
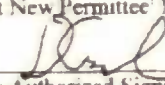
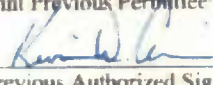
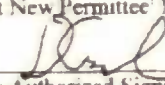
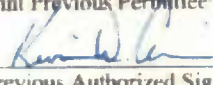
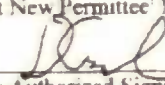
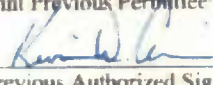


AI #14834

RECEIVED  
FEB 10 2018

**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>Fulghum Fibres, Inc. (Meridian)</u></p> <p>Location (Do Not Use P.O. Box)</p> <p>Street <u>4200 North Frontage Road</u></p> <p>City <u>Meridian</u> State <u>MS</u> Zip <u>39304</u></p> <p>County <u>Lauderdale</u></p> <p>Telephone <u>601-485-5173</u></p>	<p>Item II</p> <p>Responsible official after transfer or name change:</p> <p>Name <u>Dick Carmical</u></p> <p>Title <u>President</u></p> <p>Mailing Address</p> <p>Street/P.O. Box <u>218 Midway Route</u></p> <p>City <u>Monticello</u> State <u>AR</u> Zip <u>71655</u></p> <p>Telephone <u>706-651-1000</u></p>		
<p>Item III</p> <p>Previous Permittee: <u>Fulghum Fibres, Inc.</u></p> <p>Mailing Address</p> <p>Street/P.O. Box <u>15395</u></p> <p>City <u>Augusta</u> State <u>GA</u> Zip <u>30919</u></p> <p>Telephone <u>706-651-1000</u></p>	<p>Item IV</p> <p>New Permittee: <u>Price Fibers, Inc.-Meridian Chip Mill</u></p> <p>Mailing Address</p> <p>Street/P.O. Box <u>218 Midway Route</u></p> <p>City <u>Monticello</u> State <u>AR</u> Zip <u>71655</u></p> <p>Telephone <u>870-367-97553</u></p>		
<p>Item V</p> <p>Industrial Activity SIC Code <u>2421</u></p> <p>Brief Description: <u>Chipping tree length wood</u></p>	<p>Item VI</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>Item VII</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>Price Fibers, Inc. - Meridian Chip Mill</u></p>	<p>Item VIII</p> <p>Signature for Name Change</p> <p>Print Name: <u>Dick Carmical</u></p> <p>Authorized Signature: </p> <p>Title <u>President</u> Date <u>2-15-18</u></p>		
<p>Item IX</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>Fulghum Fibres, Inc. (Meridian)</u></p> <p>To: <u>Price Fibers, Inc - Meridian Chip Mill</u> Acquisition Date: <u>2/15/18</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 border="0"> <tr> <td data-bbox="194 1543 779 1774"> <p><u>Dick Carmical</u></p> <p>Print New Permittee Name</p> <p></p> <p>New Authorized Signature</p> <p><u>President</u> Date <u>2-15-18</u></p> </td> <td data-bbox="812 1543 1396 1774"> <p><u>Kevin W Cain</u></p> <p>Print Previous Permittee Name</p> <p></p> <p>Previous Authorized Signature</p> <p><u>President</u> Date <u>02/15/18</u></p> </td> </tr> </table> <p>A 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 APC-S-2 and WPC-1</p>		<p><u>Dick Carmical</u></p> <p>Print New Permittee Name</p> <p></p> <p>New Authorized Signature</p> <p><u>President</u> Date <u>2-15-18</u></p>	<p><u>Kevin W Cain</u></p> <p>Print Previous Permittee Name</p> <p></p> <p>Previous Authorized Signature</p> <p><u>President</u> Date <u>02/15/18</u></p>
<p><u>Dick Carmical</u></p> <p>Print New Permittee Name</p> <p></p> <p>New Authorized Signature</p> <p><u>President</u> Date <u>2-15-18</u></p>	<p><u>Kevin W Cain</u></p> <p>Print Previous Permittee Name</p> <p></p> <p>Previous Authorized Signature</p> <p><u>President</u> Date <u>02/15/18</u></p>		

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

<p><b>Item X. Storm Water</b></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 checked="" 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><b>Item XI. Hazardous Waste ID Number</b></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>Baseline Stormwater General PDES</u></p> <p>Permit/Coverage No.: <u>MSR000572</u></p> <p>Permit Issuance Date: <u>November 17, 2015</u></p> <p>Date of General Permit Coverage: <u>November 17, 2016</u></p> <p>Permit Expiration Date: <u>October 31, 2020</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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<p>Permit Type: <u>Wet Deck Log Spray w/ R System</u></p> <p>Permit/Coverage No.: <u>MSG170053</u></p> <p>Permit Issuance Date: <u>August 30, 2017</u></p> <p>Date of General Permit Coverage: <u>Sep. 30, 2017</u></p> <p>Permit Expiration Date: <u>June 30, 2022</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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<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>	<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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<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>	<p><b>OTHER INFORMATION:</b></p>   
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