AI: 80731

Rec'd via email: 12/12/2025



## 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.							
CURRENT COVERA	AGE RECIPIENT INFORMA	ATION					
COVERAGE RECIPIENT CONTACT NAME:		PHONE # (					
COMPANY NAME:							
STREET OR P.O. BOX:							
CITY: STATE	: ZIP:	E-MAIL:					
IS THE APPLICANT DIFFERENT FROM THE CURR	ENT 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 THE PROPOSED PROJECT / MODIFICATION?	PREPARER / CONSULTANT R	EGARDING	YES	NO			
SITE INFORMATION							
DDOIECT NAME.							
PROJECT NAME:	ΓRIBAL LAND ID (N/A If not applic		_				
Latitude / Longitude Collected at Project Entrance or							
LATITUDE: degrees minutes seconds		minutes	seconds				
LAT & LONG COLLECTION METHOD (e.g., GPS, M							
REDUCTION IN ACREAGE:							
TOTAL PROJECT ACREAGE:	ADDITIONAL ACREAGE TO BE DISTURBED: ESTIMATED CONSTRUCTION END DATE:						
TOTAL I ROJECT ACKEAUE.	ESTIMATED CONSTRUCT	ION END DATE	•	<del></del>			

	ROUTING, FILLING OR CROSSIN s, contact the U.S. Army Corps of En		☐ YES permitting requ	□ NO irements.)
IF THE PROJECT IS BE DISPOSED? Check	A SUBDIVISION OR A COMMERC one of the following and attach the p	CIAL DEVELOPMENT, HOW Voertinent documents.	VILL SANITAI	RY SEWAGE
"Information Regard: Jackson, Pearl River an will accept written ac	r Commercial System. Please attach plaing Proposed Wastewater Projects" form d Stone Counties. If the plans and specific knowledgement from official(s) responsoposed project can and will be transport	n or approval from County Utility A ications cannot be provided at the t sible for wastewater collection and	uthority in Hancoo time of LCNOI s I treatment that the	ck, Harrison, submittal, MDEQ he flows
☐ Collection and Treatr MDEQ or indicate th	nent System will be Constructed. Please e date the application was submitted to	e attach a copy of the cover of the MDEQ (Date:	NPDES discharg	ge permit from
Acceptance from the	stewater Disposal Systems for Subdivis Mississippi State Department of Health pport individual onsite wastewater disp	or certification from a registered		
installing a central se concerning the feasib a copy of the Letter of	stewater Disposal Systems for Subdivisions collection and treatment system in the study must be attached. If a central f General Acceptance from the State Deted lots should support individual onsite	nust be made by MDEQ. A copy of all collection and wastewater system epartment of Health or certification	of the response from is not feasible,	om MDEQ then please attach
INDICATE ANY LOC	AL STORM WATER ORDINANCE	WITH WHICH THE PROJECT	Г MUST COMI	PLY:
NEADECT NAMED D	ECENTRIC CEREAM			
IS RECEIVING STRE BODIES? (The 303(d)	ECEIVING STREAM:  AM ON MISSISSIPPI'S 303(d) LIST list of impaired waters and TMDL str s://www.mdeq.ms.gov/water/surface-	OF IMPAIRED WATER ream segments may be found on	□YES	□ NO
	ESTABLISHED FOR THE RECEIVE		□YES	□ NO
with a system designed to inquiry of the person or p information submitted is, t	aw that this document and all attachmed assure that qualified personnel properly bersons who manage the system, or the other best of my knowledge and belief se information, including the possibility	ly gathered and evaluated the info ose persons directly responsible to the true, accurate and complete. I a	rmation submittee for gathering the m aware that the	ed. Based on my e information, the ere are significant
Signature (must be signed	by coverage recipient)	Date		
Printed Name		Title		
Please submit this form to:	Chief, Environmental Permits Division Office of Pollution Control MS Department of Environmental Qua P.O. Box 2261 Jackson, Mississippi 39225			
Electronically:	https://www.mdeq.ms.gov/constructio	<u>n-stormwater/</u>		

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