

AI: 15240

MAJOR MODIFICATION FORM  
FOR INDUSTRIAL STORMWATER GENERAL PERMIT  
Coverage No. MSR00002113 County GRENADA



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS

Coverage recipients shall notify the Mississippi Department of Environmental Quality 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.

- Facility operations are proposed to change.
- "Footprint" identified in the original ISNOI is proposed to be enlarged.
- Stormwater Quality BMPs are proposed to be modified.

This form must be signed by the current coverage recipient under Mississippi's Industrial Stormwater General Permit, an attached SWPPP must be included, and documentation of the changes compared to the previous approved SWPPP are attached.

Coverage recipients are authorized to discharge storm water associated with proposed new operations, additional areas of activity, or modified BMPs, under the conditions of the General Permit, only upon receipt of written notification of approval by MDEQ. All other modifications must be in accordance with ACT9, S-1 (6) and S-2 (7) of the General Permit.

ALL INFORMATION MUST BE COMPLETED (indicate "N/A" where not applicable)

COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT NAME: Grenada County Board of Supervisors TEL # (662) 226 3284  
 COMPANY NAME: Grenada County Landfill  
 STREET OR P.O. BOX: 151 Dora Drive  
 CITY: Grenada STATE: MS ZIP: 38901 E-MAIL: \_\_\_\_\_

PROJECT INFORMATION

PROJECT NAME: Grenada County Landfill Expansion  
 CITY: Grenada

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.

Chad Gray  
Signature (must be signed by coverage recipient)

8/30/12  
Date

Chad Gray  
Printed Name

Supervisor  
Title

Please submit this form to:

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

received via email 9.1.22