AI: 38204

Rec'd via email: 12/11/2025



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	GE RECIPIENT INFORM	MATION				
COVERAGE RECIPIENT CONTACT NAME:)			
COMPANY NAME:						
STREET OR P.O. BOX:						
CITY: STATE:						
IS THE APPLICANT DIFFERENT FROM THE CURRE	NT 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:						
MAY MDEQ CORRESPOND DIRECTLY WITH THE PTHE PROPOSED PROJECT / MODIFICATION?	PREPARER / CONSULTANT		YES NO			
SITE INFORMATION						
DDOIECT NAME.						
PROJECT NAME:		nlicable):				
CITY: TRIBAL LAND ID (N/A If not applicable): Latitude / Longitude Collected at Project Entrance or Construction Start Point:						
LATITUDE: degrees minutes seconds		es minutes	seconds			
LATITUDE: degrees minutes seconds LONGITUDE: degrees minutes seconds LAT & LONG COLLECTION METHOD (e.g., GPS, Map Interpolation):						
REDUCTION IN ACREAGE:	ADDITIONAL ACREAGE					
TOTAL PROJECT ACREAGE:	ESTIMATED CONSTRUCTION END DATE:					

	REROUTING, FILLING OR CROSSING A W. yes, contact the U.S. Army Corps of Engineers'		☐ YES permitting requi	□ NO irements.)
	S A SUBDIVISION OR A COMMERCIAL DE eck one of the following and attach the pertinen		ILL SANITAF	RY SEWAGE
"Information Regated Jackson, Pearl River will accept written	l or Commercial System. Please attach plans and arding Proposed Wastewater Projects" form or app and Stone Counties. If the plans and specifications acknowledgement from official(s) responsible for proposed project can and will be transported and	roval from County Utility Au cannot be provided at the ti wastewater collection and	thority in Hancoc ime of LCNOI si treatment that the	ek, Harrison, ubmittal, MDEQ ne flows
☐ Collection and Tre MDEQ or indicate	atment System will be Constructed. Please attach the date the application was submitted to MDEQ	a copy of the cover of the N (Date:	NPDES discharg	e permit from
Acceptance from t	Wastewater Disposal Systems for Subdivisions Les he Mississippi State Department of Health or certi support individual onsite wastewater disposal syst	fication from a registered p	ch a copy of the rofessional engi	Letter of General neer that the
installing a central concerning the fea a copy of the Lette	Wastewater Disposal Systems for Subdivisions Gresewage collection and treatment system must be a sibility study must be attached. If a central collect r of General Acceptance from the State Departmentated lots should support individual onsite wastew	nade by MDEQ. A copy of ion and wastewater system it of Health or certification	f the response from is not feasible, to	om MDEQ then please attach
INDICATE ANY LO	OCAL STORM WATER ORDINANCE WITH	WHICH THE PROJECT	' MUST COMP	PLY:
NEAREST NAMED	RECEIVING STREAM:			
BODIES? (The 303(REAM ON MISSISSIPPI'S 303(d) LIST OF IM d) list of impaired waters and TMDL stream se ttps://www.mdeq.ms.gov/water/surface-water/ti	gments may be found on	□YES	□ NO
HAS A TMDL BEEN	N ESTABLISHED FOR THE RECEIVING ST	REAM SEGMENT?	□YES	□ NO
with a system designed inquiry of the person o information submitted is	of law that this document and all attachments wer to assure that qualified personnel properly gather persons who manage the system, or those persons, to the best of my knowledge and belief, true, a false information, including the possibility of fine	red and evaluated the infor sons directly responsible for courate and complete. I ar	mation submitted or gathering the maware that the	ed. Based on my information, the
	ed by coverage recipient)	Date		
	or of contracting confirming	2		
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-storm	water/		