

APP # 172M
Gnp20100001

MAJOR MODIFICATION FORM FOR RESIDENTIAL SUBDIVISION

LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the "footprint" of an existing subdivision or add subsequent phases. This form and a modified Storm Water Pollution Prevention Plan (SWPPP) must be submitted when:

- SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered subdivision
- The foot print identified in the original SWPPP is proposed to be enlarged

This form must be signed by the original coverage recipient under Mississippi's Large Construction Storm Water General Permit. A different developer of new phases of existing subdivisions must apply for separate permit coverage. 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 the MDEQ. All other modifications, such as changes of erosion and sediment controls used, must be in accordance with ACT 7, S-1 (4) of Mississippi's Large Construction Storm Water General Permit.

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT PERSON: CHRIS MCMEANS
 COMPANY NAME: PICKWICK PINES RESORT, INC
 STREET OR F.O. BOX: 11 ASHLEY AVE
 CITY: IUKA STATE: MS ZIP: 38852
 PHONE # (INCLUDE AREA CODE): 662-424-9940

PROJECT INFORMATION

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: MSR10 2 3 0 8
 Ph. 4 - 5.9 Acres, 5 - 11.205, 6-6.4, 7- 3.8, 8 - 14.0
 ADDITIONAL ACREAGE TO BE DISTURBED: 9A - 1.7, 9B - 1.6
 PROJECT NAME: PICKWICK PINES RESORT
 CITY: IUKA COUNTY: TISHOMINGO

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.

[Signature]
Signature (must be signed by coverage recipient)

CHRIS MCMEANS
Printed Name

Please submit this form to:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 10385
Jackson, Mississippi 39289-0385

12-13-2010
Date

[Signature]
Title

RECEIVED

DEC 17 2010

Dept. of Environmental Quality
June 10, 2005