

# 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.

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Dept of Environmental Quality

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| <p><b>Item I.</b></p> <p>Facility Name: <u>Robert Maxcey Farm</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>Strenghtford Pleasant Grove Rd</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>County: <u>Wayne</u></p> <p>Telephone: (<u>601</u>) <u>498-8073</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Matthew Scott Waller</u></p> <p>Title: <u>Owner</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>155 Scott Waller Dr.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: (<u>601</u>) <u>498-2622</u></p> |                                                                                                                                                                                                      |                                                                                                                                                                                              |
| <p><b>Item III.</b></p> <p>Previous Permittee<sup>1</sup>: <u>William Robert Maxcey</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: _____</p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: (<u>601</u>) <u>498-8073</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Item IV.</b></p> <p>New Permittee<sup>1</sup>: <u>Matthew Scott Waller</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>155 Scott Waller Dr.</u></p> <p>City: <u>Laurel</u> State: <u>MS</u> Zip: <u>39443</u></p> <p>Telephone: (<u>601</u>) <u>498-2622</u></p>                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                              |
| <p><b>Item V.</b></p> <p>Industrial Activity SIC Code: <u>MSG200511</u></p> <p>Brief Description: <u>Broiler Farm</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Item VI.</b></p> <p>Will Facility Operations Change? Yes _____ No <input checked="" type="checkbox"/></p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>                                                                                                                              |                                                                                                                                                                                                      |                                                                                                                                                                                              |
| <p><b>Item VII.</b></p> <p>Will Facility Name Change? Yes <input checked="" type="checkbox"/> No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>Waller Farms No. 2</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Item VIII.</b></p> <p>Signature for Name Change</p> <p>Print Name: <u>Matthew Scott Waller</u></p> <p>Authorized Signature: <u>Matthew Scott Waller</u></p> <p>Title: <u>New Owner</u> Date: <u>10/14/26</u></p>                                                                                                                         |                                                                                                                                                                                                      |                                                                                                                                                                                              |
| <p><b>Item IX.</b></p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: <u>William Robert Maxcey</u></p> <p>To: <u>Matthew Scott Waller</u> Acquisition Date: <u>11/1/2026</u></p> <p>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.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <u>Matthew Scott Waller</u><br/> Print New Permittee<sup>1</sup> Name<br/> <u>Matthew Scott Waller</u><br/> New Authorized Signature<sup>2</sup><br/> <u>New Owner</u><br/> Title<br/> <u>10/14/26</u><br/> Date </td> <td style="width: 50%; text-align: center;"> <u>Robert Maxcey</u><br/> Print Previous Permittee<sup>1</sup> Name<br/> <u>Robert Maxcey</u><br/> Previous Authorized Signature<sup>2</sup><br/> <u>Owner</u><br/> Title<br/> <u>10-14-26</u><br/> Date </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                | <u>Matthew Scott Waller</u><br>Print New Permittee <sup>1</sup> Name<br><u>Matthew Scott Waller</u><br>New Authorized Signature <sup>2</sup><br><u>New Owner</u><br>Title<br><u>10/14/26</u><br>Date | <u>Robert Maxcey</u><br>Print Previous Permittee <sup>1</sup> Name<br><u>Robert Maxcey</u><br>Previous Authorized Signature <sup>2</sup><br><u>Owner</u><br>Title<br><u>10-14-26</u><br>Date |
| <u>Matthew Scott Waller</u><br>Print New Permittee <sup>1</sup> Name<br><u>Matthew Scott Waller</u><br>New Authorized Signature <sup>2</sup><br><u>New Owner</u><br>Title<br><u>10/14/26</u><br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Robert Maxcey</u><br>Print Previous Permittee <sup>1</sup> Name<br><u>Robert Maxcey</u><br>Previous Authorized Signature <sup>2</sup><br><u>Owner</u><br>Title<br><u>10-14-26</u><br>Date                                                                                                                                                   |                                                                                                                                                                                                      |                                                                                                                                                                                              |

<sup>1</sup>A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.

<sup>2</sup>Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.



*State of Mississippi  
Department of Environmental Quality  
Office of Pollution Control*

*Certificate of Permit Coverage*

under Mississippi's Multimedia General Pollution Control Permit with applicable state requirements for a  
Dry Litter Poultry Animal Feeding Operation (DLPAFO)

Be it known

**Robert Maxcey, Broiler Poultry Farm  
Laurel, Mississippi  
Wayne County**

having submitted an acceptable Notice of Intent, is hereby granted this Certificate of Permit Coverage in order to  
operate a AFO poultry operation, to include:

Land Application - All litter to be transferred off site  
Production Area - 3 Poultry Houses

Coverage No: MSG200511  
Date of Coverage: November 30, 2021  
Date Coverage Expires: October 31, 2026

*Krystal Rudolph*  
Chief, Environmental Permits Division

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