

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: <u>MS Cyber and Technology Center</u> Location: (Do Not Use P.O. Box) Street: <u>236 White Ave</u> City: <u>Biloxi</u> State: <u>MS</u> Zip: <u>39530</u> County: <u>Harrison</u> Telephone: (____) _____	Item II. Responsible official after transfer or name change: Name: <u>Taylor Thrash</u> Title: <u>Project Manager</u> Mailing Address: Street/P.O. Box: <u>1404 24th Ave</u> City: <u>Gulfport</u> State: <u>MS</u> Zip: <u>39501</u> Telephone: <u>(228) 678-7070</u> Email: <u>taylor.thrash@andercorp.com</u>		
Item III. Previous Permittee ¹ : <u>MSU Research and Technology Corp</u> Mailing Address: Street/P.O. Box: <u>100 Research Boulevard, Suite 105</u> City: <u>Starkville</u> State: <u>MS</u> Zip: <u>39759</u> Telephone: (____) _____	Item IV. New Permittee ¹ : <u>AnderCorp, LLC</u> Mailing Address: Street/P.O. Box: <u>1404 24th Ave</u> City: <u>Gulfport</u> State: <u>MS</u> Zip: <u>39501</u> Telephone: <u>(228) 678-7070</u> Email: _____		
Item V. Industrial Activity SIC Code: <u>8243</u> Brief Description: <u>New 3 level building and parking lot for MSU</u>	Item VI. Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, the appropriate applications and permits may require modification prior to change.		
Item VII. Will Facility Name Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: <u>Mississippi State University Research and Technology Corporation</u> To: <u>AnderCorp, LLC</u> Acquisition Date: <u>7/21/25</u> 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. <table><tr><td><u>Steven Moore</u> Print New Permittee¹ Name <u>Steven Moore</u> New Authorized Signature² <u>Sr Operations Manager</u> Title <u>11/14/25</u> Date</td><td><u>Marc McGee</u> Print Previous Permittee¹ Name <u>Marc McGee</u> Previous Authorized Signature² <u>Director</u> Title <u>11/14/25</u> Date</td></tr></table> <small>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 33'0 kuu0Cf o kp0Eqf g'R04.'Ej 04'cpf 'R08.'Ej 03. Page 1 of 2</small>		<u>Steven Moore</u> Print New Permittee ¹ Name <u>Steven Moore</u> New Authorized Signature ² <u>Sr Operations Manager</u> Title <u>11/14/25</u> Date	<u>Marc McGee</u> Print Previous Permittee ¹ Name <u>Marc McGee</u> Previous Authorized Signature ² <u>Director</u> Title <u>11/14/25</u> Date
<u>Steven Moore</u> Print New Permittee ¹ Name <u>Steven Moore</u> New Authorized Signature ² <u>Sr Operations Manager</u> Title <u>11/14/25</u> Date	<u>Marc McGee</u> Print Previous Permittee ¹ Name <u>Marc McGee</u> Previous Authorized Signature ² <u>Director</u> Title <u>11/14/25</u> Date		

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. _____</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>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>Large Construction Storm Water Gen</u></p> <p>Permit/Coverage No.: <u>MSR109468</u></p> <p>Permit Issuance Date: <u>2/17/25</u></p> <p>Date of General Permit Coverage: <u>2/17/25</u></p> <p>Permit Expiration Date: <u>1/31/27</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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