Rec'd via email: 12/11/2024

AI 79752

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.

Item I.	Item II.	
Facility Name: Serenity Lakes	Responsible official after transfer or name change:	
Location: (Do Not Use P.O. Box)	Name: MS Developers, LLC Attn: Nick Gullette	
Street: Old Brandon Road	Title: Manager	
City: Pearl State: MS Zip: 39042	Mailing Address: Street/P.O. Box: P.O.	Box 5081
County: Rankin		State: MS Zip: 39042
Telephone: ()	Telephone (601) 862-0883	
Item III.	Item IV.)
Previous Permittee ¹ : Old Brandon 40, LLC	New Permittee ¹ : MS Developers, LLC	
Mailing Address:	Mailing Address:	
Street/P.O. Box:	Street/P.O. Box: <u>P.O. Box 5081</u>	
City: State: Zip:	_ City: Brandon	State: MS Zip: 39042
Telephone: ()	Telephone: (601) 862-08	883
Item V. Industrial Activity SIC Code:	Item VI.	
	Will Facility Operations Change? Yes No	
Brief Description: A signle family residential development was sold	If yes, the appropriate applications and permits may require modification prior to change.	
Item VII.	Item VIII.	
Will Facility Name Change? YesNo	Signature for Name Change	
If Yes, Provide New Name for Permit Coverage.	Print Name:	
New Name:	Authorized Signature ² :	
	Title:	Date:
Item IX. We the undersigned request transfer of permit(s) and/or permi	t coverage(s) listed on the backsi	de of this form.
From: Old Brandon 40, LLC		
To: MS Developers, LLC		Data
10; MB Bevelopers, BEE	Acquisition	Date:
By signature below, the recipient certifies that: 1) they are aware of the Board it has the financial resources and operational expertise and 3) agithis document. By signature below, the previous permittee is requesting. The transfer of the permit(s) or permit coverage(s) will be by written no submittal of information regarding financial capability and past compliance.	rees to accept responsibility and liabi g that the permit(s) and/or permit cov otification from the Office of Pollution	ility for the permit(s) listed on the back of verage(s) be transferred to the recipient.
Nick Gullette	Mike Love	
Print New Permittee ¹ Name	Print Previous Permittee ¹ Nat	me
Nick Gullette Nick Gullette (Dec 11, 2024 10:38 CST)	midael R. Love	
New Authorized Signature ²	Previous Authorized Signatu	nre ²
	3.4	12 10 24
Manager	Manager	12-10-24

O.C

Mississippi Department of Environmental Quality/Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225

(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. Item XII. Permit(s) and/or CPP Permit Type: Large Construction Storm Water	EPA ID No (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:	
Permit/Coverage No.: MSR108459	Permit/Coverage No.:	
Permit Issuance Date: August 12, 2022	Permit Issuance Date:	
Date of General Permit Coverage:	Date of General Permit Coverage:	
Permit Expiration Date: January 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:		
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