Rec'c via email:

Al: 5888 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: Responsible official after transfer or name change: Location: (Do Not Use P.O. Box) Title: City: State: MS Zip: Mailing Address: Street/P.O. Box: City: State: Zip: Telephone: () Telephone (____)____ Email: New Permittee¹: Previous Permittee¹: Mailing Address: Mailing Address: Street/P.O. Box: Street/P.O. Box: City: State: Zip: City: State: Zip: Telephone: () Item VI. Item V. Industrial Activity SIC Code: Will Facility Operations Change? Yes ____ No ___ Brief Description: If yes, the appropriate applications and permits may require modification prior to change. Item VII. Item VIII. Will Facility Name Change? Signature for Name Change Yes No If Yes, Provide New Name for Permit Coverage. Print Name: Authorized Signature²: New Name: We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: 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. Print New Permittee¹ Name Print Previous Permittee¹ Name New Authorized Signature² Previous Authorized Signature² Title Title Date Date ¹A 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 33'O km0Cf o kp0Eqf g'Rv04. 'Ej 04'cpf 'Rv08. 'Ej 03. Ncuv'Tgxkugf <2612814244

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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) EPA ID No. A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site. (Check One) The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner. An EPA Hazardous Waste ID Number is not required for the site. The recipient is submitting a new SWPPP, which is attached to this The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached. A copy of the SWPPP cannot be obtained from the original owner. Item XII. Permit(s) and/or Coverage(s) to be Transferred Permit Type: Permit Type: Permit/Coverage No.: Permit/Coverage No.: Permit Issuance Date: Permit Issuance Date: Date of General Permit Coverage: Date of General Permit Coverage: Permit Expiration Date: _____ Permit Expiration Date: _____ Permit Type: _____ Permit Type: _____ Permit/Coverage No.: Permit/Coverage No.: Permit Issuance Date: Permit Issuance Date: Date of General Permit Coverage: Date of General Permit Coverage: Permit Expiration Date: Permit Expiration Date: Permit Type: _____ Permit Type: Permit/Coverage No.: Permit/Coverage No.: Permit Issuance Date: _____ Permit Issuance Date: Date of General Permit Coverage: Date of General Permit Coverage: Permit Expiration Date: Permit Expiration Date: OTHER INFORMATION: Permit Type: Permit/Coverage No.: Permit Issuance Date: Date of General Permit Coverage: Permit Expiration Date: _____ Ncuv'Tgxkugf <2612814244