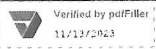


### Environmental Permits for Industrial Facilities Request for Transfer of Permit, General Permit Coverage and/or Name Change

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.

<p><b>Item I.</b></p> <p>Facility Name: <u>Virginia Ridge Subdivision</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>12140 Canal Road</u></p> <p>City: <u>Gulfport</u> State: <u>MS</u> Zip: <u>39532</u></p> <p>County: <u>Harrison</u></p> <p>Telephone: ( ) _____</p>	<p><b>Item II.</b></p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Brian Kittrell</u></p> <p>Title: <u>Assistant Secretary</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1641-B Popp's Ferry Road</u></p> <p>City: <u>Biloxi</u> State: <u>MS</u> Zip: <u>39532</u></p> <p>Telephone: <u>228-239-5449</u> Email: <u>bkittrell@drhorton.com</u></p>
<p><b>Item III.</b></p> <p>Previous Permittee<sup>1</sup>: <u>Gulf Coast Development and Design LLC</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>919 2nd Street</u></p> <p>City: <u>Gulfport</u> State: <u>MS</u> Zip: <u>39501</u></p> <p>Telephone: <u>228-596-4471</u></p>	<p><b>Item IV.</b></p> <p>New Permittee<sup>1</sup>: <u>DR Horton, Inc.</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>1641 B-Popp's Ferry Road</u></p> <p>City: <u>Biloxi</u> State: <u>MS</u> Zip: <u>39532</u></p> <p>Telephone: <u>228-239-5449</u> Email: <u>bkittrell@drhorton.com</u></p>
<p><b>Item V.</b></p> <p>Industrial Activity SIC Code: <u>1521</u></p> <p>Brief Description: <u>Vertical construction of single family residential homes</u></p>	<p><b>Item VI.</b></p> <p>Will Facility Operations Change? Yes <input type="checkbox"/> 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 <input type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: <u>DR Horton - Virginia Ridge</u></p>	<p><b>Item VIII.</b></p> <p>Signature for Name Change</p> <p>Print Name: <u>Brian Kittrell</u></p> <p>Authorized Signature<sup>2</sup>: _____</p> <p>Title: <u>Assistant Secretary</u> Date: _____</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>Gulf Coast Development and Design, LLC</u></p> <p>To: <u>DR Horton, Inc.</u> Acquisition Date: _____</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>	
<p><u>Brian Kittrell</u></p> <p>Print New Permittee<sup>1</sup> Name</p> <p><u>Brian Kittrell</u></p> <p>New Authorized Signature<sup>2</sup></p> <p><u>Assistant Secretary</u> <u>11/13/23</u></p> <p>Title Date</p>	<p><u>Kenneth Jones</u></p> <p>Print Previous Permittee<sup>1</sup> Name </p> <p><u>[Signature]</u></p> <p>Previous Authorized Signature<sup>2</sup></p> <p><u>Developer</u> <u>11/13/23</u></p> <p>Title Date</p>

<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 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**

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input checked="" 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 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>
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**Item XII. Permit(s) and/or Coverage(s) to be Transferred**

<p>Permit Type: <u>Large Construction Stormwater</u></p> <p>Permit/Coverage No.: <u>MSR108837</u></p> <p>Permit Issuance Date: <u>January 12, 2023</u></p> <p>Date of General Permit Coverage: <u>January 12, 2023</u></p> <p>Permit Expiration Date: <u>January 31, 2027</u></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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<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>	<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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<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>	<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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<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>	<p>OTHER INFORMATION:</p>
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