AH: 73847

## MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT Coverage No. MSR10 7 7 3 6 County Desoto



## **INSTRUCTIONS**

(check all that apply). This form	should be submitted with a modified S	ntal Quality at least 30 days in advance of the follow form Water Pollution Prevention Plan (SWPPP), up water collection and treatment information, as appr	dated USGS
<u> </u>	그 이번 문화를 하게 하게 하는 사람들이 얼굴하셨다.	iew for subsequent phases of an existing, covered pro	
보이 프레 다리 레이션 개	the original LCNOI is proposed to be en	그렇게 되면 그렇게 하면 하면 하루에 살려서 하고 그들의 것.	
나이다고 봤었다. 백화 계약 다음		강한 기업 보다는 기업이 보는 그래요 함께 되었는 것이다. 강한 기업 보다는 기업 기업 기업 기업 기업 기업 기업	
of new phases of existing subdivis Coverage recipients are authorizents, under the conditions of the	ilons must apply for separate permit coved to discharge storm water associated to General Permit, only upon receipt of w	app's Large Construction General Permit. A difference of the difference of the submittal of a new complete LCN with proposed expansions of existing subdivisions of the notification of approval by MDEO. All other named the with ACT6, S-1 (6) and S-2 (7) of the General Permits of the General Permits Large o	VOI package. r subsequent nodifications,
ALLIN	FORMATION MUST BE COMPLETE	) (Indicate "N/A" where not applicable)	
	COVERAGE RECIPIENT		
COVERAGE RECIPIENT CON	FACT NAME: Robert Davis		j51
COMPANY NAME: Miller Fa	rms LLC		
STREET OR P.O. BOX: 190 N	lotor Scooter Drive		
CITY: Nesbit	STATE: MS ZIP	38651 E-MAIL: rdavis8446@aol.com	n
	PROJECT INFO	RMATION	
PROJECT NAME: Camp Cr	eek Development		
CITY: Hernando			
	BE DISTURBED: +/- 70	TOTAL PROJECT ACREAGE: +/- 147	
with a system designed to assuring inquiry of the person or person information submitted is, to the	the that qualified personnel properly gates who manage the system, or those posts of my knowledge and belief, true	vere prepared under my direction or supervision in the hered and evaluated the information submitted. It ersons directly responsible for gathering the information and complete. I am aware that there are and imprisonment for knowing violations.	Based on my ormation, the
Signature (drust be signed by coverage recipient)		<del>1-21-21</del> Date	
Signature equium of argued by co	verage recipient)	Date	
Robert Davis		Owner	
Printed Name	The second secon	Title	
Please submit this form to:	Chief, Environmental Permits Division MS Department of Environmental Quality, P.O. Box 2261 Jackson, Mississippi 39225	Office of Pollution Control	

Revised: 12/12/16