INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We make Indiana a cleaner, healthier place to live.

Joseph E. Kernan
Governor

Lori F. Kaplan
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

November 18, 2004

TO: Interested Parties / Applicant

RE: Smurfit Stone Container Corporation / 139-19685-00001

FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision – Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office of Environmental Adjudication, 100 North Senate Avenue, Government Center North, Room 1049, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

(1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
(2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
(3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

(1) the name and address of the person making the request;
(2) the interest of the person making the request;
(3) identification of any persons represented by the person making the request;
(4) the reasons, with particularity, for the request;
(5) the issues, with particularity, proposed for considerations at any hearing; and
(6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures
FNPER-AM.dot 9/16/03

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November 18, 2004

Mr. Bart Whittaker
Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
P.O. Box 278
Carthage, Indiana 46115

Re: 139-19685-00001
First Administrative Amendment to
FESOP F139-12986-00001

Dear Mr. Whittaker:

Smurfit-Stone Container Corporation was issued a FESOP permit on October 25, 2001 to own and operate a stationary recycled paperboard manufacturing source. A letter requesting a transfer of ownership was received on October 4, 2004. Pursuant to the provisions of 326 IAC 2-7-8(a)(4) the permit is hereby administratively amended as follows:

Smurfit-Stone Container Corporation the indirect parent company of Jefferson Smurfit Corporation (U.S.) consolidated its operating subsidiaries of Jefferson Smurfit Corporation and Stone Container Corporation. Jefferson Smurfit Container Enterprises, Inc., merged with and into Jefferson Smurfit Corporation with Jefferson Smurfit Corporation being the surviving corporation. Jefferson Smurfit Corporation then is merged into Stone Container Corporation. Stone Container Corporation will be the surviving company and remain as a wholly-owned subsidiary of Smurfit-Stone Container Corporation. Stone Container Corporation's new legal name will be Smurfit-Stone Container Enterprises, Inc. The company will operate the plant located at 212 South Main Street, Carthage, Indiana 46115, as Smurfit-Stone Container Enterprises, Inc. dba Smurfit-Stone Container Corporation.

Mr. Bart Whittaker remains as the Authorized Individual. Mr. Whittaker meets the requirements of 326 IAC 2-1.1-1(1) as an Authorized Individual..

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, and ask for Gary Freeman or extension (3-5334), or dial (317) 233-5334.

Sincerely,

Original Signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Updated Pages
PD/gkf
cc: File -Rush County
Rush County Health Department
Air Compliance Section Inspector – Patrick Burton
Billing, Licensing and Training Section - Chet Bohannon
Permit Review Section 1 - Gary Freeman

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FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP) RENEWAL OFFICE OF AIR QUALITY

Smurfit-Stone Container Enterprises, Inc
dba Smurfit-Stone Container Corporation
212 South Main Street
Carthage, Indiana 46115

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F 139-12986-00001	
Issued by: Original issued by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: October 25, 2001 Expiration Date: October 25, 2006

First Administrative Amendment: 139-19685-00001	Pages Affected: 30, 31, 32, 33, 34, 35 and 36
Issued by: Original Signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: November 18, 2004

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP) CERTIFICATION

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 212 South Main Street, Carthage, Indiana 46115
Mailing Address: P.O. Box 278, Carthage, Indiana 46115
FESOP No.: F 139-12986-00001

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- ☐ Annual Compliance Certification Letter
- ☐ Test Result (specify) _____
- ☐ Report (specify) _____
- ☐ Notification (specify) _____
- ☐ Affidavit (specify) _____
- ☐ Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
Signature:
Printed Name:
Title/Position:
Phone:
Date:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY

COMPLIANCE BRANCH
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY OCCURRENCE REPORT

Source Name:	Smurfit-Stone Container Enterprises, Inc. dba Smurfit-Stone Container Corporation
Source Address:	212 South Main Street, Carthage, Indiana 46115
Mailing Address:	P.O. Box 278, Carthage, Indiana 46115
FESOP No.:	F 139-12986-00001

This form consists of 2 pages **Page 1 of 2**

☐ This is an emergency as defined in 326 IAC 2-7-1(12)

- The Permittee must notify the Office of Air Quality (OAQ), within four (**4**) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
- The Permittee must submit notice in writing or by facsimile within two (**2**) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:
Control Equipment:
Permit Condition or Operation Limitation in Permit:
Description of the Emergency:
Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A **Page 2 of 2**

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency? Y N Describe: Type of Pollutants Emitted: TSP, PM-10, SO_2, VOC, NO_X, CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____

A certification is not required for this report.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
SEMI-ANNUAL NATURAL GAS-FIRED BOILER CERTIFICATION

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 212 South Main Street, Carthage, Indiana 46115
Mailing Address: P.O. Box 278, Carthage, Indiana 46115
FESOP No.: F 139-12986-00001

☐ Natural Gas Only ☐ Alternate Fuel burned From: _____ To: _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.
Signature:
Printed Name:
Title/Position:
Phone:
Date:

Attach a signed certification to complete this report.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH

FESOP Quarterly Report

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 212 South Main Street, Carthage, Indiana 46115
Mailing Address: P.O. Box 278, Carthage, Indiana 46115
FESOP No.: F 139-12986-00001
Facilities: Boilers, EU#2 and EU#3
Parameter: No. 2 fuel oil usage and natural gas usage equivalent
Limit: Less than 2,816,901 gallons of No. 2 fuel oil per twelve (12) consecutive month period, equivalent to less than one hundred (100) tons of SO_2 per year.
One (1) million cubic feet of natural gas is equivalent to 8.45 gallons of No. 2 fuel oil

YEAR: _____

Month	No. 2 fuel oil (gallons)	No. 2 fuel oil (gallons)	No. 2 fuel oil (gallons)
	This Month	Previous 11 Months	12 Month Total

☐ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Submitted by: _____

Title / Position: _____

Signature: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 212 South Main Street, Carthage, Indiana 46115
Mailing Address: P.O. Box 278, Carthage, Indiana 46115
FESOP No.: F 139-12986-00001

Months: _____ to _____ Year: _____

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

☐ NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

☐ THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation: **Duration of Deviation:**

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation: **Duration of Deviation:**

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)	
Date of Deviation:	**Duration of Deviation:**
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	**Duration of Deviation:**
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	**Duration of Deviation:**
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

☐ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.