From: Zach Anderson
To: applications; Charity Rockingham
Cc: Donald Moran
Subject: Facility Permit Transfer Request
Date: Friday, August 28, 2026 11:39:46 AM
Attachments: Request For Transfer Forms.pdf

Please see attached Solid Waste Management Facilities Request For Transfer Of Permit Coverage forms as well as Disclosure Forms. Please let me know if there is any other requirements or documents we need to provide.

Thank you

Zach Anderson
507-430-2115

SOLID WASTE MANAGEMENT FACILITIES
REQUEST FOR TRANSFER OF PERMIT COVERAGE

Facility Name: Lamey Brothers Trucking Inc.
Location: (Do Not Use P.O. Box)
Street 17377 Road 510
City Biloxi State MS Zip 39532 Telephone: (228) 381-0457 Fax: ( )

Original Owner Name: Cleve A. Lamey JR
Mailing Address: 15400 Wilson Road
City Ocean Springs State MS Zip 39565
Telephone: (228) 381-0457 Fax: ( )

Permit No.: SWO2400020615
Permit Effective Date: 2/24/25
Permit Expiration Date: 1/31/35

New Owner/Operator Name: American Gulf LLC
Mailing Address: 17078 Magnolia Cove Dr
City Pass Christian State MS Zip 39571
Telephone: (228) 216 3402 Fax: ( )

Responsible official after transfer:
Name: Donald Moran III
Title: Member
Telephone: (228) 216 3402 Fax: ( )

Will Facility Name Change? Yes ☑ No ☐
If yes, provide New Name for Permit No.:
New Name:

Will Facility Operation Change? Yes ☐ No ☑
If no, recipient may opt to use previously approved operating plan submitted by original owner. If yes, recipient needs to submit a new operating plan.

From: Lamey Brothers Trucking Inc
To: American Gulf LLC
Acquisition Date: 9-1-26

Check the applicable items below:

☑ The recipient certifies that they have received a copy of the operating plan from the original owner as approved by Department of Environmental Quality (DEQ).*

☐ The recipient is submitting a new operating plan which is attached to this form.

☑ The recipient is submitting a completed disclosure statement since the subject facility is a commercial solid waste management facility, which is attached to this form.

By Signature below, the recipient certifies that they are aware of the requirements of the permit and the applicable solid waste and/or waste tire regulations and agrees to accept responsibility and liability for compliance with each.

By signature below, the original owner is requesting that the permit be transferred to the recipient.

The permit is only transferred after action by the DEQ or the Permit Board, where appropriate.

Zachary S Anderson American Gulf LLC	Cleve A. Lamey JR Lamey Brothers Trucking Inc
Print Name	Print Name
New Owner Signature	Original Owner Signature
8-27-26	9-1-26
Date	Date

*if a copy of the approved operating plan cannot be obtained from the original owner, a copy may be obtained upon request from the DEQ.

AI# 18345

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: Lamey Brothers Trucking Inc

Location: (Do Not Use P.O. Box)

Street: 17377 Road 510

City: Biloxi, State: MS Zip: 39532

County: Harrison

Telephone: (228) 381-0457

Item II.

Responsible official after transfer or name change:

Name: Donald Moran III

Title: Member

Mailing Address:

Street/P.O. Box: 17078 Magnolia Cove Dr

City: Pass Christian State: MS Zip: 39571

Telephone (228) 216 3402 Email: donnymoran@moranhaulinginc.com

Item III.

Previous Permittee[1]: D.W. Lamey Fill & Trucking Inc

Mailing Address:

Street/P.O. Box: 17377 Road 510

City: Biloxi State: MS Zip: 39532

Telephone: (228) 669-7878

Item IV.

New Permittee[1]: American Gulf LLC

Mailing Address:

Street/P.O. Box: 17078 Magnolia Cove Dr

City: Pass Christian State: MS Zip: 39571

Telephone: (228) 216 3402 Email: donnymoran@moranhaulinginc.com

Item V.

Industrial Activity SIC Code: _____

Brief Description:

Item VI.

Will Facility Operations Change? Yes ☐ No ☑

If yes, the appropriate applications and permits may require modification prior to change.

Item VII.

Will Facility Name Change? Yes ☑ No ☐

If Yes, Provide New Name for Permit Coverage.

New Name: American Gulf Pit

Item VIII.

Signature for Name Change

Print Name: Zachary Anderson

Authorized Signature[2]: [signature]

Title: Member Date: 9-1-26

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: Lamey Brothers Trucking Inc.

