AI: 77875 Rec'd via email: 06/20/2024



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 CURRE	ENT COVERAGE HOLDER?	YES	NO		
	NSULTANT INFORMAT I by someone other than app				
PREPARER/CONSULTANT CONTACT NAME:		PHONE #	()		
COMPANY NAME:					
STREET OR P.O. BOX:					
CITY: STATE:		IAIL:			
MAY MDEQ CORRESPOND DIRECTLY WITH THE IT THE PROPOSED PROJECT / MODIFICATION?	PREPARER / CONSULTANT	T REGARDING	YES NO)	
SITE	INFORMATION				
PROJECT NAME:					
	RIBAL LAND ID (N/A If not app		_		
Latitude / Longitude Collected at Project Entrance or		pileaole)			
LATITUDE: degrees minutes seconds	LONGITUDE: degree	es minutes	seconds		
LAT & LONG COLLECTION METHOD (e.g., GPS, Ma					
REDUCTION IN ACREAGE:	ADDITIONAL ACREAGE				
TOTAL PROJECT ACREAGE:	ESTIMATED CONSTRUCTION END DATE:				

o.c

OF ANY KIND? (I	REROUTING, FILLING OR CROSSING A WATE fyes, contact the U.S. Army Corps of Engineers' Reg	CR CONVEYANCEYES gulatory Branch for permitting require	ements.)
	IS A SUBDIVISION OR A COMMERCIAL DEVELOR one of the following and attach the pertinent doc		SEWAGE
"Information Reg Jackson, Pearl Rive will accept written	al or Commercial System. Please attach plans and speci arding Proposed Wastewater Projects" form or approval r and Stone Counties. If the plans and specifications cann n acknowledgement from official(s) responsible for was e proposed project can and will be transported and treate	I from County Utility Authority in Hancock, not be provided at the time of LCNOI substewater collection and treatment that the	Harrison, mittal, MDEQ flows
Collection and Tro	eatment System will be Constructed. Please attach a cope the date the application was submitted to MDEQ (Date	by of the cover of the NPDES discharge pe:)	ermit from
Acceptance from	Wastewater Disposal Systems for Subdivisions Less that the Mississippi State Department of Health or certification is support individual onsite wastewater disposal systems.	ion from a registered professional engine	
installing a central concerning the feat a copy of the Lette	Wastewater Disposal Systems for Subdivisions Greater I sewage collection and treatment system must be made asibility study must be attached. If a central collection are of General Acceptance from the State Department of platted lots should support individual onsite wastewater	by MDEQ. A copy of the response from and wastewater system is not feasible, the Health or certification from a registered	MDEQ n please attach
INDICATE ANY LO	OCAL STORM WATER ORDINANCE WITH WHI	ICH THE PROJECT MUST COMPL	Y:
City of Oxford			
NEAREST NAMED	RECEIVING STREAM: Tributary of Hurricane C	reek	
BODIES? (The 303(REAM ON MISSISSIPPI'S 303(d) LIST OF IMPAI d) list of impaired waters and TMDL stream segmen ttps://www.mdeq.ms.gov/water/surface-water/tmdl/	nts may be found on	✓ NO
_	N ESTABLISHED FOR THE RECEIVING STREA		NO
with a system designed inquiry of the person o information submitted i	of law that this document and all attachments were pre to assure that qualified personnel properly gathered as a persons who manage the system, or those persons as, to the best of my knowledge and belief, true, accura false information, including the possibility of fine and i	nd evaluated the information submitted. directly responsible for gathering the in the and complete. I am aware that there	Based on my formation, the
Signature (must be signe	ed by coverage recipient)	Date	
	•		
JW McCurdy		Owner	
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		