



MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT Coverage No. MSR10 3 2 0 8 County Lafayette



INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environme (check all that apply). This form should be submitted with a modified S topographic map, Corps of Engineers Section 404 documentation and was	ental Quality at least 30 days in advance of the following activities
SWPPP details have been developed and are ready for MDEQ re	
"Footprint" identified in the original LCNOI is proposed to be en	
This form must be signed by the current coverage recipient under Mississ of new phases of existing subdivisions must apply for separate permit coverage recipients are authorized to discharge storm water associated phases, under the conditions of the General Permit, only upon receipt of words such as changes of erosion and sediment controls used, must be in accordance.	verage through the submittal of a new complete LCNOI package. with proposed expansions of existing subdivisions or subsequent ritten notification of approval by MDEO. All other modifications.
ALL INFORMATION MUST BE COMPLETED (judicate "N/A" where not applicable)	
COVERAGE RECIPIEN	TINFORMATION
COVERAGE RECIPIENT CONTACT NAME: Lee Marquis COMPANY NAME: Summit Land and Development, LLC STREET OR P.O. BOX: P.O. Box 2489	TEL#(662) 816-8601
COMPANY NAME: Summit Land and Development, LLC	
STREET OR P.O. BOX: P.O. Box 2489	
CITY: Oxford STATE: MS ZIP	: 38655 E-MATC: leemarquis9@gmail.com
PROJECT INFO	RMATION
PROJECT NAME: TAYLOR-GREENE SUBDIVISION - Phas	se VII
CITY: Taylor	
ADDITIONAL ACREAGE TO HE DISTURBED: 11.1	TOTAL PROJECT ACREAGE: 35.5
I certify under penalty of law that this document and all attachments with a system designed to assure that qualified personnel properly gat inquiry of the person or persons who manage the system, or those penformation submitted is, to the best of my knowledge and belief, true penalties for submitting false information, including the possibility of false.	thered and evaluated the information submitted. Based on my persons directly responsible for gathering the information, the
Signature (must be signed by coverage recipient)	04/10/2017
Signature (must be signed by coverage recipient)	Date
Lee Marquis	owner/manager
Printed Name	Title

Please submit this form to:

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, Mississippi 39225

Revised: 12/12/16