## MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT Coverage No. MSR10 8 3 6 2 County Rankin



	INSTRU	CTIONS	en a la companya di angla ang ang ang ang ang ang ang ang ang an	EASING MICHAEL COACH
Coverage recipients shall notify the Mississippi Department of Environmental Quality at least 30 days in advance of (check all that apply). This form should be submitted with a modified Storm Water Pollution Prevention Plan (SY topographic map, Corps of Engineers Section 404 documentation and wastewater collection and treatment information				PPP), updated USGS
SWPPP details have been	en developed and are ready for MDE	Q review for subsequ	ent phases of an existing, co	vered project.
✓ "Footprint" identified in	n the original LCNOI is proposed to l	e enlarged.		
of new phases of existing subdivi Coverage recipients are authorizen phases, under the conditions of the	current coverage recipient under Mi isions must apply for separate permi ted to discharge storm water associa ne General Permit, only upon receipt diment controls used, must be in acco	t coverage through ited with proposed of of written notification	the submittal of a new comp expansions of existing subdi on of approval by MDEQ. A	elete LCNOI package.  visions or subsequent  Il other modifications,
ALLI	NFORMATION MUST BE COMPLI	ETED (indicate "N/A	a" where not applicable)	
	COVERAGE RECIPI	ENT INFORMA	TION	
COVERAGE RECIPIENT CONTACT NAME: David Roark TEL#(662				823-5182
COMPANY NAME: Century	Construction Group, Inc.			
STREET OR P.O. BOX: 400 \	West Parkway Place, Suite 200	0		
CITY: Ridgeland	STATE: MS	ZIP: 39157	E-MAIL: droark@cent	urycg.com
, <del>************************************</del>		FORMATION		
PROJECT NAME: Mississip	ppi Military Department Field M	laintenance Sho	o (FMS#9)	Acceptance of the Control of the Con
CITY: Brandon				
ADDITIONAL ACREAGE TO	BE DISTURBED: 10.0	TOTA	al project acreage: <u>18</u>	3.50
with a system designed to assu- inquiry of the person or perso- information submitted is to the	hat this document and all attachme are that qualified personnel properly ins who manage the system, or the best of my knowledge and belief, aformation, including the possibility	y gathered and evalues persons directly true, accurate and	uated the information sub- responsible for gathering complete. I am aware tha	nitted. Based on my the information, the t there are significant
Signature (must be signed by coverage recipient)			Date	
	o votago tootpionis		Project	Marian
David Roark		Title	- Je	
Printed Name	•		Tuc	
Please submit this form to:	Chief, Environmental Permits Divisi MS Department of Environmental Q P.O. Box 2261	on uality, Office of Pollutio	n Control	

Revised: 12/12/16

M-received via email 7.18.2022

Jackson, Mississippi 39225