

## Request for Transfer of Permit, General Permit Coverage and/or Name Change Instructions: For Ownership 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: Lynn T. Tran, Poultry Farm	Responsible official after transfer or name change:
Location: (Do Not Use P.O. Box)	Name: Jeannie Tran
Street: 2047 Cecil Reeves Road	Title: New owner
City: Wesson State: MS Zip: 39191	Mailing Address: Street/P.O. Box: 2047 Cecil Reeves Road
County: Copiah	City: Wesson State: MS Zip: 39191
Telephone: (601-75)7-0250	Telephone (832-265-4937
Item III.	Item IV.
Previous Permittee <sup>1</sup> : Lynn T. Tran	New Permittee': Jeannie Tran
Mailing Address:	Mailing Address:
Street/P.O. Box: 2047 Cecil Reeves Road	Street/P.O. Box: 2047 Cecil Reeves Road
City: Wesson State: MS Zip: 39191	City: Wesson State: MS Zip: 39191
Telephone: (601-757-0250	Telephone: (832-26)5-4937
Item V. Industrial Activity SIC Code: 0259	Item VI.
	Will Facility Operations Change? Yes No No
Brief Description: 8 broiler houses, 169,800 birds	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:
New Name: Kai=Sky LLC farms	Authorized Signature <sup>2</sup> :
	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: Lynn T. Tran	•
To: Jeannie Tran	Acquisition Date: 1 - 11 - 22
10: Jeannie 11an	Acquisition Date: 1 11 - DC
Board it has the financial resources and operational expertise and 3) agree this document. By signature below, the previous permittee is requesting	requirements of the permit(s), 2) the applicant can demonstrate to the Permit rest to accept responsibility and liability for the permit(s) listed on the back of that the permit(s) and/or permit coverage(s) be transferred to the recipient. ification from the Office of Pollution Control (OPC). The OPC may require nee history of the recipient.
Jeannie Tran	Lynn T. Tran
Print New Permittee' Name	Print Previous Permittee' Name
Channe R	(125-22
New Authorized Signature <sup>2</sup>	Previous Authorized Signature <sup>2</sup>
New Owner 1-28-76	Revious Owner
Title Date	Title Date
<sup>1</sup> A Permittee is a company or individual that has been issued an individual per <sup>2</sup> Authorized Signature must be owner or in the case of a corporation, a corpora	mit or coverage under a general permit.  ate officer as defined in Regulations APC-S-2 and WPC-1.

## 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.  The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.  The recipient is submitting a new SWPPP, which is attached to this form.  A copy of the SWPPP cannot be obtained from the original owner.	EPA ID No.  (Check One)  An EPA Hazardous Waste ID Number is not required for the site.  The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.  Coverage(s) to be Transferred
Permit Type: DLPAFO	Permit Type:
Permit/Coverage No.: MSG201180	Permit/Coverage No.:
Permit Issuance Date: May 2021	Permit Issuance Date:
Date of General Permit Coverage: April 2024	Date of General Permit Coverage:
Permit Expiration Date: April 2024	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 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:	OTHER INFORMATION:
Permit/Coverage No.:	
Permit Issuance Date:	
Date of General Permit Coverage:	
Permit Expiration Date:	