PERMIT TRANSFER FORM

| Plea | se select one of the following opt | ions: | | | | | | | | | |
|----------------------------------|---|---|--|-------------------------|----------------|-----------------------------------|---------------------------------------|--|--|--|--|
| A. Permittee (legal name) change | | B. Fa | B. Facility name change | | C. Respor | sible officia | l name change | | | | |
| | A 🔲 B | ⊠ C | | ☐ A & | С | C □ B & C □ | | | | | |
| | PERMIT NUMBER: | ARR00C197 | | AFI | NUMBER: | 07-00212 | | | | | |
| I. | CURRENT PERMITTEE IN | ORMATION | I | | | • | | | | | |
| | Permittee (legal name): | | _6 | eorgia-Pacific W | ood Products L | LC | | | | | |
| | Facility Name: | C | Georgia-Pacific Wood Products LLC - Fordyce OSB Facility | | | | | | | | |
| | Responsible Official Name (see | elow): | Dale Selner | | | | | | | | |
| | Is the permittee identified above, the owner of the facility? | | | ∑ Yes | | | | | | | |
| | If you mark No, please list the r | name of the ow | ner: | | <u></u> | | | | | | |
| п. | NEW PERMITTEE INFORM | ATION | | | | | | | | | |
| | Permittee (legal name): | _(| Georgia-Pacific Wood Products LLC | | | | | | | | |
| | Facility Name (if different from | me):(| Georgia-Pacific Wood Products LLC – Fordyce OSB Facility | | | | | | | | |
| , | Is the permittee identified above | the facility? | ⊠ Yes 🔲 1 | No | | | | | | | |
| | If you mark No, please list the r | | | | | | | | | | |
| | Responsible Official Name (see Section IV below): Chris Morton | | | | | | | | | | |
| | Official Title of Responsible Officer: Plant Manager | | | | | Owner T | ype: | | | | |
| | Permittee Address: #1 Georgia-Pacifi | | | Drive STATE PARTNERSHIP | | | | | | | |
| | Permittee City: Fordyce | | | | FEDER | - _ □ FEDERAL · □ CORPORATION* | | | | | |
| | Permittee State: | AR | Zip: _7 | 1742 | SOLE | PROPRIETO | DRSHIP | | | | |
| | Permittee Telephone No.: | 870 |)-352-6619 | | | | | | | | |
| | Is the new permittee registered with the Arkansas Secretary of State? If yes, please provide the full name of corporation if different than the legal permittee name listed above. | | | | | | | | | | |
| | Facility Mailing Address: I | P.O. Box 1095 | | Facility Cit | ty: Fordyce | ; | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | · | | | | 71742 | | | | |
| ` | Facility State: AR Zip: 71742 Facility Contact Person Name: Dewayne Henry Contact Person Title: Environmental Manager | | | | | | | | | | |
| | Telephone Number: 870-352-6624 Fax Number: 870-352-6613 E-mail: edhenry@gapac.com | | | | | | | | | | |
| | Georgia-Pacific Infinium (Building Products) | | | | | | | | | | |
| | Invoice Contact Person: c/o GP Financial Management LLC City: El Paso | | | | | | | | | | |
| | Invoice Mailing Address: |). Box 981974 | | State: TX | Z | ip: <u>79998-1974</u> | | | | | |
| | Invoice Mailing Address: | | | Tel | ephone: | 866-9 | 24-1397 | | | | |
| | Cognizant Official Name: | ognizant Official Name: Cognizant Official Title: | | | | | | | | | |
| | | | | | | | | | | | |

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880 www.adeq.state.ar.us Revision Date: 10/23/2008

PERMIT TRANSFER FORM

| Telephone Number: | | Fax Number: | | E-mail: | E-mail: | | |
|---|---|---|---|--|---|--|--|
| | · | | | | - | | |
| m. | OWNERSHIP C | HANGE AGREEMENT | | | | | |
| Please no | te you must complet | e this Section (III.) only if the permit | has a new own | er or a new ownership. | | | |
| Please spe | ecify the closing date | for this transaction: | | | 1 | | |
| Current | Permittee (Seller): | · | | | | | |
| | Signature of Respo | onsible Corporate Officer: | | | | | |
| | Title of Responsib | le Corporate Officer: | | <u></u> | | | |
| | Printed Name of R | esponsible Corporate Officer: | | | | | |
| | Date: | | - - | | | | |
| New Per | rmittee (Buyer): | | | | · | | |
| | Signature of Respo | onsible Corporate Officer: | | | · | | |
| | Title of Responsib | le Corporate Officer: | | | | | |
| | Printed Name of R | esponsible Corporate Officer: | | | | | |
| | Date: | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | |
| Please not Assurance Land Use For land | e before the permit ma e Contract: application permits | you must submit a new land use contr | acts for all the s | ites permitted under the c | | | |
| | n. The new land use a | contract must be signed by the new peri | mittee and land (| owner. | | | |
| "I ce repre Depa were gathe perso and o | ertify that the cognizate esentative under the properties will accept re- prepared under my der and evaluate the in- ters directly responsib | nt official designated in this Permit Travovisions of 40 CFR Part 122.22(b). If aports signed by the applicant. I certification or supervision in accordance we formation submitted. Based on my incle for gathering the information submite that there are significant penalties for | no cognizant of under penalty ith a system des purity of the persitted is, to the b | ficial has been designated of law that this document igned to assure that qualif on or persons who managest of my knowledge and | I, I understand that the nt and all attachments ied personnel properly the the system, or those belief, true, accurate, | | |
| chang specif | ges that warrant a peri | here will be no operational changes the mit modification, then you must subminit modification fee along with this Own | t a complete app | olication, updated plans, d | lesign calculations and | | |
| Typ | ped or Printed Name: | Chris Morton | Title: | Plant Manager | | | |
| 7- | Signature: | (This Wtota | Date: | 11/2/15 | | | |
| | | | | | | | |

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

www.adeq.state.ar.us



Georgia-Pacific

Structural Panels P.O. Box 1095 Fordyce, AR 71742



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Arkansas Department of Environmental Quality Water Division, General Permits Section 5301 Northshore Drive North Little Rock, AR 72118-5317