## **MAJOR MODIFICATION FORM** FOR LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 7 1 8 9 County Madison

| INSTRUCTIONS  |  |  | ENVIRONMENTAL OLIALITY   |
|---|--|--|--|
| 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 d   | eveloped and are ready for MD  | EQ review for subseq   | uent phases of an existing, covered project.   |
| "Footprint" identified in the original LCNOI is proposed to be enlarged.  |  |  |  |
| of new phases of existing subdivision<br>Coverage recipients are authorized<br>phases, under the conditions of the G  | is must apply for separate per<br>to discharge storm water asso<br>eneral Permit, <u>only upon recei</u> | mit coverage through<br>ciated with proposed<br>pt of written notificati | onstruction General Permit. A different developer the submittal of a new complete LCNOI package. expansions of existing subdivisions or subsequent on of approval by MDEQ. All other modifications, S-1 (6) and S-2 (7) of the General Permit. |
| ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)   |  |  |  |
|   | COVERAGE RECI  | PIENT INFORMA  | ATION  |
| COVERAGE RECIPIENT CONTA  | CT NAME: J. Blake Cress  |  | TEL#(601) 427-9996   |
| COMPANY NAME: Stillhouse  | Creek, LLC   |  |  |
| STREET OR P.O. BOX: PO Box  | 1260   |  |  |
| STREET OR P.O. BOX: PO Box CITY: Ridgeland  | STATE: MS  | ZIP: 39110   | E-MAIL: blake@cresscre.com   |
|   |  | NFORMATION   |  |
| PROJECT NAME: Woodscape   | of Oakfield, Phase 4   |  |  |
| cray Canton   |  |  |  |
| ADDITIONAL ACREAGE TO BE  | DISTURBED: +/- 15  | тот  | AL PROJECT ACREAGE: +/- 86   |
| 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 |  |  |  |
| J. Blake Cress  |  |  | Managing Member  |
| Printed Name  |  |  | Title  |
| Please submit this form to:   | Chief, Environmental Permits Divi<br>MS Department of Environmental<br>P.O. Box 2261                     |  | n Control  |

Revised: 12/12/16

Jackson, Mississippi 39225