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: Cane Creek Solar

Location: (Do Not Use P.O. Box)

Street: 2120 County Rd 290

City: Pachuta State: MS Zip: 39347

County: Clarke

Telephone: (828)229-5922

Item II.

Responsible official after transfer or name change:

Name: Gill Howard-Larsen

Title: Asset Manager

Mailing Address:

Street/P.O. Box: 225 Liberty St 9th Floor

City: New York State: NY Zip: 10281

Telephone (760) 832-2520 Email: ghoward-larsen@aevitservices.com

Item III.

Previous Permittee[1]: Cane Creek Solar, LLC

Mailing Address:

Street/P.O. Box: 130 Roberts St

City: Asheville State: NC Zip: 28801

Telephone: (828) 630-7822

Item IV.

New Permittee[1]: Cane Creek Solar, LLC

Mailing Address:

Street/P.O. Box: 225 Liberty St 9th Floor

City: New York State: NY Zip: 10281

Telephone: (646)992-2356 Email: legal.department@modalpower.com

Item V.

Industrial Activity SIC Code: 4911

Brief Description: 4911 Electric Services

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: _____

Item VIII.

Signature for Name Change

Print Name: _____

Authorized Signature[2]: _____

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: _____

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.

_____ _____

Print New Permittee[1] Name Print Previous Permittee[1] Name

_____ _____

New Authorized Signature[2] Previous Authorized Signature[2]

_____ _____ _____ _____

Title Date Title Date

[1]A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
[2]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: ______________________________

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: __________________________

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: __________________________

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: __________________________

Permit Type: ______________________________

Permit/Coverage No.: ______________________________

Permit Issuance Date: ______________________________

Date of General Permit Coverage: __________________

Permit Expiration Date: __________________________

OTHER INFORMATION:

Last Revised: 04/06/2022