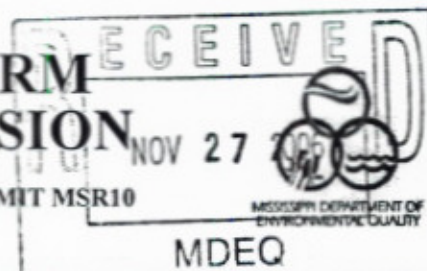


AL #15775

GP20060002

# MAJOR MODIFICATION FORM FOR RESIDENTIAL SUBDIVISION

LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10



## INSTRUCTIONS

MDEQ

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the "footprint" of an existing subdivision or add subsequent phases. This form and a modified Storm Water Pollution Prevention Plan (SWPPP), including COE 404, dam safety, and wastewater collection and treatment information, must be submitted when:

- SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered subdivision
- The foot print identified in the original SWPPP is proposed to be enlarged

This form must be signed by the original coverage recipient under Mississippi's Large Construction Storm Water General Permit. A different developer of new phases of existing subdivisions must apply for separate permit coverage. Coverage recipients are authorized to discharge storm water associated with proposed expansions of existing subdivisions or subsequent phases, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ. All other modifications, such as changes of erosion and sediment controls used, must be in accordance with ACT 7, S-I (4) of Mississippi's Large Construction Storm Water General Permit.

## COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: Tom CogginsCOMPANY NAME: The Chattel Group, LLCSTREET OR P.O. BOX: 31 Hegwood RoadCITY: Hattiesburg STATE: MS ZIP: 39402

PHONE # (INCLUDE AREA CODE): \_\_\_\_\_

## PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: MSR10 4060ADDITIONAL ACREAGE TO BE DISTURBED: 25.04 AcresPROJECT NAME: Le Papillon Subdivision, Phase VCITY: Hattiesburg COUNTY: Lamar

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (must be signed by coverage recipient)

Date

11-21-06

Printed Name

Title

THOMAS M. LOGGINSOPERATIONS MANAGER

Please submit this form to:

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 10385  
Jackson, Mississippi 39289-0385