

Att. 2831

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


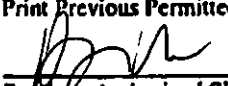
Instructions: For Ownership Change-Complete all items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

RECEIVED
FEB 24 2022
Dept. of Environmental Quality

<p>Item I. Facility Name: <u>DN Farms LLC</u> Location: (Do Not Use P.O. Box) Street: <u>1083 McDonald Drive</u> City: <u>Terry</u> State: <u>MS</u> Zip: <u>39170</u> County: <u>Copiah</u> Telephone: <u>817-343-0190</u></p>	<p>Item II. Responsible official after transfer or name change: Name: <u>Uk Thleng</u> Title: <u>New Owner</u> Mailing Address: Street/P.O. Box: <u>1083 McDonald Drive</u> City: <u>Terry</u> State: <u>MS</u> Zip: <u>39170</u> Telephone: <u>214-863-9873</u></p>
<p>Item III. Previous Permittee¹: <u>Hoang Nguyen</u> Mailing Address: Street/P.O. Box: <u>1083 McDonald Drive</u> City: <u>Terry</u> State: <u>MS</u> Zip: <u>39170</u> Telephone: <u>817-343-0190</u></p>	<p>Item IV. New Permittee¹: <u>Uk Thleng</u> Mailing Address: Street/P.O. Box: <u>1083 McDonald Drive</u> City: <u>Terry</u> State: <u>MS</u> Zip: <u>39170</u> Telephone: <u>214-863-9873</u></p>
<p>Item V. Industrial Activity SIC Code: <u>0259</u> Brief Description: <u>8 Houses, 171,000 birds (MSG200099)</u></p>	<p>Item VI. Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, the appropriate applications and permits may required modification prior to change.</p>
<p>Item VII. Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Provide New Name for Permit Coverage. New Name: _____</p>	<p>Item VIII. Signature for Name Change: Print Name: _____ Authorized Signature²: _____ Title: _____ Date: _____</p>

Item IX.
We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.
From: Hoang Nguyen
To: Uk Thleng Acquisition Date: 1/12/2022

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.

<u>Uk Thleng</u> Print New Permittee ¹ Name	<u>Hoang Nguyen</u> Print Previous Permittee ¹ Name
 New Authorized Signature ²	 Previous Authorized Signature ²
<u>New Owner</u> Title	<u>Previous Owner</u> Title
<u>2-14-22</u> Date	<u>2-14-22</u> Date

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.
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SEPTEMBER 2000

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 10385
Jackson, Mississippi 39289-0385
(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>General Permit animal feeding Opera</u></p> <p>Permit/Coverage No.: <u>MSG200099</u></p> <p>Permit Issuance Date: <u>February 2020</u></p> <p>Date of General Permit Coverage: <u>Feb 20 - Jan 25</u></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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