

AE #52465

Received 6/9/20

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. Facility Name: <u>POIK FARM</u></p> <p>Location: (Do Not Use P.O. Box) Street: <u>211 North Pleasant Hill Rd</u> City: <u>New Hebron</u> State: <u>MS</u> Zip: <u>39140</u> County: <u>Lawrence</u> Telephone: ()</p>	<p>Item II. Responsible official after transfer or name change: Name: <u>DAVID HANNA</u> Title: <u>Owner</u> Mailing Address: Street/P.O. Box: <u>814 Crooked Creek Rd</u> City: <u>Silver Creek</u> State: <u>MS</u> Zip: <u>39063</u> Telephone ()</p>
<p>Item III. Previous Permittee': <u>Judith L Poik</u> Mailing Address: Street/P.O. Box: <u>166 Double Ponds Rd</u> City: <u>Prentiss</u> State: <u>MS</u> Zip: <u>39474</u> Telephone: <u>(601) 455-4049</u></p>	<p>Item IV. New Permittee': <u>DAVID HANNA</u> Mailing Address: <u>814 Crooked Creek Rd</u> Street/P.O. Box: City: <u>Silver Creek</u> State: <u>MS</u> Zip: <u>39063</u> Telephone: <u>(601) 382-2111</u></p>
<p>Item V. Industrial Activity SIC Code: _____ Brief Description: <u>Breeder Farm</u></p>	<p>Item VI. Will Facility Operations Change? Yes _____ No <input checked="" type="checkbox"/> If yes, the appropriate applications and permits may require modification prior to change.</p>
<p>Item VII. Will Facility Name Change? Yes <input checked="" type="checkbox"/> No _____ If Yes, Provide New Name for Permit Coverage. New Name: <u>Pleasant Hill Breeder Farm</u></p>	<p>Item VIII. Signature for Name Change Print Name: <u>DAVID HANNA</u> Authorized Signature: <u>[Signature]</u> Title: <u>owner</u> Date: <u>3/10/20</u></p>
<p>Item IX. We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: <u>POIK FARM</u> To: <u>DAVID HANNA</u> Acquisition Date: _____</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>	
<p><u>David Hanna</u> Print New Permittee' Name <u>[Signature]</u> New Authorized Signature: <u>Owner</u> <u>3/6/20</u> Title Date</p>	<p><u>Judith L Poik</u> Print Previous Permittee' Name <u>[Signature]</u> Previous Authorized Signature: <u>Owner</u> <u>3-8-20</u> Title Date</p>
<p><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 APC-S-2 and WPC-1.</small></p>	

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>
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>MSG20**** 201559</u></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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