To: American Gulf LLC. Acquisition Date: 9-1-26

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.

Zachary S Anderson American Gulf LLC
Print New Permittee[1] Name

[signature]
New Authorized Signature[2]

Member 9-1-26
Title Date

Cleve A. Lamey Jr. Lamey Brothers Trucking Inc
Print Previous Permittee[1] Name

Cleve A. Lamey Jr
Previous Authorized Signature[2]

President 9-1-26
Title Date

[1]A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
[2]Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2, Ch. 2 and Pt. 6, Ch. 1.

Last Revised: 04/06/2022

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

Item X. Storm Water

(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.

Item XI. Hazardous Waste ID Number

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.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: Surface Mining Permit/Coverage No.: P93-051T2 Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: 7/22/26	Permit Type: St. of Ms Solid Waste Management Permit Permit/Coverage No.: SW0240020615 Permit Issuance Date: 2/24/25 Date of General Permit Coverage: 1/31/2035 Permit Expiration Date: 1/31/2035
Permit Type: Surface Mining Permit/Coverage No.: P04-006AAT Permit Issuance Date: 3/24/2021 Date of General Permit Coverage: 3/24/2021 Permit Expiration Date: 5/9/26	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: Industrial Storm Water Coverage Permit/Coverage No.: MSR002553 Permit Issuance Date: 12/10/2020 Date of General Permit Coverage: 3/24/25 Permit Expiration Date: 11/30/2025	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
Permit Type: Surface Mining Permit/Coverage No.: P89-022T2 Permit Issuance Date: 8/14/2025 Date of General Permit Coverage: 8/29/26 Permit Expiration Date: _____	OTHER INFORMATION:

HAZARDOUS WASTE/SOLID WASTE PERMIT APPLICATION DISCLOSURE FORM STATE OF MISSISSIPPI

Under the authority of Mississippi Code Annotated Section 17-17-501, et seq. (Supp. 1994) and the Mississippi Commission on Environmental Quality regulations promulgated thereunder, each applicant (other than a public agency) for the issuance, reissuance or transfer of a permit for the treatment, processing, storage or disposal of solid waste at a commercial hazardous or nonhazardous solid waste management facility, must file a disclosure statement with the Permit Board at the time the application is filed. If the applicant is a public agency and proposes to operate a facility by contract with an individual or a business concern, such individual or business concern must file a disclosure statement, and for purposes of doing so, shall complete this form as if it is the "applicant".

Instructions for completing this form:

1. All information must be typed.

2. Do not leave any sections blank. If a section is not applicable, or if there is no information to be provided as called for, type "Not Applicable", "N/A" or "NONE", as appropriate, on the first blank line of the section.

3. Where individual names are requested, provide full names, not initials. Where an individual's full name includes one or more initials, indicate this in a note to the side of the name.

4. Attach additional pages as necessary. Where a section includes a note to provide a separate page for each name, copies of that page may be made.

5. Race and Gender are requested only to confirm identification of disclosed individuals.

SECTION 1. GENERAL INFORMATION

American Gulf LLC
Applicant's full name

17078 Magnolia Cove Dr
Business address: street or box number

Pass Christian, MS 39571
City, state, zip

228-216-3402
Business telephone number

Applicant is [check one]:
☐ an individual
☒ a business concern

If the applicant is an individual, provide the following information:

NA
Applicant's date of birth

NA
Race

NA
Social Security number

NA
Gender

If the applicant is a business concern, provide the following information:

7/10/2025
Date of establishment

39-3136114
Federal employer identification number

Is the applicant business concern a publicly traded corporation?
☐ Yes ☒ No

Are there any environmental violations for applicant listed in Section 7.1 of this form?
☐ Yes ☒ No

Are there any criminal violations for applicant listed in Section 7.2 of this form?
☐ Yes ☒ No

SECTION 2. OFFICERS, DIRECTORS, PARTNERS AND KEY EMPLOYEES OF APPLICANT

2.1 For each officer, director, partner or key employee of the applicant, provide the following information:
(Note: Provide a separate page for each person).

Donald Moran III
Full Name

17078 Magnolia Cove Dr
Business address: street or box number

Pass Christian, MS 39571
City, state, zip

4/11/1984
Date of birth

426-53-6781
Social security number

white
Race

male
Gender

228-216-3402
Business telephone number

member
Job title or description

Are there any environmental violations for disclosed officer, director, partner or key employee listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed officer, director, partner or key employee listed in Section 7.2 of this form?

