AI 72015

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
AUG 26 2026
Dept. of Environmental Quality

Item I.
Facility Name: Patrick Industries, Inc. d/b/a Baymont, Inc. Belmont Facility
Location: (Do Not Use P.O. Box)
Street: 111 Duncan Road
City: Belmont State: MS Zip: 38827
County: Tishomingo
Telephone: (662 454-7993

Item II.
Responsible official after transfer or name change:
Name: Mike Stockton
Title: Business Unit Director
Mailing Address:
Street/P.O. Box: 18
City: Golden State: MS Zip: 38847
Telephone (662) 454-7993 Email: mstockton@baymontbath.com

Item III.
Previous Permittee[1]:
Mailing Address:
Street/P.O. Box:
City: State: Zip:
Telephone: ( )

Item IV.
New Permittee[1]:
Mailing Address:
Street/P.O. Box:
City: State: Zip:
Telephone: ( ) Email:

Item V.
Industrial Activity SIC Code: 3089
Brief Description: Fiberglass tub/shower manufacturer

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: Patrick Industries, Inc. d/b/a Baymont Bathware

Item VIII.
Signature for Name Change
Print Name: ~~Mike~~ Stockton
Authorized Signature[2]:
Title: Business Unit Dir. Date: 8-13-26

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

From:

To: Acquisition Date:

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.

Print New Permittee[1] Name	Print Previous Permittee[1] Name
New Authorized Signature[2]	Previous Authorized Signature[2]
Title / Date	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.

AI 7205

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. MSR000107961

(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: TITLE V PERMIT	Permit Type: STORMWATER GENERAL NPDES PERMIT
Permit/Coverage No.: 2640-00064	Permit/Coverage No.: MSR00233 1
Permit Issuance Date: August 6, 2026	Permit Issuance Date: 12-10-2020
Date of General Permit Coverage:	Date of General Permit Coverage: 10-11-21
Permit Expiration Date: July 31 2031	Permit Expiration Date: 11-30-25
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:	