

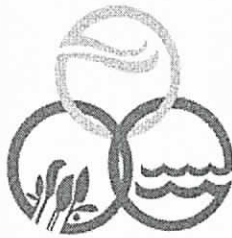
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MDEQ



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~~00~~ 0 0 4 5

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## 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 45 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 (i.e., not the environmental consultant). The coverage recipient is responsible for permit compliance.

Re-submittal of the Storm Water Pollution Prevention Plan (SWPPP) is not required, even if amendments must be added to meet new permit conditions. However, amendments to the SWPPP must be submitted with the "Re-Coverage Form" if there has been a change in design, construction, operation, or maintenance of the facility, which may increase the discharge of pollutants to waters of the State or the SWPPP proves to be ineffective in controlling storm water pollutants.

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 FORM BLANKS 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: Rachel Green Riggins, SR Environmental Engineer  
COMPANY NAME: International Paper-Vicksburg Mill  
STREET OR P.O. BOX: 3737 Highway 3 North  
CITY: Redwood STATE: Mississippi ZIP: 39156  
PHONE NUMBER (601) 631-8387 EMAIL: rachel.greenriggins@ipaper.com

## FACILITY INFORMATION

FACILITY NAME: International Paper - Vicksburg Mill

CONTACT NAME & POSITION: Rachel Green Riggins, SR Environmental Engineer

CONTACT PHONE NUMBER (601) 631-8387 EMAIL: rachel.greenriggins@ipaper.com

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:  
2 6 1 1 Pulp and Paper Mill

PHYSICAL SITE ADDRESS: STREET: 3737 Highway 3 North

CITY: Redwood COUNTY: Warren ZIP: 39156

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:  
 LATITUDE: 32 degrees 31 minutes 46.4 seconds LONGITUDE: 90 degrees 46 minutes 23.8 seconds

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

IS RECEIVING STREAM ON MDEQ's 303(d) LIST?  YES  NO


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 fine 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

2/8/2016  
 Date

Thomas J. Olstad  
 Printed Name

Mill Manager  
 Title

<sup>1</sup>This 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

# Responsible Official/Duly Authorized Representative Identification Form

(The following page is to be used for specifying facility contacts)

Facility Name: International Paper-Vicksburg Mill Facility Number: \_\_\_\_\_

I hereby certify that I am qualified under the regulatory definition to be the responsible official for the above-named facility. Specifically, I, Thomas J. Olstad :  
(Typed or printed name)

- ( ) am an officer of the corporation. My title is \_\_\_\_\_.
- (X) perform policy or decision-making functions similar to that of an officer of the corporation.

Explain: I am the Mill Manager at the Vicksburg Mill and have designated signature authority.

- ( ) am a general partner in a partnership.
- ( ) am the owner of a sole proprietorship.
- ( ) am a principal executive officer or ranking elected official of a municipality, state, federal, or other public agency. My office/title is: \_\_\_\_\_.
- My agency is: \_\_\_\_\_.

*Note: A duly authorized representative may only be designated for corporations, and while a corporation may have several responsible officials, it can only have one duly authorized representative.*

I hereby designate Naser Jaber as a duly authorized representative to act in my stead.  
(Name of individual)

This individual's business title is: Business Unit Manager-Pulp & Power

I also certify that this individual is responsible for the overall operation of one or more facilities applying for or subject to a permit under these regulations and that

- (X) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), or
- ( ) approval of this delegation of authority has been previously requested of and given by the DEQ.

[Signature]  
Signature of responsible official

[Signature]  
Signature of duly authorized representative designee

2/8/16  
Date

For MDEQ use only:

\_\_\_\_\_  
Acknowledged by

\_\_\_\_\_  
Date

# Facility Contact Identification Form

Facility Name: \_\_\_\_\_ Facility Number: \_\_\_\_\_

- To correct information from page 1, indicate a correction by checking the "Correction" box, indicate the name of the facility contact and fill out only the information that is to be corrected.
- To add a facility contact, indicate an addition by checking the "Addition" box and complete all of the information.
- To remove a facility contact from page 1, indicate the contact is to be removed by checking the "Removal" box and fill out the name of the contact only.

Correction  Addition  Removal

Facility Contact: Thomas J. Olstad Title: Mill Manager

Facility Contact Mailing Address: 3737 Highway 3 N, Redwood, MS 39156

Facility Contact Telephone No: 601-631-8210

Correction  Addition  Removal

Facility Contact: Roman Gallo Title: VP Containerboard Manufacturing West

Facility Contact Mailing Address: 6420 Poplar Avenue, Memphis, TN 38197

Facility Contact Telephone No: 901-419-4849

Correction  Addition  Removal

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_

Correction  Addition  Removal

Facility Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Contact Mailing Address: \_\_\_\_\_

Facility Contact Telephone No: \_\_\_\_\_