AI 23961

MAJOR MODIFICATION FORM
FOR LARGE CONSTRUCTION GENERAL PERMIT
Coverage No. MSR10 7609 County HARRISON

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality at least 30 days in advance of the following activities (check all that apply). This form should be submitted with a modified Storm Water Pollution Prevention Plan (SWPPP), updated USGS topographic map, Corps of Engineers Section 404 documentation and wastewater collection and treatment information, as appropriate.

☐ **SWPPP details have been 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 enlarged.**

This form must be signed by the current coverage recipient under Mississippi's Large Construction General Permit. A different developer of new phases of existing subdivisions must apply for separate permit coverage through the submittal of a new complete LCNOI package. 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 MDEQ. All other modifications, such as changes of erosion and sediment controls used, must be in accordance with ACT6, S-1 (6) and S-2 (7) of the General Permit.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT NAME: JARED C. RIECKE TEL # (985) 892-1545

COMPANY NAME: CASTINE POINTE, LLC.

STREET OR P.O. BOX: 17940 PAINTERS ROW

CITY: COVINGTON STATE: LA ZIP: 70435 E-MAIL: JAY@RIECKEANDASSOC.COM

PROJECT INFORMATION

PROJECT NAME: CASTINE POINTE - PHASE II

CITY: LONG BEACH

ADDITIONAL ACREAGE TO BE DISTURBED: 46.89 ac. TOTAL PROJECT ACREAGE: 97.89 ac.

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 8/7/19

JARED C. RIECKE Printed Name

PRESIDENT 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

RECEIVED
AUG 09 2019
BY:

Revised: 12/12/16