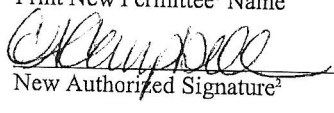
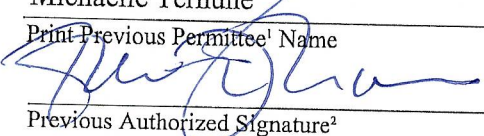


Environmental Permits for Industrial Facilities

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>Item I.</p> <p>Facility Name: <u>The Villages at Southbranch Phase 1</u></p> <p>Location: (Do Not Use P.O. Box)</p> <p>Street: <u>0 Pleasant Hill Rd</u></p> <p>City: <u>Olive Branch</u> State: <u>MS</u> Zip: <u>38654</u></p> <p>County: <u>DeSoto</u></p> <p>Telephone: <u>(901) 730-1140</u></p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: <u>Carrie Campbell</u></p> <p>Title: <u>Division Stormwater Compliance Specialist</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>8295 Tournament Dr. Suite 310</u></p> <p>City: <u>Memphis</u> State: <u>TN</u> Zip: <u>38125</u></p> <p>Telephone: <u>(901) 481-9116</u> Email: <u>CACampbell@drhorton.com</u></p>
<p>Item III.</p> <p>Previous Permittee¹: <u>Southbranch Development, LLC</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>5055 Pleasant View Rd</u></p> <p>City: <u>Memphis</u> State: <u>TN</u> Zip: <u>38134</u></p> <p>Telephone: <u>(901) 730-1104</u></p>	<p>Item IV.</p> <p>New Permittee¹: <u>D.R. Horton, Inc.</u></p> <p>Mailing Address:</p> <p>Street/P.O. Box: <u>8295 Tournament Dr. Suite 310</u></p> <p>City: <u>Memphis</u> State: <u>TN</u> Zip: <u>38134</u></p> <p>Telephone: <u>(901) 481-9116</u> Email: <u>CACampbell@drhorton.com</u></p>
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description: <u>Construction of single-family residential homes on finished lots.</u></p>	<p>Item VI.</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>Item VII.</p> <p>Will Facility Name Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>
<p>Item IX.</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>Southbranch Development, LLC</u></p> <p>To: <u>D.R. Horton, Inc-Memphis</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>Carrie Campbell</u></p> <p>Print New Permittee¹ Name</p> <p></p> <p>New Authorized Signature²</p> <p><u>Division Stormwater Compliance Speci</u></p> <p>Title</p> <p><u>11/9/2023</u></p> <p>Date</p>	<p><u>Michaëlle Terhune</u></p> <p>Print Previous Permittee¹ Name</p> <p></p> <p>Previous Authorized Signature²</p> <p><u>Managing Director</u></p> <p>Title</p> <p><u>11/13/23</u></p> <p>Date</p>

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

²Authorized 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.

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 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 checked="" 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. <u>N/A</u></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>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>Construction Storm Water</u></p> <p>Permit/Coverage No.: <u>MSR108721</u></p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: <u>06/23/2022</u></p> <p>Permit Expiration Date: <u>1/31/2027</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>
<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>
<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>
<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>