☐ Yes ☒ No

SECTION 3. SUBSIDIARIES OF APPLICANT

3.1 For each business concern that collects, transports, treats, processes, stores or disposes of nonhazardous solid waste or hazardous waste which the applicant holds an equity interest of five percent (5%) or more, provide the following information: **(Note: Provide a separate page for each business concern).**

Moran Hauling Inc
Business concern's name

17078 Magnolia Cove Dr
Business address: street or box number

Pass Christian, MS 39571
City, state, zip

5/3/1990
Date of establishment

64-0787689
Federal employer identification number

228-206-1850
Business telephone number

The business named above [check all that are appropriate]:

☐ collects	☐ nonhazardous waste	☐ hazardous waste
☒ transports	☒ nonhazardous waste	☐ hazardous waste
☐ treats	☐ nonhazardous waste	☐ hazardous waste
☐ processes	☐ nonhazardous waste	☐ hazardous waste
☐ stores	☐ nonhazardous waste	☐ hazardous waste
☐ disposes	☐ nonhazardous waste	☐ hazardous waste

Are there any environmental violations for disclosed subsidiary of applicant listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed subsidiary of applicant listed in Section 7.2 of this form?

☐ Yes ☒ No

SECTION 4. EQUITY OR DEBT LIABILITY HOLDERS

*** (Note: Section 4 applies to the equity and debt liability holders of the applicant business concern and any other disclosed business concerns unless expressly noted).**

4.1 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, provide the following information for each person, other than a business concern, holding any equity in such disclosed business concern:
(Note: Provide a separate page for each person).

Zachary Anderson
Full Name

17175 Magnolia Cove Dr
Business address: street or box number

Pass Christian, MS 39571
City, state, zip

04/06/1988
Date of birth

473-17-1242
Social security number

white
Race

male
Gender

507-430-2115
Business telephone number

American Gulf LLC
Name of disclosed business concern in which this person holds interest

50
% of equity

Are there any environmental violations for disclosed person listed in Section 7.1 of this form?
☐ Yes ☒ No

Are there any criminal violations for disclosed person listed in Section 7.2 of this form?
☐ Yes ☒ No

4.2 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, provide the following information for any other business concern (other than a chartered lending institution or an investment company which is publicly traded) holding any equity in such disclosed business concern:
(Note: Provide a separate page for each business concern).

NA
Business concern's name (Equity or debt liability holder)

NA
Business address: street or box number

NA
City, state, zip

NA
Date of establishment

NA
Federal employer identification number

NA
Business telephone number

NA
Name of disclosed business concern in which the above business concern holds interest

NA
% of equity

Are there any environmental violations for disclosed business concern listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed business concern listed in Section 7.2 of this form?

☐ Yes ☒ No

4.3 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, provide the following information for each chartered lending institution or investment company which is publicly traded holding any equity in such disclosed business concern:
(Note: Provide a separate page for each chartered lending institution or investment company which is publicly traded).

NA
Chartered lending institution's name or name of investment company which is publicly traded **(Note: The listed chartered lending institution or investment company which is publicly traded is not subject to further disclosure requirements unless additional information is expressly requested).**

NA
Business address: street or box number

NA
City, state, zip

NA
Business telephone number

NA
Name of disclosed business concern in which this chartered lending institution or investment company which is publicly traded holds interest

NA
% of equity

4.4 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is not a publicly traded corporation, list the following information for each individual or business concern holding any debt liability in such business concern:
(Note: Provide a separate page for each individual or business concern holding any debt liability in such business concern).

NA
Full Name **(*Note: The listed individual or business concern is not subject to further disclosure requirements unless additional information is expressly requested).**

NA
Business address: street or box number

NA
City, state, zip

NA
Federal employer identification number (if applicable)

NA
Name of disclosed business concern in which the above individual or business concern holds debt liability

NA
Amount of debt liability held in U.S. Dollars

NA
% of total debt liability held

4.5 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, provide the following information for individuals related within the third degree holding a cumulative of five percent (5%) and any other person(s), other than a business concern, holding more than five percent (5%) of the equity in such disclosed publicly traded corporation:
(Note: Provide a separate page for each person).

