Rec'd via email: 03/20/2024



AI: 18818

8818 MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 7940 ___ County Madison

INSTRUCTIONS

| | INSTRUCT | 10/05 | | | | | | |
|--|---|-----------------------|----------------|-------------------|--|--|--|--|
| 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: Todd | - 60-08 - 00 | | | (601) 499-4318 | | | | |
| COMPANY NAME: Cedarstone Construction C | | | 1110115 | | | | | |
| STREET OR P.O. BOX: 661 Sunnybrook Road, | | | | | | | | |
| CITY: Ridgeland STAT | | ZIP: 39157 | E-MAIL: | | | | | |
| IS THE APPLICANT DIFFERENT FROM THE CUR | RENT COVE | ERAGE HOLDER? | YES | ✓ NO | | | | |
| PREPARER/CONSULTANT INFORMATION (Complete if prepared by someone other than applicant.) | | | | | | | | |
| PREPARER/CONSULTANT CONTACT NAME: Ni | cholas Alex | ander | PHONE # | (601) 627-7780 | | | | |
| COMPANY NAME: Benchmark Engineering & Surveying, LLC. | | | | | | | | |
| STREET OR P.O. BOX: 660 Katherine Drive, Su | ite 302 | | | | | | | |
| CITY: Flowood STATE: M | S Z | IP: 39232 E-M | AIL: nalexande | r@benchmarkms.net | | | | |
| MAY MDEQ CORRESPOND DIRECTLY WITH TH THE PROPOSED PROJECT / MODIFICATION? | E PREPAREI | R / CONSULTANT | REGARDING V | YES NO | | | | |
| SITE INFORMATION | | | | | | | | |
| PROJECT NAME: Lost Rabbit, Phase IV B | | | | | | | | |
| CITY: Madison County | TRIBAL LAN | ND ID (N/A If not app | olicable): N/A | | | | | |
| Latitude / Longitude Collected at Project Entrance or Construction Start Point: | | | | | | | | |
| LATITUDE: 32 degrees 27 minutes 43 seconds LONGITUDE: 90 degrees 3 minutes 34 seconds | | | | | | | | |
| LAT & LONG COLLECTION METHOD (e.g., GPS, Map Interpolation): Google Earth | | | | | | | | |
| REDUCTION IN ACREAGE: 0 | ON IN ACREAGE: 0 ADDITIONAL ACREAGE TO BE DISTURBED: +/- 8.89 | | | | | | | |
| TOTAL PROJECT ACREAGE: 17.09 | | ATED CONSTRUC | | | | | | |
| | | | | | | | | |

| IS THE PROJECT RE OF ANY KIND? (If ye | ROUTING, FILLING OR CROSSI s, contact the U.S. Army Corps of E | NG A WATER CONVEYA ngineers' Regulatory Brand | NCE h for peri | YES mitting requi | ✓ NO rements.) | | |
|---|---|--|--|--|--|--|--|
| IF THE PROJECT IS BE DISPOSED? Check | A SUBDIVISION OR A COMMERGONE one of the following and attach the | CIAL DEVELOPMENT, H pertinent documents. | OW WIL | L SANITAR | Y SEWAGE | | |
| "Information Regard Jackson, Pearl River an will accept written ac | r Commercial System. Please attach ping Proposed Wastewater Projects" for d Stone Counties. If the plans and speciknowledgement from official(s) resporoposed project can and will be transport | m or approval from County U fications cannot be provided nsible for wastewater collecti | tility Author at the time ion and treation | ority in Hancock of LCNOI su atment that the | c, Harrison, abmittal, MDEQ e flows | | |
| Collection and Treatment System will be Constructed. Please attach a copy of the cover of the NPDES discharge permit from MDEQ or indicate the date the application was submitted to MDEQ (Date:) | | | | | | | |
| Acceptance from the | stewater Disposal Systems for Subdiv Mississippi State Department of Healt pport individual onsite wastewater dis | h or certification from a regis | ise attach a stered prof | i copy of the L essional engin | Letter of General leer that the | | |
| installing a central se concerning the feasib a copy of the Letter o | stewater Disposal Systems for Subdiv wage collection and treatment system i ility study must be attached. If a centr f General Acceptance from the State E ted lots should support individual onsit | must be made by MDEQ. A al collection and wastewater Department of Health or certil | copy of the system is a fication fro | e response fro not feasible, th | m MDEQ nen please attach | | |
| INDICATE ANY LOC | AL STORM WATER ORDINANCI | E WITH WHICH THE PRO | ЭЈЕСТ М | UST COMPI | LY: | | |
| | | | | | | | |
| | | | | | | | |
| NEAREST NAMED R | ECEIVING STREAM: Ross Barne | tt Reservoir | | | | | |
| BODIES? (The 303(d) | AM ON MISSISSIPPI'S 303(d) LIS list of impaired waters and TMDL st s://www.mdeq.ms.gov/water/surface | ream segments may be fou | nd on | YES | NO | | |
| HAS A TMDL BEEN E | ESTABLISHED FOR THE RECEIV | ING STREAM SEGMENT | ·? [| YES | √NO | | |
| with a system designed to inquiry of the person or p information submitted is, t | aw that this document and all attachm assure that qualified personnel properersons who manage the system, or the best of my knowledge and beliese information, including the possibility | ly gathered and evaluated the nose persons directly respon f, true, accurate and complet y of fine and imprisonment f | ne informa sible for g te. I am a for knowing | tion submitted gathering the ware that ther g violations. | d. Based on my information, the re are significant | | |
| Signature (must be signed by | by coverage recipient) | Date | į | • | | | |
| Todd Carter Printed Name | | Title | Bresi | 24 dart | | | |
| Please submit this form to: | Chief, Environmental Permits Division Office of Pollution Control MS Department of Environmental Qu P.O. Box 2261 Jackson, Mississippi 39225 | | | | | | |
| Electronically: | https://www.mdeq.ms.gov/construction | on-stormwater/ | | | | | |