

A7# 18726

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 transfer date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: <u>Otha Herrington Poultry Estate</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>1116 Thompson Rd</u></p> <p>City: <u>Lake</u> State: <u>MS</u> Zip: <u>39092</u></p> <p>County: <u>Newton County</u></p> <p>Telephone: <u>(601) 683-7610</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Wendell Morris</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1926 Old Hwy 80 Rd</u></p> <p>City: <u>Lawrence</u> State: <u>MS</u> Zip: <u>39336</u></p> <p>Telephone: <u>(601) 499-3118</u> Email: <u>Wendellmorris59@gmail.com</u></p>
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Item III.

Previous Permittee: Otha Herrington Poultry Estate

Mailing Address:

Street/P.O. Box: 1116 Thompson Rd

City: Lake State: MS Zip: 39092

Telephone: (601) 683-7610

Item IV.

New Permittee: Wendell Morris

Mailing Address:

Street/P.O. Box: 1926 Old Hwy 80 Rd

City: Lawrence State: MS Zip: 39336

Telephone: (601) 499-3118 Email: wendellmorris59@gmail.com

Item V.

Industrial Activity SIC Code: 0251 Broilers

Brief Description: Broiler Farm

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: Wendell Morris, Poultry

Item VIII.

Signature for Name Change

Print Name: _____

Authorized Signature²: _____

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: Otha Herrington Poultry Estate

To: Wendell Morris 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.

<p><u>Wendell Morris</u></p> <p>Print New Permittee¹ Name</p>	<p><u>Otha Herrington Poultry Estate</u></p> <p>Print Previous Permittee¹ Name</p>
<p><u>Wendell Morris</u></p> <p>New Authorized Signature²:</p>	<p><u>Beth Herrington</u></p> <p>Previous Authorized Signature²:</p>
<p><u>Owner</u></p> <p>Title</p>	<p><u>12-8-25</u></p> <p>Date</p>
<p><u>Owner-Daughter</u></p> <p>Title</p>	<p><u>12-8-25</u></p> <p>Date</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 Pt. 6, Ch. 1.
Page 1 of 2 Last Revised: 04/06/2022

1/20/87

3-2-87

10-17-87

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Handwritten text with a circled 'X' in the middle-right section.

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Handwritten text in the lower-middle-right section.

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Handwritten text below the second horizontal line on the right.

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Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(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>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred

<p>Permit Type: <u>DLPAFO</u></p> <p>Permit/Coverage No.: <u>MSG 200318</u></p> <p>Permit Issuance Date: <u>Feb. 23, 2022</u></p> <p>Date of General Permit Coverage: <u>Nov 1, 2021</u></p> <p>Permit Expiration Date: <u>Oct 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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