

A# 30850

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>Item I.</p> <p>Facility Name: <u>Cole Poultry LLC</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>20115 Tumblin Road</u></p> <p>City: <u>Aberdeen</u> State: <u>MS</u> Zip: <u>39730</u></p> <p>County: <u>Monroe</u></p> <p>Telephone: (<u>662</u>) <u>295-4109</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Khoa Nguyen</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>20113 Tumblin Road</u></p> <p>City: <u>Aberdeen</u> State: <u>MS</u> Zip: <u>39730</u></p> <p>Telephone (<u>504</u>) <u>654-0282</u></p>
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<p>Item III.</p> <p>Previous Permittee¹: <u>Cole Poultry LLC</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>20010 Egypt Road</u></p> <p>City: <u>Aberdeen</u> State: <u>MS</u> Zip: <u>39730</u></p> <p>Telephone: (<u>662</u>) <u>295-4109</u></p>	<p>Item IV.</p> <p>New Permittee¹: <u>Summer Nola Farm, LLC</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>20113 Tumblin Road</u></p> <p>City: <u>Aberdeen</u> State: <u>MS</u> Zip: <u>39730</u></p> <p>Telephone: (<u>504</u>) <u>654-0282</u></p>
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Item V.

Industrial Activity SIC Code: _____

Brief Description: commerical bro

Change? Yes No

Applications and permits may required modification prior

Item VII.

Will Facility Name Change? Yes No

If Yes, Provide New Name for Permit Coverage: _____

New Name: Summer Nola Farm, LLC

Date: 04/25/2023

Item IX.

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

From: Cole Poultry LLC

To: Summer Nola Farm, LLC Acquisition Date: 04/05/2023

Recent brought Farm 04-05-23

Combine 12 Farms to 1 Permit

Email summernolafarm@gmail.com

504-654-0282

Kristina Bui

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><u>Summer Nola Farm, LLC</u></p> <p>Print New Permittee¹ Name</p> <p><u>[Signature]</u></p> <p>New Authorized Signature²</p> <p>Owner _____ Date: <u>04/25/2023</u></p> <p>Title _____ Date _____</p>	<p><u>Noland Skeels</u></p> <p>Print Previous Permittee¹ Name</p> <p>DocuSigned by:</p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature²</p> <p>Owner _____ Date: <u>4/25/2023</u></p> <p>Title _____ Date _____</p>
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RECEIVED
MAY 01 2023
Dept. of Environmental Control

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 APC-S-2 and WPC-1.

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 checked="" 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 checked="" 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>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: <u>AFO General Coverage</u></p> <p>Permit/Coverage No.: <u>MSG200473</u></p> <p>Permit Issuance Date: <u>March 7, 2022</u></p> <p>Date of General Permit Coverage: <u>March 7, 2022</u></p> <p>Permit Expiration Date: <u>October 31, 2026</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>
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