NA
Full Name

NA
Business address: street or box number

NA
City, state, zip

NA
Date of birth

NA
Social security number

NA
Race

NA
Gender

NA
Business telephone number

NA
Name of disclosed corporation in which this person holds interest

NA
% of equity

Are there any environmental violations for disclosed person listed in Section 7.1 of this form?
☐ Yes ☒ No

Are there any criminal violations for disclosed person listed in Section 7.2 of this form?
☐ Yes ☒ No

4.6 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, provide the following information for any other business concern (other than a chartered lending institution or an investment company which is publicly traded) holding more than five percent (5%) of the equity in such disclosed publicly traded corporation:
(Note: Provide a separate page for each business concern)

NA
Business concern's name (Equity holder)

NA
Business address: street or box number

NA
City, state, zip

NA
Date of establishment

NA
Federal employer identification number

NA
Business telephone number

NA
Name of disclosed corporation in which this business concern holds interest

NA
% of equity

Are there any environmental violations for disclosed business concern listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed business concern listed in Section 7.2 of this form?

☐ Yes ☒ No

4.7 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, provide the following information for each chartered lending institution or investment company which is publicly traded holding more than five percent (5%) of the equity in such disclosed publicly traded corporation:
(Note: Provide a separate page for each chartered lending institution or investment company which is publicly traded).

NA
Chartered lending institution's name or name of investment company which is publicly traded**(Note: The listed chartered lending institution or investment company which is publicly traded is not subject to further disclosure requirements unless additional information is expressly requested).**

NA
Business address: street or box number

NA
City, state, zip

NA
Business telephone number

NA
Name of disclosed corporation in which this chartered lending institution or investment company which is publicly traded holds interest

NA
% of equity

4.8 For each business concern disclosed in this statement (including each business concern disclosed in this section) that is a publicly traded corporation, list the following information for each individual or business concern holding more than five percent (5%), or individuals related within the third degree holding a cumulative of five percent (5%) or more debt liability in such disclosed publicly traded corporation:
(Note: Provide a separate page for each individual or business concern).

NA
Full Name **(*Note: The listed individual or business concern is not subject to further disclosure requirements unless additional information is expressly requested).**

NA
Business address: street or box number

NA
City, state, zip

NA
Federal employer identification number (if applicable)

NA
Name of disclosed publicly traded corporation in which the above individual or business concern holds debt liability

NA
Amount of debt liability held in U.S. Dollars

NA
% of total debt liability held

4.9 For each business concern disclosed in this statement (other than the applicant, a chartered lending institution, investment company which is publicly traded or a debt liability holder), provide the following information for each officer, director or partner: **(Note: Provide a separate page for each officer, director or partner).**

Moran Hauling
Business Concern's Name

Donald Moran III
Full Name of officer, director or partner

17078 Magnolia Cove Dr
Business address: street or box number

Pass Christian, MS 39571
City, state, zip

4/11/1984
Date of birth

426-53-6781
Social security number

White
Race

Male
Gender

228-216-3402
Business telephone number

President
Job title or description

Are there any environmental violations for disclosed officer, director or partner listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed officer, director or partner listed in Section 7.2 of this form?

☐ Yes ☒ No

4.9 For each business concern disclosed in this statement (other than the applicant, a chartered lending institution, investment company which is publicly traded or a debt liability holder), provide the following information for each officer, director or partner: **(Note: Provide a separate page for each officer, director or partner).**

Moran Hauling
Business Concern's Name

Zachary Anderson
Full Name of officer, director or partner

17078 Magnolia Cove Dr
Business address: street or box number

Pass Christian, MS 39571
City, state, zip

4/06/1988
Date of birth

473-17-1242
Social security number

White
Race

Male
Gender

228-216-3402
Business telephone number

Vice President
Job title or description

Are there any environmental violations for disclosed officer, director or partner listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed officer, director or partner listed in Section 7.2 of this form?

☐ Yes ☒ No

4.9 For each business concern disclosed in this statement (other than the applicant, a chartered lending institution, investment company which is publicly traded or a debt liability holder), provide the following information for each officer, director or partner: **(Note: Provide a separate page for each officer, director or partner).**

Moran Hauling
Business Concern's Name

Tammy Moran
Full Name of officer, director or partner

17078 Magnolia Cove Dr
Business address: street or box number

Pass Christian, MS 39571
City, state, zip

4/06/1988
Date of birth

439-75-2916
Social security number

White
Race

Female
Gender

228-216-3402
Business telephone number

Secretary
Job title or description

Are there any environmental violations for disclosed officer, director or partner listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed officer, director or partner listed in Section 7.2 of this form?

