print Previous Permittee<sup>1</sup> Name</p> <p><u>Richard C. Ross</u></p> <p>Previous Authorized Signature<sup>2</sup></p> <p><u>Owner</u></p> <p>Title _____ Date _____</p>		

<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 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.

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

Item X. Storm Water

(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.

Item XI. Hazardous Waste ID Number

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: WETDECK COVERAGE

Permit/Coverage No.: MSG 170080

Permit Issuance Date: JUNE 30, 2022

Date of General Permit Coverage: JUNE 30, 2022

Permit Expiration Date: FEB 28, 2027

Permit Type: \_\_\_\_\_

Permit/Coverage No.: \_\_\_\_\_

Permit Issuance Date: \_\_\_\_\_

Date of General Permit Coverage: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

Permit Type: \_\_\_\_\_

Permit/Coverage No.: \_\_\_\_\_

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Permit Expiration Date: \_\_\_\_\_

OTHER INFORMATION: