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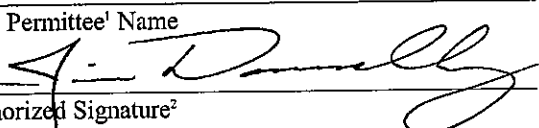
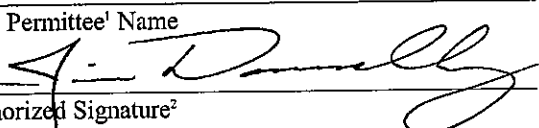
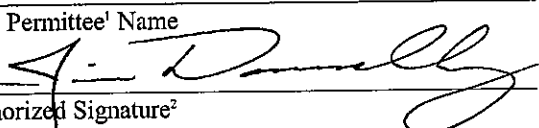
# Environmental Permits for Industrial Facilities Request for Transfer of Permit, General Permit Coverage and/or Name Change

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.

RECEIVED  
JUN 2024  
MDEQ

<p>Item I.</p> <p>Facility Name: <u>JTB Furniture, LLC</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>200 JTB Drive</u></p> <p>City: <u>Columbus</u> State: <u>MS</u> Zip: <u>39701</u></p> <p>County: <u>Lowndes</u></p> <p>Telephone: <u>(662) 328-1685</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>James Donnelly</u></p> <p>Title: <u>President</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>PO Box 2484</u></p> <p>City: <u>Columbus</u> State: <u>MS</u> Zip: <u>39704</u></p> <p>Telephone <u>(662) 328-1685</u> Email: <u>jim@primehospitalitygroup.com</u></p>																
<p>Item III.</p> <p>Previous Permittee<sup>1</sup>: <u>Johnston/Tombigbee Furniture Co, COL Plant #2</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>200 JTB Drive</u></p> <p>City: <u>Columbus</u> State: <u>MS</u> Zip: <u>39701</u></p> <p>Telephone: <u>(662) 328-1685</u></p>	<p>Item IV.</p> <p>New Permittee<sup>1</sup>: <u>JTB Furniture, LLC</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>PO Box 2484</u></p> <p>City: <u>Columbus</u> State: <u>MS</u> Zip: <u>39704</u></p> <p>Telephone: <u>(662) 328-1685</u> Email: <u>jim@primehospitalitygroup.com</u></p>																
<p>Item V.</p> <p>Industrial Activity SIC Code: <u>2599</u></p> <p>Brief Description: <u>Hospitality Furniture Mfg</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 type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature<sup>2</sup>: _____</p> <p>Title: _____ Date: _____</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>Johnston / Tombigbee Furniture Co, COL Plant #2</u></p> <p>To: <u>JTB Furniture, LLC (Owned by Prime Hospitality Group, LLC)</u> Acquisition Date: <u>4/19/2024</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="129 1596 779 1638"><u>JTB Furniture, LLC</u></td> <td data-bbox="812 1617 1461 1659">_____</td> </tr> <tr> <td data-bbox="129 1638 779 1680">Print New Permittee<sup>1</sup> Name</td> <td data-bbox="812 1617 1461 1659">Print Previous Permittee<sup>1</sup> Name</td> </tr> <tr> <td data-bbox="129 1722 779 1764"></td> <td data-bbox="812 1701 1461 1743">_____</td> </tr> <tr> <td data-bbox="129 1722 779 1764">New Authorized Signature<sup>2</sup></td> <td data-bbox="812 1701 1461 1743">Previous Authorized Signature<sup>2</sup></td> </tr> <tr> <td data-bbox="129 1764 779 1806"><u>President</u></td> <td data-bbox="812 1764 1461 1806">_____</td> </tr> <tr> <td data-bbox="129 1806 779 1848">Title</td> <td data-bbox="812 1764 1461 1806">Title</td> </tr> <tr> <td data-bbox="649 1764 779 1806"><u>06/04/23</u></td> <td data-bbox="1331 1764 1461 1806">_____</td> </tr> <tr> <td data-bbox="649 1806 779 1848">Date</td> <td data-bbox="1331 1764 1461 1806">Date</td> </tr> </table> <p><sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.  <sup>2</sup>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.</p>		<u>JTB Furniture, LLC</u>	_____	Print New Permittee <sup>1</sup> Name	Print Previous Permittee <sup>1</sup> Name		_____	New Authorized Signature <sup>2</sup>	Previous Authorized Signature <sup>2</sup>	<u>President</u>	_____	Title	Title	<u>06/04/23</u>	_____	Date	Date
<u>JTB Furniture, LLC</u>	_____																
Print New Permittee <sup>1</sup> Name	Print Previous Permittee <sup>1</sup> Name																
	_____																
New Authorized Signature <sup>2</sup>	Previous Authorized Signature <sup>2</sup>																
<u>President</u>	_____																
Title	Title																
<u>06/04/23</u>	_____																
Date	Date																

O-C

**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 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>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. <u>MSD985970300</u></p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input checked="" type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
<b>Item XII. Permit(s) and/or Coverage(s) to be Transferred</b>	
<p>Permit Type: <u>Air Permit</u></p> <p>Permit/Coverage No.: <u>1680-00024</u></p> <p>Permit Issuance Date: <u>2/3/2020</u></p> <p>Date of General Permit Coverage: <u>2/3/20-1/31/25</u></p> <p>Permit Expiration Date: <u>1/31/2025</u></p>	<p>Permit Type: <u>Stormwater</u></p> <p>Permit/Coverage No.: <u>MSR002010</u></p> <p>Permit Issuance Date: <u>3/4/21</u></p> <p>Date of General Permit Coverage: <u>3/4/21-11/30/25</u></p> <p>Permit Expiration Date: <u>11/30/25</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>	<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>OTHER INFORMATION:</p>



May 31, 2024

RECEIVED  
JUN 07 2024  
Dept. of Environmental Quality

Mississippi Department of Environmental Quality  
Office of Pollution Prevention Control  
PO Box 2261  
Jackson, MS 39225

Subject: Johnston/Tombigbee Furniture (Columbus, MS) Ownership Change

Dear DEQ,

I am writing on behalf of Prime Hospitality Group, LLC to formally request a transfer of permit ownership, as outlined in the attached Environmental Permits for Industrial Facilities Form.

As of April 19, 2024, Prime Hospitality Group, LLC has acquired Johnston/Tombigbee Furniture Co, Columbus Plant #2. Despite this change in ownership, there will be no alterations to our operational process, but the new entity will be called JTB Furniture, LLC.

Should you have any inquiries or require further clarification regarding this ownership transfer, please feel free to reach out to our on-site representative, Judy Griffith, at [judy.griffith@jtbfurniture.com](mailto:judy.griffith@jtbfurniture.com) or by phone at 662-328-1685. Alternatively, you may contact our consultant, Phil Walsh of EHS Concepts, at [pwash@ehsconcepts.com](mailto:pwash@ehsconcepts.com) or by phone at 662-321-8234.

We appreciate your prompt attention to this matter and thank you for your cooperation in facilitating this ownership transition.

Sincerely,



James Donnelly  
President

Prime Hospitality Group, LLC