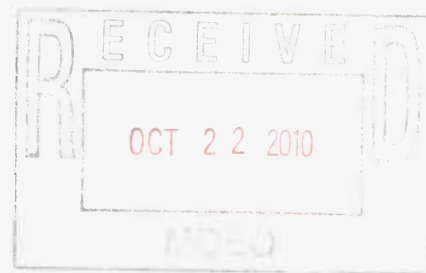


AF #1585



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY



BASELINE STORM WATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
BASELINE GENERAL PERMIT MSR00
GENERAL NPDES COVERAGE NO. MSR 11004 5

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Baseline General Permit. This form must be completed and returned to the address printed at the bottom of page 2 within 30 days of the date of the Letter of Instruction for Re-Coverage.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. The visual assessment and training sections of your SWPPP will probably need to be updated to adhere to permit requirements (see ACT8, S-1 and ACT12, S-1 and S-2). These updates do NOT need to be submitted to MDEQ.

If the facility is out of business or no longer a regulated facility, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Baseline Forms Package. Facilities that continue to discharge wastewater without applicable permit coverage are in violation of state law.

Do not submit this form if submitting a "Request for Termination" (RFT).

Do not submit this form if submitting a "No Exposure Certification."

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: ☐ owner/operator ☒ facility (please check one)

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Carol Roberts, Sr.VP Industrial Packaging

COMPANY NAME: International Paper Company

STREET OR P.O. BOX: 6420 Poplar

CITY: Memphis STATE: Tennessee ZIP: 38197

PHONE NUMBER (INCLUDE AREA CODE): (901) 419-4529

FACILITY INFORMATION

FACILITY NAME: International Paper - Vicksburg Mill

CONTACT NAME & POSITION: John Adams, EHS Manager

CONTACT PHONE NUMBER (INCLUDE AREA CODE): (601) 631-8249

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

2 6 3 1 Unbleach Kraft Mill

PHYSICAL SITE ADDRESS:

STREET: 3737 Hwy. 3 North

CITY: Redwood

COUNTY: Warren

ZIP: 39156

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 32 degrees 31 minutes 40 seconds

LONGITUDE: 90 degrees 46 minutes 20 seconds

NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Ballground Creek

IS RECEIVING STREAM ON MDEQ's 303(d) LIST?

☐ YES

☒ NO

IF YES, HAS A TMDL BEEN ESTABLISHED FOR THE RECEIVING STREAM SEGMENT?

☐ YES

☒ NO

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE?

☒ YES

☐ NO

2. IS THE SWPPP UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS?

☒ YES

☐ NO

IF NO, PLEASE ATTACH REQUIRED SWPPP AMENDMENTS (see Instructions on front page).

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.

I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge storm water associated with industrial activity under this general permit. I understand that discharging pollutants in storm water associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.


Signature

October 21, 2010

Date

Tom Macher

Printed Name¹

Mill Manager

Title

¹This form shall be signed according to ACT14, T-9 of the General Permit, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to:

Chief, Environmental Permits Division,
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

INTERNATIONAL PAPER

October 21, 2010

RECEIVED
OCT 22 2010
Dept of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL NO: 7000 0520 0025 3771 4458
RETURN RECEIPT REQUESTED

Mr. Jim Morris, Chief
Environmental Permits Division,
MS Department of Environmental Quality
Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225-2261

Re: International Paper – Vicksburg Mill
Baseline Storm Water General Permit No. MSR11045
Quarterly MACT II Certification

Dear Mr. Morris:

Attached is the subject Permit Application with changes per our conversation yesterday, Wednesday, 10/20/2010, to continue coverage under the previous permit which expired September 30, 2010.

Any questions on the enclosed document should be addressed to John Adams, EHS Manager, at 601-631-8249.

The undersigned certifies under penalty of law that all information and statements provided in this report (including any attachments), based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

Sincerely,



Tom J. Macher
Mill Manager

TMJ:JA/ljr
Enclosure