## MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT Coverage No. MSR10 7655 County Desoto



## INSTRUCTIONS

(check all that apply). This form	a should be submitted with a modified Storm	l Quality at least 30 days in advance of the following activities m Water Pollution Prevention Plan (SWPPP), updated USGS atter collection and treatment information, as appropriate.
SWPPP details have bee	a developed and are ready for MDEQ review	for subsequent phases of an existing, covered project.
Footprint" identified in	the original LCNOI is proposed to be enlarge	ged.
of new phases of existing subdivis Coverage recipients are authoriz phases, under the conditions of th	tions must apply for separate permit coveraged to discharge storm water associated with the General Permit, only upon receipt of written	i's Large Construction General Permit. A different developer ge through the submittal of a new complete LCNOI package in proposed expansions of existing subdivisions or subsequent en notification of approval by MDEQ. All other modifications with ACT6, S-1 (6) and S-2 (7) of the General Permit.
ALL IN	FORMATION MUST BE COMPLETED (in	ndicate "N/A" where not applicable)
	COVERAGE RECIPIENT IN	NFORMATION
COVERAGE RECIPIENT CON	FACT NAME: JERRY Cham	16/155 TEL#(612)349-5905
COMPANY NAME: Bb.	1 CAND Company L	16
STREET OR P.O. BOX: 654	O Swinnea Road Bu	LOG.38
CITY: Southaven	STATE: <u>M/S</u> ZIP: <u>3</u>	18671 EMAIL Jerry @Chambles builde
	PROJECT INFORMA	ATION
PROJECT NAME: RANC	h Meadows Sec "I	H
CITY: WALLS		
ADDITIONAL ACREAGE TO E	E DISTURBED: 14.05 AC	TOTAL PROJECT ACREAGE: 31.05
with a system designed to assur inquiry of the person or person information submitted is, to the	e that qualified personnel properly gatheres s who manage the system, or those person	e prepared under my direction or supervision in accordance ed and evaluated the information submitted. Based on my ons directly responsible for gathering the information, the courate and complete. I am aware that there are significant and imprisonment for knowing violations.
Mens Com la		4/22/2020
Signature (must be signed by coverage recipient)		Date
JERRY CHAMBUSS Printed Name		member (mgr.)
Please submit this form to:	Chief, Environmental Permits Division MS Department of Environmental Quality, Offic P.O. Box 2261 Jackson, Mississippi 39225	ce of Pollution Control

MAY 0 6 2020

Revised: 12/12/16