AI: 80970

Rec'd via email: 09/24/2026

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

MAJOR MODIFICATION FORM
FOR LARGE CONSTRUCTION GENERAL PERMIT

Coverage No. MSR10 8645 ____ County Lamar

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)

CURRENT COVERAGE RECIPIENT INFORMATION

COVERAGE RECIPIENT CONTACT NAME: Scott Shively PHONE # (602) 799-6168

COMPANY NAME: Origis Technics USA, Inc

STREET OR P.O. BOX: 800 Bickell Avenue Suite 1000

CITY: Miami STATE: FL ZIP: 33131 E-MAIL: compliancemgmt@origisenergy.com

IS THE APPLICANT DIFFERENT FROM THE CURRENT COVERAGE HOLDER? ☑ **YES** ☐ **NO**

PREPARER/CONSULTANT INFORMATION
(Complete if prepared by someone other than applicant.)

PREPARER/CONSULTANT CONTACT NAME: Jay Baker PHONE # (770) 500-4191

COMPANY NAME: Kimley-Horn

STREET OR P.O. BOX: 11720 Amber Park Dr

CITY: Alpharetta STATE: GA ZIP: 30312 E-MAIL: jay.baker@kimley-horn.com

MAY MDEQ CORRESPOND DIRECTLY WITH THE PREPARER / CONSULTANT REGARDING THE PROPOSED PROJECT / MODIFICATION? ☐ **YES** ☐ **NO**

SITE INFORMATION

PROJECT NAME: MS Solar 4 LLC, Covington Solar

CITY: Seminary TRIBAL LAND ID (N/A If not applicable): ____

Latitude / Longitude Collected at Project Entrance or Construction Start Point:

LATITUDE: 31 degrees 26 minutes 47.58 seconds LONGITUDE: -89 degrees 29 minutes 5.62 seconds

LAT & LONG COLLECTION METHOD (e.g., GPS, Map Interpolation): GPS

REDUCTION IN ACREAGE: 18.3 ADDITIONAL ACREAGE TO BE DISTURBED: ____

TOTAL PROJECT ACREAGE: 1228.4 ESTIMATED CONSTRUCTION END DATE: 1/2028

OC

IS THE PROJECT REROUTING, FILLING OR CROSSING A WATER CONVEYANCE OF ANY KIND? (If yes, contact the U.S. Army Corps of Engineers' Regulatory Branch for permitting requirements.) ☑ YES ☐ NO

IF THE PROJECT IS A SUBDIVISION OR A COMMERCIAL DEVELOPMENT, HOW WILL SANITARY SEWAGE BE DISPOSED? Check one of the following and attach the pertinent documents.

☐ Existing Municipal or Commercial System. Please attach plans and specifications for the collection system and the associated "Information Regarding Proposed Wastewater Projects" form or approval from County Utility Authority in Hancock, Harrison, Jackson, Pearl River and Stone Counties. If the plans and specifications cannot be provided at the time of LCNOI submittal, MDEQ will accept written acknowledgement from official(s) responsible for wastewater collection and treatment that the flows generated from the proposed project can and will be transported and treated properly. The letter must include the estimated flow.

☐ 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: _____.)

☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Less than 35 Lots. Please attach a copy of the Letter of General Acceptance from the Mississippi State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.

☐ Individual Onsite Wastewater Disposal Systems for Subdivisions Greater than 35 Lots. A determination of the feasibility of installing a central sewage collection and treatment system must be made by MDEQ. A copy of the response from MDEQ concerning the feasibility study must be attached. If a central collection and wastewater system is not feasible, then please attach a copy of the Letter of General Acceptance from the State Department of Health or certification from a registered professional engineer that the platted lots should support individual onsite wastewater disposal systems.

INDICATE ANY LOCAL STORM WATER ORDINANCE WITH WHICH THE PROJECT MUST COMPLY:
No local requirements. No proposed sanitary systems

NEAREST NAMED RECEIVING STREAM: McCall Creek, Dry Creek, Tick Creek

IS RECEIVING STREAM ON MISSISSIPPI'S 303(d) LIST OF IMPAIRED WATER BODIES? (The 303(d) list of impaired waters and TMDL stream segments may be found on MDEQ's web site: https://www.mdeq.ms.gov/water/surface-water/tmdl/ ☐ YES ☑ NO

HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT? ☐ YES ☑ NO

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.

