Al: 76359 Rec'd via email: 03/21/2025



MAJOR MODIFICATION FORM FOR LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 9406 ___ County Madison

| (MACONENIA COUNTY INTERPOLICATIONIC | | | | | | |
|--|--|--|--|--|--|--|
| INSTRUCTIONS | | | | | | |
| 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) | | | | | | |
| TEE AN OXIVETTON MICH BE COMMEDIATED (multate 1977 where not appreciate) | | | | | | |
| CURRENT COVERAGE RECIPIENT INFORMATION | | | | | | |
| COVERAGE RECIPIENT CONTACT NAME: Joseph P. Deason PHONE # (601) 605-0368 | | | | | | |
| COMPANY NAME: Madison County Economic Development Authority | | | | | | |
| STREET OR P.O. BOX. 135 Mississippi Parkway | | | | | | |
| CITY: Canton STATE: MS ZIP: 39046 E-MAIL: jdeason@madisoncountyeda.com | | | | | | |
| IS THE APPLICANT DIFFERENT FROM THE CURRENT COVERAGE HOLDER? YES YOU | | | | | | |
| PREPARER/CONSULTANT INFORMATION (Complete if prepared by someone other than applicant.) | | | | | | |
| PREPARER/CONSULTANT CONTACT NAME: Casey Smith PHONE # (601) 415-5812 | | | | | | |
| COMPANY NAME: Headwaters, Inc. | | | | | | |
| STREET OR P.O. BOX: P.O. Box 2836 CITY: Ridgeland STATE: MS ZIP: 39157 E-MAIL: casey@headwaters-inc.com | | | | | | |
| | | | | | | |
| MAY MDEQ CORRESPOND DIRECTLY WITH THE PREPARER / CONSULTANT REGARDING THE PROPOSED PROJECT / MODIFICATION? YES NO | | | | | | |
| SITE INFORMATION | | | | | | |
| PROJECT NAME: Project Atlas | | | | | | |
| CITY: Madison County TRIBAL LAND ID (N/A If not applicable): N/A | | | | | | |
| Latitude / Longitude Collected at Project Entrance or Construction Start Point: | | | | | | |
| LATITUDE: 32 degrees 36 minutes 01 seconds LONGITUDE: -90 degrees 05 minutes 13 seconds | | | | | | |
| LAT & LONG COLLECTION METHOD (e.g., GPS, Map Interpolation): Map Interpolation | | | | | | |
| REDUCTION IN ACREAGE: 22.19 ADDITIONAL ACREAGE TO BE DISTURBED: | | | | | | |
| TOTAL PROJECT ACREAGE: +/-497.27 ESTIMATED CONSTRUCTION END DATE: 12/31/2029 | | | | | | |

| IS THE PROJECT REPORT OF ANY KIND? (If yes | ROUTING, FILLING OR CROSSING s, contact the U.S. Army Corps of Eng | G A WATER CONVEYA! ineers' Regulatory Branch | NCE 1 for p | YES ermitting requ | ✓ NO irements.) | |
|---|--|---|--|---|--|--|
| IF THE PROJECT IS A BE DISPOSED? Check | SUBDIVISION OR A COMMERCI one of the following and attach the po | AL DEVELOPMENT, He ertinent documents. | ow w | TLL SANITAF | RY SEWAGE | |
| "Information Regardi Jackson, Pearl River and will accept written ac | Commercial System. Please attach planing Proposed Wastewater Projects" form I Stone Counties. If the plans and specific knowledgement from official(s) responsions oposed project can and will be transported. | or approval from County Ut cations cannot be provided a ible for wastewater collection | ility Au it the ti on and | thority in Hancoc me of LCNOI s treatment that th | k, Harrison, ubmittal, MDEQ ne 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 Subdivisi Mississippi State Department of Health oport individual onsite wastewater dispo | or certification from a regist | se attac ered pr | th a copy of the rofessional engi | Letter of General neer that the | |
| installing a central seconcerning the feasib | stewater Disposal Systems for Subdivision wage collection and treatment system multity study must be attached. If a central f General Acceptance from the State Depeted lots should support individual onsite | ust be made by MDEQ. A c collection and wastewater s partment of Health or certifi | opy of system cation | the response frois not feasible, t | om MDEQ then please attach | |
| INDICATE ANY LOC | AL STORM WATER ORDINANCE | WITH WHICH THE PRO | JECT | MUST COMP | LY: | |
| City of Ridgeland I | /IS4 | | | | | |
| | | | | | | |
| | | | | | | |
| NEAREST NAMED R | ECEIVING STREAM: Bear Creek | | | | | |
| BODIES? (The 303(d)) | AM ON MISSISSIPPI'S 303(d) LIST ist of impaired waters and TMDL stros://www.mdeq.ms.gov/water/surface-v | eam segments may be foun | d on | YES | NO | |
| | STABLISHED FOR THE RECEIVI | | ? | YES | NO | |
| with a system designed to inquiry of the person or prinformation submitted is, t | aw that this document and all attachment assure that qualified personnel properly ersons who manage the system, or the othe best of my knowledge and belief, se information, including the possibility | gathered and evaluated the see persons directly respons true, accurate and complete of fine and imprisonment for | e information in the sible for | mation submitted or gathering the or aware that the wing violations. | ed. Based on my information, the | |
| | | | 5-1 | 2-25 | | |
| Signature (must be signed | by coverage recipient) | Date | | | | |
| Joseph P. Deason | | | Executive Director | | | |
| Printed Name | | Title | | | | |
| | Chief, Environmental Permits Division Office of Pollution Control MS Department of Environmental Qua P.O. Box 2261 Jackson, Mississippi 39225 | lity | | | | |
| Electronically: | https://www.mdeq.ms.gov/construction | n-stormwater/ | | | | |