☐ Yes ☒ No

SECTION 5. BUSINESS EXPERIENCE OF APPLICANT AND ITS OFFICERS, DIRECTORS, PARTNERS AND KEY EMPLOYEES

5.1 Provide a description of the business experience and credentials of the applicant related to the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste. A separate description of business experience and credentials should also be included for each of the applicant's key employees, officers, directors and partners.
(Note: Provide a separate page for the applicant and each of the applicant's key employees, officers, directors and partners).

Moran Hauling Inc has been involved in the clearing and earthwork business since 1990. Moran Hauling Inc. has extensive experience in clearing , hauling and disposal of non hazardous waste .Moran Hauling Inc owns and operates an expansive line of equipment and trucks to affectively manage these type of operations.Moran Hauling Inc. also has extensive experience in dealing with SWPPP plans as implemented in many construction contracts that it has performed. Key employyees of the business are certified by the MDOT in construction stormwater management practices and utilize these practices daily.

SECTION 5. BUSINESS EXPERIENCE OF APPLICANT AND ITS OFFICERS, DIRECTORS, PARTNERS AND KEY EMPLOYEES

5.1 Provide a description of the business experience and credentials of the applicant related to the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste. A separate description of business experience and credentials should also be included for each of the applicant's key employees, officers, directors and partners.
(Note: Provide a separate page for the applicant and each of the applicant's key employees, officers, directors and partners).

.Donald Moran III has extensive experience in dealing with SWPPP plans as implemented in many construction contracts.Donald Moran III has been in civil construction for 20 years. Donald Moran III is certified by the MDOT in construction stormwater management practices and utilizes these practices daily. Donald Moran III owns and manages Moran Hauling Inc, which is a company that performs site and utility development involving major SWPPP practices.

SECTION 5. BUSINESS EXPERIENCE OF APPLICANT AND ITS OFFICERS, DIRECTORS, PARTNERS AND KEY EMPLOYEES

5.1 Provide a description of the business experience and credentials of the applicant related to the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste. A separate description of business experience and credentials should also be included for each of the applicant's key employees, officers, directors and partners.
(Note: Provide a separate page for the applicant and each of the applicant's key employees, officers, directors and partners).

.Zachary Anderson has extensive experience in dealing with SWPPP plans as implemented in many construction contracts.Zachary Anderson has been in civil construction for 12 years. Zachary Anderson is certified by the MDOT in construction stormwater management practices and utilizes these practices daily. Zachary Anderson owns and manages Moran Hauling Inc, which is a company that performs site and utility development involving major SWPPP practices.

SECTION 5. BUSINESS EXPERIENCE OF APPLICANT AND ITS OFFICERS, DIRECTORS, PARTNERS AND KEY EMPLOYEES

5.1 Provide a description of the business experience and credentials of the applicant related to the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste. A separate description of business experience and credentials should also be included for each of the applicant's key employees, officers, directors and partners.
(Note: Provide a separate page for the applicant and each of the applicant's key employees, officers, directors and partners).

Justin Lamey is a key employee of American Gulf LLC. Justin Lamey has been involved with the daily operations of the current Lamey disposal pit. for 25 years. Justin is experienced in all dumping, and solid waste management that is involved with this exact disposal facility. Justin is also performing all storm water management at this facility.

5.2 Provide the following information for any past or present permits or licenses possessed by the applicant, or any officer, director, partner or key employee of the applicant, for the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste:
(Note: Provide a separate page for each permit or license).

NA
Name of Permittee or Licensee

NA
Permit or License

NA
Permit/License number (if any)

NA
Issuance date

NA
Expiration date (if any)

NA
Name of regulatory authority

NA
Address of regulatory authority: street or box number

NA
City, state, zip

NA
Regulatory authority telephone number

5.3 Provide the following information for any other agency outside of Mississippi not listed in Section 5.2 that has or has had regulatory responsibility over the applicant and any parent, subsidiary and sister business concern disclosed in this disclosure statement (except those listed in Section 6.3) regarding the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste within the five-year period immediately preceding the filing of the application:
(Note: Provide a separate page for each regulatory agency).

NA
Name of regulatory authority

NA
Regulatory authority address: street or box number

NA
City, state, zip

NA
Regulatory authority telephone number

Name(s) of disclosed persons regulated by the above authority:

NA

SECTION 6. SISTER BUSINESS CONCERNS

6.1 (This sub-section is applicable only if the applicant is seeking a permit to operate and/or construct a commercial nonhazardous solid waste management facility.)

