

AI: 67304

Rec'd via email:  
03/07/2025



# MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 \_\_\_\_\_ County \_\_\_\_\_

## INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality (MDEQ) 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 being submitted for MDEQ review for subsequent phases of an existing project.
- "Footprint" identified in the original LCNOI is proposed to be changed.

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)

## CURRENT COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT NAME: \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

IS THE APPLICANT DIFFERENT FROM THE CURRENT COVERAGE HOLDER?      YES      NO

## PREPARER/CONSULTANT INFORMATION (Complete if prepared by someone other than applicant.)

PREPARER/CONSULTANT CONTACT NAME: \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET OR P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAY MDEQ CORRESPOND DIRECTLY WITH THE PREPARER / CONSULTANT REGARDING THE PROPOSED PROJECT / MODIFICATION?      YES      NO

## SITE INFORMATION

PROJECT NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ TRIBAL LAND ID (N/A If not applicable): \_\_\_\_\_

**Latitude / Longitude Collected at Project Entrance or Construction Start Point:**

LATITUDE: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds      LONGITUDE: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds

LAT & LONG COLLECTION METHOD (e.g., GPS, Map Interpolation): \_\_\_\_\_

REDUCTION IN ACREAGE: \_\_\_\_\_      ADDITIONAL ACREAGE TO BE DISTURBED: \_\_\_\_\_

TOTAL PROJECT ACREAGE: \_\_\_\_\_      ESTIMATED CONSTRUCTION END DATE: \_\_\_\_\_

O.C

**IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.)**       YES       NO

**IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.**

- Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications cannot be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.
- Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date: \_\_\_\_\_.)
- Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.
- Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.

**INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY:**

**NEAREST NAMED RECEIVING STREAM:** \_\_\_\_\_

**IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on MDEQ's web site: <https://www.mdeq.ms.gov/water/surface-water/tmdl/>)**       YES       NO

**HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?**       YES       NO

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.

*Rebecca McGrew*

\_\_\_\_\_  
Signature (must be signed by coverage recipient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Please submit this form to: Chief, Environmental Permits Division  
Office of Pollution Control  
MS Department of Environmental Quality  
P.O. Box 2261  
Jackson, Mississippi 39225

Electronically: <https://www.mdeq.ms.gov/construction-stormwater/>