MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT Coverage No. MSR10 8 4 1 9 County Madison



INSTRUCTIONS ENWONMENIA COMMY 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.								
X 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: Chad Robinson TEL # (601) 373-9373								
COMPANY NAME: Arrowhead Investments, LIC								
STREET OR P.O. BOX: 4568 North Siwell Road								
CITY: Jackson STATE: MS ZIP: 39212 E-MAIL:								
IS THE APPLICANT DIFFERENT FROM THE CURRENT COVERAGE HOLDER? YES NO								
PROJECT INFORMATION								
PROJECT NAME: Kadisonville, Phase 2								

FACILITY SITE TRIBAL LAND ID (N/A If not applic	cable):n/a
LATITUDE: 32 degrees 31 minutes 00 seconds	LONGITUDE: 90 degrees 00ninutes 19 seconds
LAT & LONG DATA SOURCE (GPS (Please GPS Project	ect Entrance/Start Point) or Map Interpolation): map interpolation
REDUCTION IN ACREAGE: ADDITIONAL ACREAGE TO BE DISTURBED:	33 TOTAL PROJECT ACREAGE: 67

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

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 can not 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.

Canton

CITY:

Collection and Treatment from MDEQ or indicate the date	System will be Constructed the application was submi	. Please attach tted to MDEQ	a copy of the co (Date:	ver of	the NF	PDES d)	ischa	rge permit
☐ Individual Onsite Wastews General Acceptance from the M that the platted lots should supp	ississippi State Department	of Health or co	ertification from	Please 1 a regi	attach istered	a copy profes	of the	e Letter of d engineer
☐ Individual Onsite Wastews feasibility of installing a central from MDEQ concerning the feasthen please attach a copy of the registered professional engineer	sewage collection and treat sibility study must be attacl Letter of General Acceptan	ment system m ned. If a centra ce from the Sta	ust be made by i il collection and ite Department (MDEQ waster of Heal). A co water : lth or	opy of t system certific	the re is not ation	esponse t feasible, from a
INDICATE ANY LOCAL STOI Madison County Sto	RM WATER ORDINANCI rm Water Ordinance	E WITH WHIC	CH THE PROJE	CT M	UST (COMPI	LY:	
						-		
NEAREST NAMED RECEIV	ING STREAM: Lit	tle Bear C	reek					
IS RECEIVING STREAM OF BODIES? (The 303(d) list of in http://www.deq.state.ms.us/MD	mpaired waters and TMDL	stream segme	nts may be foun	d on M		ESE:		NO□
HAS A TMDL BEEN ESTAB	LISHED FOR THE RECE	IVING STREA	M SEGMENT?	•	3	(ESGt		NO□
I certify under penalty of law that with a system designed to assure inquiry of the person or persons information submitted is, to the benealties for submitting false information	that qualified personnel pro who manage the system, or est of my knowledge and be	perly gathered a those persons lief, true, accur	and evaluated the directly response ate and complete	infornible for ible for . I am	nation r gathe a aware	submit ering the that th	ted. I e info nere a	Based on my ormation, the
Chad Robinson, Member			June	3, 2	2022	12:	36 P	M CDT
Signature (in ast be signed by cover	rage recipient)	•	Date					
Chad Robinson Printed Name		-	Me Title	embe	er			
Please submit this form to: Electronically:	Chief, Environmental Permits D MS Department of Environment P.O. Box 2261 Jackson, Mississippi 39225 https://www.mdeq.ms.	al Quality, Office of						

Revised: 3/9/22