If either the applicant or a parent business concern has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste in Mississippi for fewer than five (5) years preceding the filing of the application, provide the following information about each sister business concern of the applicant that has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste or hazardous waste within such five-year period:
(Note: Provide a separate page for each sister business concern).

NA
Full name of sister business concern

NA
Business address: street or box number

NA
City, state, zip

NA
Date of establishment

NA
Federal employer identification number

NA
Business telephone number

Are there any environmental violations for disclosed sister business concern listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed sister business concern listed in Section 7.2 of this form?

☐ Yes ☒ No

6.2 (This sub-section is applicable only if the applicant is seeking a permit to operate and/or construct a commercial hazardous waste management facility.)

If either the applicant or a parent business concern has engaged in the commercial treating, processing, storage or disposal of hazardous waste in Mississippi for fewer than five (5) years preceding the filing of the application, provide the following information about each sister business concern of the applicant that has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste or hazardous waste within such five-year period:
(Note: Provide a separate page for each sister business concern).

NA
Full name of sister business concern

NA
Business address: street or box number

NA
City, state, zip

NA
Date of establishment

NA
Federal employer identification number

NA
Business telephone number

Are there any environmental violations for disclosed sister business concern listed in Section 7.1 of this form?

☐ Yes ☒ No

Are there any criminal violations for disclosed sister business concern listed in Section 7.2 of this form?

☐ Yes ☒ No

6.3 If neither the applicant nor a parent business concern nor any sister business concern of the applicant has engaged in the commercial treating, processing, storage or disposal of nonhazardous solid waste or hazardous waste within the five-year period preceding the filing of the application, provide the following information about each sister business concern of the applicant that, within such five-year period, has been the subject of any environmental enforcement actions:
(Note: Provide a separate page for each sister business concern).

NA
Full name of sister business concern

NA
Business address: street or box number

NA
City, state, zip

NA
Date of establishment

NA
Federal employer identification number

NA
Business telephone number

List and explain each environmental enforcement action and the name and address of the regulatory agency involved in each action.

NA

Are there any criminal violations for disclosed sister business concern listed in Section 7.2 of this form?
☐ Yes ☒ No

SECTION 7. CIVIL OR CRIMINAL VIOLATIONS

7.1 For any person (including business concerns) listed in this disclosure statement, except those listed in Section 6.3, disclosed chartered lending institutions, any disclosed investment company which is publicly traded and disclosed debt liability holders, provide a listing and explanation of any:

(1) notices of violations
(2) prosecutions
(3) administrative orders (whether by consent or otherwise)
(4) license or permit revocations or suspensions, &
(5) enforcement actions of any other sort,

by any state or federal authority within the five-year period immediately preceding the filing of the application, which are pending or have concluded in a finding of violation or entry of consent agreement regarding any allegation of the civil or criminal violation of any law, regulation or requirement related to the treatment, processing, storage or disposal of nonhazardous solid waste or hazardous waste. Include the name and address of the regulatory agency involved in each action. **(Note: Provide a separate sheet for each person).**

NA

7.2 For each person listed in this disclosure statement, provide an itemized list of any and all final convictions of and pleas of guilty or nolo contendere to any crime punishable as a felony in any jurisdiction within the five-year period immediately preceding the filing of the application.
(Note: Provide a separate sheet for each person).

NA
Name of disclosed person

NA
Jurisdiction in which felony occurred

Description of felony:

NA

SECTION 8. ADDITIONAL INFORMATION

Pursuant to Miss. Code Ann. Section 17-17-503(1)(h), as amended, and Miss. CEQ Disclosure Reg. Section 2.11 (1994), provide any additional information related to the disclosure statement and required by the Mississippi Environmental Quality Permit Board and/or the Mississippi Department of Environmental Quality staff.

NA

SECTION 9. CERTIFICATION AND SIGNATURE

I certify that the information provided in this disclosure statement is a true and correct representation of that which is requested.

EXECUTED, this the 28th day of August, 2026.

Signature

Donald Moran III
Typed Name (as signed)

Member
Title

American Gulf LLC
Applicant

17078 Magnolia Cove Dr
Business Address: street or box number

Pass Christian, MS 39571
City, state, zip

STATE OF Mississippi

COUNTY OF Harrison

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction aforesaid, the within named Donald Moran III, who, after being by me first duly sworn, stated on oath that all of the matters and facts set forth in this disclosure statement are true and correct as herein stated.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 28 day of August, 2026.

Danielle James
Notary Public

My Commission Expires:
4.10.27

10/97 rev.- RF\BADBOY\DISCLOSE.97