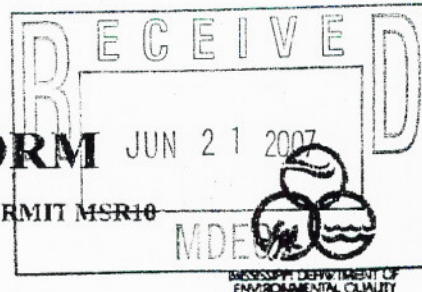


AI # 35081

GMP20070002

**MAJOR MODIFICATION FORM**

LARGE CONSTRUCTION STORM WATER GENERAL NPDES PERMIT MSR10

**INSTRUCTIONS**

Coverage recipients shall notify the Mississippi Department of Environmental Quality of plans to expand the "footprint" of an existing project or add subsequent phases. This form and a modified Storm Water Pollution Prevention Plan (SWPPP), including COE Section 404, dam safety, and wastewater collection and treatment information, must be submitted when:

- SWPPP details have been developed and are ready for MDEQ review for subsequent phases of an existing, covered project.
- The "footprint" identified in the original Notice of Intent and SWPPP is proposed to be enlarged.

This form must be signed by the original coverage recipient under Mississippi's Large Construction Storm Water General Permit. A different developer of new phases of existing projects must apply for separate permit coverage. Coverage recipients are authorized to discharge storm water associated with proposed expansions of existing projects or subsequent phases, under the conditions of the General Permit, only upon receipt of written notification of approval by the MDEQ. All other modifications, such as changes of erosion and sediment controls used, must be in accordance with ACT 7, S-1 (4) of Mississippi's Large Construction Storm Water General Permit.

**COVERAGE RECIPIENT INFORMATION**

COVERAGE RECIPIENT CONTACT PERSON: Gerald Barber  
 COMPANY NAME: CAESAR OAKS LLC  
 STREET OR P.O. BOX: 453 Northpark Drive Suite B  
 CITY: Ridgeland STATE: MS ZIP: 39157  
 PHONE # (INCLUDE AREA CODE): 601.957.3443 / 601.826.9001

**PROJECT INFORMATION**

CONSTRUCTION STORM WATER GENERAL PERMIT COVERAGE NUMBER: MSR10 4501  
 ADDITIONAL ACREAGE TO BE DISTURBED: \_\_\_\_\_  
 PROJECT NAME: CAESAR OAKS  
 CITY: PICAYUNE COUNTY: PEARL RIVER COUNTY

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 fines and imprisonment for knowing violations.

Signature (must be signed by coverage recipient)

Date

Printed Name

Title

Please submit this form to:

Chief, Environmental Permits Division  
 MS Department of Environmental Quality, Office of Pollution Control  
 P.O. Box 10385  
 Jackson, Mississippi 39289-0385