AI: 87501 Rec'd via email: 11/26/2025



MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 9 4 0 3 County Lowndes

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: Roger Waldrep PHONE # (423) 580-1938						
COMPANY NAME: Tennessee Valley Authority						
STREET OR P.O. BOX: 1101 Market Street CITY: Chattanooga STATE: TN ZIP: 37402 E-MAIL: rtwaldrep@tva.gov						
CITY: Chattanooga STATE: TN ZIP: 37402 E-MAIL: rtwaldrep@tva.gov						
IS THE APPLICANT DIFFERENT FROM THE CURRENT COVERAGE HOLDER? YES VO						
PREPARER/CONSULTANT INFORMATION (Complete if prepared by someone other than applicant.)						
PREPARER/CONSULTANT CONTACT NAME: Britta Lees PHONE # (865) 771-0051						
COMPANY NAME: Tennessee Valley Authority						
STREET OR P.O. BOX: 400 West Summit Hill CITY: Knoxville STATE: TN ZIP: 37902 E-MAIL: bplees@tva.gov						
CITY: Knoxville STATE: TN ZIP: 37902 E-MAIL: bplees@tva.gov						
MAY MDEQ CORRESPOND DIRECTLY WITH THE PREPARER / CONSULTANT REGARDING THE PROPOSED PROJECT / MODIFICATION? YES NO						
SITE INFORMATION						
PROJECT NAME: New Caledonia Gas Plant						
CITY: Caledonia TRIBAL LAND ID (N/A If not applicable): N/A						
Latitude / Longitude Collected at Project Entrance or Construction Start Point:						
LATITUDE: 33 degrees 38 minutes 50 seconds LONGITUDE: 88 degrees 18 minutes 43 seconds						
LAT & LONG COLLECTION METHOD (e.g., GPS, Map Interpolation): Map Interpolation						
REDUCTION IN ACREAGE: N/A ADDITIONAL ACREAGE TO BE DISTURBED: 9.90						
TOTAL PROJECT ACREAGE: 45.74 ESTIMATED CONSTRUCTION END DATE: 05-30-2028						

	ROUTING, FILLING OR CROSS s, contact the U.S. Army Corps of I			YES ermitting requi	✓ NO rements.)	
	A SUBDIVISION OR A COMMER one of the following and attach the		г, ноw w	ILL SANITAR	RY SEWAGE	
"Information Regardi Jackson, Pearl River and will accept written ac	Commercial System. Please attach ng Proposed Wastewater Projects" for d Stone Counties. If the plans and spec knowledgement from official(s) responsed project can and will be transp	orm or approval from Coun diffications cannot be provi- consible for wastewater col-	ty Utility Auded at the ting lection and the street in the	thority in Hancoc me of LCNOI su treatment that the	k, Harrison, ubmittal, MDEQ e flows	
Collection and Treatn MDEQ or indicate the	nent System will be Constructed. Plea e date the application was submitted t	ase attach a copy of the co to MDEQ (Date:	ver of the N	PDES discharge	e permit from	
Acceptance from the	stewater Disposal Systems for Subdi Mississippi State Department of Heal oport individual onsite wastewater dis	th or certification from a r				
installing a central seconcerning the feasible a copy of the Letter o	stewater Disposal Systems for Subdivage collection and treatment system ility study must be attached. If a cent of General Acceptance from the State ed lots should support individual ons	must be made by MDEQ tral collection and wastew Department of Health or c	A copy of ater system ertification	the response from is not feasible, t	om MDEQ hen please attach	
INDICATE ANY LOCA	AL STORM WATER ORDINANC	E WITH WHICH THE	PROJECT	MUST COMP	LY:	
NEAREST NAMED RI	ECEIVING STREAM: Cooper Cr	eek & Howard Creek (s	ee SWPPF	o narrative)		
IS RECEIVING STREA BODIES? (The 303(d) I	AM ON MISSISSIPPI'S 303(d) LIS ist of impaired waters and TMDL s://www.mdeq.ms.gov/water/surfac	ST OF IMPAIRED WAT stream segments may be	ΓER	YES	NO	
HAS A TMDL BEEN E	STABLISHED FOR THE RECEI	VING STREAM SEGMI	ENT?	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. May 26, 2025						
Signature (must be signed by	by coverage recipient)	Ī	Date			
Rober T. Waldrep		-		dent, Major Pr	ojects	
Printed Name		,	Title			
Please submit this form to:	Chief, Environmental Permits Divis Office of Pollution Control MS Department of Environmental Q P.O. Box 2261 Jackson, Mississippi 39225					
Electronically:	https://www.mdeq.ms.gov/construct	ion-stormwater/				