

INDUSTRIAL STORMWATER GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED INDUSTRIAL STORMWATER GENERAL PERMIT MSR00 GENERAL NPDES COVERAGE NO. MSR00 0901

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Industrial Stormwater General Permit. This form must be completed and returned to the address printed at the bottom of page 2.

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.

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 Industrial Stormwater 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).

COVERAGE RECIPIENT INFORMATION		
CONTACT NAME & POSITION: Dan Drengler, Plant Manager	· · · · · · · · · · · · · · · · · · ·	
EMAIL ADDRESS: Dan.Drengler@ipaper.com		
COMPANY NAME: International Paper		
STREET OR P.O. BOX: 371 Manufacturers Drive		
CITY: Columbus STATE: MS	_{ZIP:} 39701	
PHONE NUMBER (INCLUDE AREA CODE): (662)-243-6927		
FACILITY INFORMATION	1	
FACILITY NAME: Columbus Modified Fiber		
CONTACT NAME & POSITION: Anna Solsvig, Environmental Engineer		
CONTACT PHONE NUMBER (INCLUDE AREA CODE): 662-243-6942		
PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCR	IPTION OF INDUSTRIAL ACTIVITY:	



PHYSICAL SITE ADDRESS STREET: 371 Manufacturer's Drive				
CITY: Columbus	COUNTY: Lowndes	zı	_{P:} 39701	
PROVIDE THE COORDINATES	OF THE PLANT ENTRANCE:			
LATITUDE: 34 degrees 25 minutes 58 seconds LONGITUDE: 89 degrees 33 minutes 26 seconds				
NEAREST NAMED RECEIVING STREAM FOR STORM WATER LEAVING THE SITE: Unnamed Tributary of Gilmmer Creek				
IS RECEIVING STREAM ON M	IDEQ's 303(d) LIST?	YES	□NO	
IF YES, HAS A TMDL BEEN EST	FABLISHED FOR THE RECEIVING	STREAM SEGMENT? YES	NO	
STORM WATER POLLUTION PREVENTION PLAN (SWPPP)				
IS A COPY OF THE SWPPP AT TH	IE PERMITTED SITE?		YES NO	
	EFFECTIVE IN CONTROLLING STO ED SWPPP AMENDMENTS (see Instru		YES NO	
AUTO SALVAGE FACILITIES ONLY				
FOR AUTO SALVAGE FACILITIES, A REVISED SWPPP TO COMPLY WITH THE NEW PERMIT MUST BE SUBMITTED TO MDEQ NO LATER THAN JANUARY 31, 2022.				
DOES THE SWPPP REQUIRE CHA	ANGES TO COMPLY WITH THE NEW	PERMIT?	YES NO	
IS A REVISED COPY OF THE SWI	PPP ATTACHED?		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 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 Date				
Dan Drengler		Plant Manager		
Printed Name ¹		Title		
This form shall be signed according to ACT16, 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				



PO BOX 8660 COLUMBUS MS 39701 T 662-243-4223 F 662-243-4460 Ashley.Kimes@ipaper.com

CERTIFIED MAIL: 7009 0080 0001 6177 5546

March 11, 2021

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



RE: International Paper – Columbus Modified Fiber Plant's Industrial Stormwater General Permit Re-Coverage Form

Dear Sir or Madame,

Subject: Industrial Stormwater General Permit Re-Coverage Form

Enclosed please find a copy of the Columbus Modified Fiber Plant's Industrial Stormwater General Permit Recoverage Form, Permit Number MSR000901.

Any questions you have about this information may be addressed to Anna Solsvig at 662-243-4341 or at E-mail address anna.solsvig@ipaper.com.

Sincerely,

Ashley Kimes

Environmental Manager

International Paper, Columbus Modified Fiber Plant

Cc: Anna Solsvig

Dan Drengler, Plant Manager

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