Rec'd via email: 12/03/2024

## AI: 78563

## **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 price	or to the actual transfer.	
Item I.	Item II.	-	
Facility Name: D.R. Horton - Palm Point		Responsible official after transfer or name change:	
Location: (Do Not Use P.O. Box)	Name: Joey Spear		
Street: Greyhound Way & Hamill Farm Rd	Title: Managing Memeber	Title: Managing Memeber	
City: Ocean Springs State: MS Zip: 3956	Mailing Address: Street/P.O. Box: 4263 Pc	Street/P.O. Box: 4263 Popp's Felly Road	
County: Jackson		State: MS zip: 36540	
Telephone: ()	Telephone (228-365-4667	Email: joey@greatergulfgc.com	
Item III.	Item IV.		
Previous Permittee: D.R. Horton, Inc Gulf Coast	New Permittee <sup>1</sup> : Greater Gulf	New Permittee : Greater Gulf Development	
Mailing Address:	Mailing Address:		
Street P.O. Box: 1641-B Popp's Ferry Road	Street/P.O. Box: 4263 Pc	Street/P.O. Box: 4263 Popp's Ferry Road	
City: Biloxi State: MS Zip: 3953	32 City: D'Iberville	State: MS Zip: 36540	
Telephone: (228-239-5449	Telephone: (228-365-4997	Email: joey@greatergulfgc.com	
Item V. Industrial Activity SIC Code: 6552	Item VI.		
	Will Facility Operations Change?	res No No	
Brief Description: Land development	If yes, the appropriate applications an to change.	d permits may require modification prior	
Item VII.	Item VIII.		
Will Facility Name Change? Yes No No	Signature for Name Change		
If Yes, Provide New Name for Permit Coverage.	Print Name: Joey Spear		
New Name: Palm Point	Authorized Signature <sup>2</sup> :	Authorized Signature <sup>2</sup> :	
	Title: Managing Member	Date: 11/12/2024	
Item IX.  We the undersigned request transfer of permit(s) and/or	permit coverage(s) listed on the backside o	f this form.	
From: D.R. Horton, Inc Gulf Coast			
To: Greater Gulf Development	Acquisition Date	e:	
By signature below, the recipient certifies that: 1) they are awar Board it has the financial resources and operational expertise and this document. By signature below, the previous permittee is retained that the previous permittee is retained to the permit (s) or permit coverage(s) will be by we submittal of information regarding financial capability and past of the permit permit in the permitter of the permit	d 3) agrees to accept responsibility and liability to questing that the permit(s) and/or permit coverage ritten notification from the Office of Pollution Co	for the permit(s) listed on the back of te(s) be transferred to the recipient.	
Greater Gulf Development	D.R. Horton, Inc Gulf Co	past	
Print New Permittee' Name	Print Previous Permittee Name		
AKA	Brian Kittrell		
New Authorized Signature2	Previous Authorized Signature <sup>2</sup>		
Managing Member No.	1/28/2024 Assistant Secretary	12/2/24	
Title Date	Title	Date	
A Permittee is a company or individual that has been issued an indiv Authorized Signature must be owner or in the case of a corporation,	ridual permit or coverage under a general permit. a corporate officer as defined in Regulations 11 Miss.	Admin. Code Pt. 2, Ch. 2 and Pt. 6, Ch. 1	

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## Mississippi Department of Environmental Quality/Office of Pollution Control P.O. Box 2261

## Jackson, Mississippi 39225-2261 (601) 961-5171

Item X. Storm Water	Item XI. Hazardous Waste ID Number
(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.	(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.
	Coverage(s) to be Transferred
Permit Type: Large Construction Stormwater	Permit Type:
Permit Coverage No.: MSR108594	Permit/Coverage No.:
Permit Issuance Date: 8/26/2022	Permit Issuance Date:
Date of General Permit Coverage: 8/26/2022	Date of General Permit Coverage:
Permit Expiration Date: 1/31/2027	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:	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:	