AH: 79763

## 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.	Item II.
Facility Name: Turkey Ridge Holdings, LLC	Responsible official after transfer or name change:
Location: (Do Not Use P.O. Box)	Name: Bobby Elmore
Street: 1888 Main Street, Suite C #446	Title: Member / Manager
City: Madison State: MS Zip: 39110	Mailing Address:
County: Madison	Street/P.O. Box: 1888 Main Street, Suite C #446
Telephone: (601 ) 966-5589	City: Madison State: MS Zip: 39110
Item III.	Telephone (601 ) 966-5589
Previous Permittee!: Trax, LLC	New Permittee': Turkey Ridge Holdings, LLC
Mailing Address:	Mailing Address:
Street/P.O. Box: 167 Orchard Lane	Street/P.O. Box: 1888 Main Street, Suite C #446
City: Madison State: MS zip: 39110	City: Madison State: MS Zip: 39110
Telephone: (662 ) 315-1555	Telephone: (601 )966-5589
Item V. Industrial Activity SIC Code: 1442	Item VI.
	Will Facility Operations Change? Yes No
Brief Description: Surface Mining	If yes, the appropriate applications and permits may require modification prior to change.
Item VII.	Item VIII.
Will Facility Name Change? Yes No No	Signature for Name Change
If Yes, Provide New Name for Permit Coverage.	Print Name: Bobby Electric
New Name: Turkey Ridge Holdings, LLC	Authorized Signature <sup>2</sup> :
	Title: Member/Manager Date: 10/18/2021
Item IX.	
We the undersigned request transfer of permit(s) and/or permi	t coverage(s) listed on the backside of this form.
From: Trax, LLC	
To: Turkey Ridge Holdings, LLC	Acquisition Date: 10/18/2021
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.	
Bobby Elmore	Trax, LLC, Bobby Elmore
Print New Permittee' Name	Print Previous Permittee' Name
11/30	
New Authorized Signature	Previous Authorized Signature
Member / Manager 10/18/2	Member / Manager 10/18/21
Title Date	Title Date
A Permittee is a company or individual that has been issued an individual p  Authorized Signature must be owner or in the case of a corporation, a corporation.	orate officer as defined in Regulations APC-S-2 and WPC-1.
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## Mississippi Department of Environmental Quality/Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225-2261

(601) 961-5171

Item X. Storm Water	Item XI. Hazardous Waste ID Number
(Check One)	
A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.	EPA ID No.
The recipient certifies that they have received a copy of the Office of	(Check One)
Tonation Condo approved SWFFF from the original owner.	An EPA Hazardous Waste ID Number is not required for the site.
The recipient is submitting a new SWPPP, which is attached to this form.	The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.
A copy of the SWPPP cannot be obtained from the original owner.	
Item XII. Permit(s) and/or Coverage(s) to be Transferred	
Permit Type: Mining Stormwater General Permit	Permit Type:
Permit/Coverage No.: MSR322927	Permit/Coverage No.:
Permit Issuance Date: 7/16/2021	Permit Issuance Date:
Date of General Permit Coverage: 7/16/2021	Date of General Permit Coverage:
Permit Expiration Date: 3/31/2023	Permit Expiration Date:
Permit Type:	Permit Type:
Permit/Coverage No.:	Permit/Coverage No.:
Permit Issuance Date:	Permit Issuance Date:
Date of General Permit Coverage:	Date of General Permit Coverage:
Permit Expiration Date:	Permit Expiration Date:
Permit Type:	
Permit/Coverage No.:	Permit/Course No.
Permit Issuance Date:	Permit Jesuanea Data
Date of General Permit Coverage:	Permit Issuance Date:  Date of General Permit Coverage:
Permit Expiration Date:	Permit Expiration Date:
Permit Type:	
Permit/Coverage No.:	OTHER INFORMATION:
Permit Issuance Date:	
Date of General Permit Coverage:	
Permit Expiration Date:	
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