



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

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 Bullock

Digitally signed by Cevon Bullock
DN: cn=Cevon Bullock, o=Operations, ou=Operations, email=Cevon.Bullock@ms.gov, c=US
Reason: I am approving this document
Date: 2022.09.15 09:08:42-0500

Signature (must be signed by coverage recipient)

09/15/2026

Date

Cevon Bullock

Printed Name

Project Manager II

Title

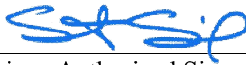
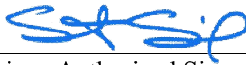
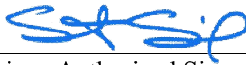
Please submit this form to: Chief, Environmental Permits Division
Office of Pollution Control
MS Department of Environmental Quality
P.O. Box 2261
Jackson, Mississippi 39225

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: <u>MS Solar 4 LLC, Covington Solar</u> Location: (Do Not Use P.O. Box) Street: <u>199 Lott Town Rd</u> City: <u>Seminary</u> State: <u>MS</u> Zip: <u>39479</u> County: <u>Lamar</u> Telephone: (____) _____	Item II. Responsible official after transfer or name change: Name: <u>Cevon Bulock</u> Title: <u>Project Manager II</u> Mailing Address: Street/P.O. Box: <u>14275 Golf Course Drive #240</u> City: <u>Baxter</u> State: <u>MN</u> Zip: <u>56425</u> Telephone: <u>(405) 436 - 4094</u> Email: <u>Cevonb@conductorpower.com</u>		
Item III. Previous Permittee¹: <u>Scott Shively</u> Mailing Address: Street/P.O. Box: <u>800 Bickell Avenue Suite 1000</u> City: <u>Miami</u> State: <u>FL</u> Zip: <u>33131</u> Telephone: <u>(602) - 799 - 6168</u>	Item IV. New Permittee¹: <u>Cevon Bulock</u> Mailing Address: Street/P.O. Box: <u>14275 Golf Course Drive #240</u> City: <u>Baxter</u> State: <u>MN</u> Zip: <u>56425</u> Telephone: <u>(405) 436 - 4094</u> Email: <u>Cevonb@conductorpower.com</u>		
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 Signature²: _____ 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: <u>Origis Technics USA, LLC</u> To: <u>Conductor Power, LLC</u> Acquisition Date: <u>9/18/2026</u> 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. <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Cevon Bulock</u> Print New Permittee¹ Name <u>Cevon Bulock</u> New Authorized Signature² <u>Project Manager II</u> <u>9/17/26</u> Title Date </td> <td style="width: 50%; vertical-align: top;"> <u>Scott Shively</u> Print Previous Permittee¹ Name  Previous Authorized Signature² <u>Authorized Representative</u> <u>09/18/26</u> Title Date </td> </tr> </table>		<u>Cevon Bulock</u> Print New Permittee¹ Name <u>Cevon Bulock</u> New Authorized Signature² <u>Project Manager II</u> <u>9/17/26</u> Title Date	<u>Scott Shively</u> Print Previous Permittee¹ Name  Previous Authorized Signature² <u>Authorized Representative</u> <u>09/18/26</u> Title Date
<u>Cevon Bulock</u> Print New Permittee¹ Name <u>Cevon Bulock</u> New Authorized Signature² <u>Project Manager II</u> <u>9/17/26</u> Title Date	<u>Scott Shively</u> Print Previous Permittee¹ Name  Previous Authorized Signature² <u>Authorized Representative</u> <u>09/18/26</u> 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.

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