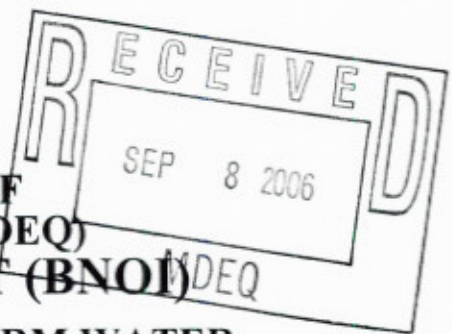


AI #1992
GmP20060001 ✓



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)
BASELINE NOTICE OF INTENT (BNOI)
FOR COVERAGE UNDER BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 1172
(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or environmental consultant). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity

Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS OWNER OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name: WAYNE GREGG Position: VICE PRESIDENT ALM
Owner Company Name: PACKAGING CORPORATION OF AMERICA (PCA)
Owner Street (P.O. Box): 901 GRIMES BLVD.
Owner City: LEXINGTON State: NC Zip: 27292
Owner Phone Number (Include Area Code): (336) 224-0311

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: DAN BOWMAN Position: GENERAL MGR.
Operator Company Name: PACKAGING CORPORATION OF AMERICA
Operator Street (P.O. Box): P.O. BOX 6283
Operator City: PEARL State: MS Zip: 39288-6283
Operator Phone Number (Include Area Code): (601) 939-5111

FACILITY INFORMATION

Facility Name: PACKAGING CORPORATION OF AMERICA

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 2 6 5 3 CORRUGATED SHIPPING CONTAINERS

Receiving Stream: PEARL RIVER

Physical Site Address (if not available indicate the nearest named road):

Street: 100 WILLIE DRIVE

City: PEARL

County: RANKIN

Zip: 39288-6283

Indicate Any Association or Generic SWPPP: N/A

Attach a copy of any existing laboratory data for each storm water outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values.

Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts? Yes No

If yes, please attach a list of water priority chemicals present at the facility.

**DOCUMENTATION OF COMPLIANCE WITH OTHER
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits? Yes No If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

How will sanitary sewage be collected and treated? CITY OF PEARL

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

N/A

Is treatment of storm water provided at any outfall? If so, please describe:

NONE

CERTIFICATION

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.

PACKAGING CORPORATION OF AMERICA

F W Gregg
Signature (Must be signed by operator when different than owner)

9-7-06
Date Signed

F W GREGG
Printed Name

VICE PRESIDENT
Title

¹This application shall be signed according to the General Permit, ACT 13, T-4, 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, the mayor, or ranking elected official.

After signing please mail to: Environmental Permits Division, Office of Pollution Control
P.O. Box 10385
Jackson, MS 39289-0385