Cevon Bulock Digitally signed by Cevon Bulock DN: C=US, E=cevonb@constructorpowr.com, O="Constructor Power, LLC.", OU=Solar Operations, CN=Cevon Bulock Reason: I am approving this document Date: 2026.09.15 06:06:42-05'00'

Signature (must be signed by coverage recipient)

09/15/2026
Date

Cevon Bulock
Printed Name

Project Manager II
Title

Please submit this form to: Chief, Environmental Permits Division
Office of Pollution Control
MS Department of Environmental Quality
P.O. Box 2261
Jackson, Mississippi 39225

Electronically: https://www.mdeq.ms.gov/construction-stormwater/

Environmental Permits for Industrial Facilities
Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I.

Facility Name: MS Solar 4 LLC, Covington Solar

Location: (Do Not Use P.O. Box)

Street: 199 Lott Town Rd

City: Seminary State: MS Zip: 39479

County: Lamar

Telephone: (_____)_____

Item II.

Responsible official after transfer or name change:

Name: Cevon Bulock

Title: Project Manager II

Mailing Address:

Street/P.O. Box: 14275 Golf Course Drive #240

City: Baxter State: MN Zip: 56425

Telephone (405 - 436 - 4094 Email: Cevonb@conductorpower.com

Item III.

Previous Permittee[1]: Scott Shively

Mailing Address:

Street/P.O. Box: 800 Bickell Avenue Suite 1000

City: Miami State: FL Zip: 33131

Telephone: (602) - 799 - 6168

Item IV.

New Permittee[1]: Cevon Bulock

Mailing Address:

Street/P.O. Box: 14275 Golf Course Drive #240

City: Baxter State: MN Zip: 56425

Telephone: (405) 436 - 4094 Email: Cevonb@conductorpower.com

Item V.

Industrial Activity SIC Code: _____

Brief Description:

Item VI.

Will Facility Operations Change? Yes ☐ No ☑

If yes, the appropriate applications and permits may require modification prior to change.

Item VII.

Will Facility Name Change? Yes ☐ No ☑

If Yes, Provide New Name for Permit Coverage.

New Name: _____

Item VIII.

Signature for Name Change

Print Name: _____

Authorized Signature[2]: _____

Title: _____ Date: _____

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: Origis Technics USA, LLC

To: Conductor Power, LLC Acquisition Date: 9/18/2026

By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.

Cevon Bulock	Scott Shively
Print New Permittee[1] Name	Print Previous Permittee[1] Name
Cevon Bulock Digitally signed by Cevon Bulock DN: C=US, E=cevonb@conductorpower.com, O="Conductor Power, LLC.", OU=Solar Operations, CN=Cevon Bulock Reason: I am approving this document Date: 2026.09.21 09:57:00-05'00'	
New Authorized Signature[2]	Previous Authorized Signature[2]
Project Manager II 9/17/26	Authorized Representative 09/18/26
Title Date	Title Date

[1]A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
[2]Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2, Ch. 2 and Pt. 6, Ch. 1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

Item X. Storm Water

(Check One)

- [ ] A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.
- [ ] The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.
- [x] The recipient is submitting a new SWPPP, which is attached to this form.
- [ ] A copy of the SWPPP cannot be obtained from the original owner.

Item XI. Hazardous Waste ID Number

EPA ID No. ______________________

(Check One)

- [ ] An EPA Hazardous Waste ID Number is not required for the site.
- [ ] The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: Construction Coverage
Permit/Coverage No.: MSR108645
Permit Issuance Date: 06/29/2022
Date of General Permit Coverage: 6/29/2022
Permit Expiration Date: 1/31/2027

Permit Type: ______________________
Permit/Coverage No.: ______________________
Permit Issuance Date: ______________________
Date of General Permit Coverage: ______________________
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Permit Issuance Date: ______________________
Date of General Permit Coverage: ______________________
Permit Expiration Date: ______________________

OTHER INFORMATION:

Last Revised: 04/06/2022