

MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT Coverage No. MSR10 1 9 7 4 County Rankin



INSTRUCTIONS	A STANKE THE PROPERTY OF THE PARTY OF THE PA
Coverage recipients shall notify the Mississippi Department of Environmental Quality at telects of the apply). The form should be infinitted with a modified Secret Vince Full topographic map. Corps of Engineers Section 404 documentation and wastewater collection.	cost 20 days in advance of the following activities halos in recentles: Fine (SWFFF), updated USGS (and treatment information, in appropriate.)
SWFFF details have been developed and are ready for MDEQ review for ontargo	cut phases of an existing, covered project.
"Footprint" identified in the original LCNOI is proposed to be enlarged.	
This form must be signed by the current coverage recipient under Mindsuppite Large Cool new plants of existing subdivisions must apply for separate permit coverage through a Coverage recipients are authorized to discharge story water associated with proposed a plants, order the conditions of the General Permit, only many receipt of a rittle so effective	he automittal of a new complete LCNOI nackage.
such said sanger of evolution and section executions and a must be in case of the control of the	\$2 (5) and \$22 (7) or the General Permit.
ALL INFORMATION MUST BE COMPLETED (indicate "N/A	Twister not applicable)
COVERAGE RECIPIENT INFORMA	TION
COVERAGE RECIPIENT CONTACT NAME: L.C. Cheramie COMPANY NAME: Patrick Farms Development, LLC	TEL#(601) 932-2121
STREET OR P.O. BOX: P.O. Box 12004	
CITY: Jackson STATE: MS ZIP: 39206-2004	E-MAIL: Ic@Imhomes.net
PROJECT INFORMATION	
PROJECT NAME: Patrick Farms, Phase Eight (part of the Patrick Farms CITY: Pearl, MS	Development)
ADDITIONAL ACREAGE TO BE DISTURBED: +-15 AC TOTAL	L PROJECT ACREAGE:
I certify under penalty of law that this document and all attachments were prepared used to assure that qualified personnel properly gathered and evaluating of the person or persons who manage the system, or those persons directly information submitted is, to the best of my knowledge and belief, true, accurate and penalties for submitting false information, including the possibility of fine and imprison Signature (must be signed by coverage recipient) L.C. Cheramie Printed Name	uated the information submitted. Based on my responsible for gathering the information, the complete. I am aware that there are significant

Please submit this form to:

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