

AI #64394

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MAJOR MODIFICATION FORM
FOR LARGE CONSTRUCTION GENERAL PERMIT
Coverage No. MSR10 7 6 8 5 County Forrest



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 (4) and (5) of the General Permit.

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

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT NAME: Kendrick L. Cager, COL, EN, MSARNG TEL # (601) 313-6230

COMPANY NAME: Mississippi Military Department

STREET OR P.O. BOX: 1410 Riverside Drive

CITY: Jackson

STATE: MS

ZIP: 39202

PROJECT INFORMATION

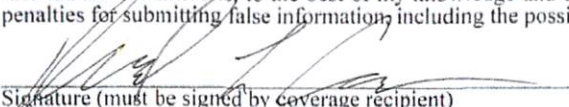
PROJECT NAME: Camp Shelby Sanitary Sewer Replacement - Phase 9

CITY: Camp Shelby, MS

ADDITIONAL ACREAGE TO BE DISTURBED: N/A

TOTAL PROJECT ACREAGE: Approx. 165 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)

18 Nov 20
Date

Kendrick L. Cager
Printed Name

Constr. and Facilities Mgt Officer.
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: 12/16/10



PRIME CONTRACTOR CERTIFICATION

LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 7 6 8 5 County Forrest

(Fill in your Certificate of Coverage Number and County)



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

By completing and submitting this form to MDEQ, the prime contractor is certifying that (1) they have operational control over the erosion and sediment control specifications (including the ability to make modifications to such specifications) or (2) they have day-to-day operational control of those activities at the site necessary to ensure compliance with the SWPPP and applicable permit conditions.

The owner(s) of the property and the prime contractor associated with regulated construction activity on the property have joint and several responsibility for compliance with the permit. Notwithstanding any permit condition to the contrary, the coverage recipient and any person who causes pollution of waters of the state or places waste in a location where they are likely to cause pollution of any waters of the state shall remain responsible under applicable federal and state laws and regulations and applicable permits.

PRIME CONTRACTOR INFORMATION

PRIME CONTRACTOR CONTACT PERSON: Mack Lister PHONE NUMBER: (601) 582-1600

PRIME CONTRACTOR COMPANY: CB Developers, Inc.

PRIME CONTRACTOR STREET (P.O. BOX): 1716 Evelyn Gandy Parkway

PRIME CONTRACTOR CITY: Hattiesburg STATE: MS ZIP: 39401

OWNER INFORMATION

OWNER CONTACT PERSON: Kendrick L. Cager, COL, EN, MSAP PHONE NUMBER: (601) 313-6230

OWNER COMPANY NAME: Mississippi Military Department

PROJECT INFORMATION

PROJECT NAME: Camp Shelby Sewer Replacement - Phase 9

DESCRIPTION OF CONSTRUCTION ACTIVITY: Construction of gravity and force mains, pump stations and all related appurtenances, erosion control, seeding, mulching, and fertilizing.

PHYSICAL SITE ADDRESS (If the physical address is not available indicate the nearest named road. For linear projects, indicate the beginning of the project and identify all counties the project traverses.)

STREET: North of Lee Ave and between 19th Street to 34th Street

CITY: Camp Shelby COUNTY: Forrest

I certify that I am the prime contractor for this project and will comply with all the requirements in the above referenced general NPDES permit. I further 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]
Prime Contractor Signature¹

11-12-2020
Date Signed

Mack Lister
Printed Name¹

Project Manager
Title

¹This application shall be signed as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

This Prime Contractors Certification form shall be submitted to:

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

Revised: 12//16/10