



Joseph E. Kernan
Governor

Lori F. Kaplan
Commissioner

November 10, 2004

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

TO: Interested Parties / Applicant

RE: Smurfit Stone Container Enterprises / 169-20180-00002

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



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

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November 10, 2004

Mr. Alan Nichols
Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
P.O. Box 217
Wabash, Indiana 46992

Re: 169-20180-00002
First Administrative Amendment to
T 169-18068-00002

Dear Mr. Nichols:

Jefferson Smurfit Corporation (U.S.) was issued a Part 70 permit on August 6, 2004 to own and operate a stationary coated boxboard manufacturing source. A letter requesting a transfer of ownership was received on September 27, 2004. Pursuant to the provisions of 326 IAC 2-7-11(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 455 West Factory Street, Wabash, Indiana 46992 as Smurfit-Stone Container Enterprises, Inc. dba Smurfit-Stone Container Corporation.

Mr. Nichols, General Manager remains as the Responsible Official. Mr. Nichols meets the requirements of 326 IAC 2-7-1(34)(A)(v) as a Responsible Official.

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.

Smurfit-Stone Container Enterprises, Inc., dba Smurfit-Stone Container Corporation
Wabash, Indiana

Page 2 of 2
169-20180-00002

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 -Wabash County
Wabash County Health Department
Air Compliance Section Inspector – Ryan Hillman
Billing, Licensing and Training Section - Chet Bohannon
Permit Review Section 1 - Gary Freeman



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PART 70 OPERATING PERMIT RENEWAL OFFICE OF AIR QUALITY

**Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
455 West Factory Street
Wabash, Indiana 46992**

(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.

The Permittee must comply with all conditions of this permit. Noncompliance with any provisions of this permit is grounds for enforcement action; permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. Noncompliance with any provision of this permit, except any provision specifically designated as not federally enforceable, constitutes a violation of the Clean Air Act. It shall not be a defense for the Permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. An emergency does constitute an affirmative defense in an enforcement action provided the Permittee complies with the applicable requirements set forth in Section B, Emergency Provisions.

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 2-7 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.: T169-18068-00002	
Issued by: Original signed by Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: August 6, 2004 Expiration Date: August 6, 2009

First Administrative Amendment: 169-20180-00002 Pages Affected: 32, 33, 34, 35, 36, 37 and 38	
Issued by: Original Signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: November 10, 2004

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY

PART 70 OPERATING PERMIT CERTIFICATION

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 455 West Factory Street, Wabash, Indiana 46992
Mailing Address: P.O.Box 217, Wabash, Indiana 46992
Part 70 Permit No.: T169-18068-00002

**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**

**PART 70 OPERATING PERMIT
EMERGENCY OCCURRENCE REPORT**

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 455 West Factory Street, Wabash, Indiana 46992
Mailing Address: P.O.Box 217, Wabash, Indiana 46992
Part 70 Permit No.: T169-18068-00002

This form consists of 2 pages

Page 1 of 2

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

- C 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
- C The Permittee must submit notice in writing or by facsimile within two (2) working 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
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 DATA SECTION**

**PART 70 OPERATING PERMIT
SEMI-ANNUAL NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 455 West Factory Street, Wabash, Indiana 46992
Mailing Address: P.O.Box 217, Wabash, Indiana 46992
Part 70 Permit No.: T169-18068-00002

9 Natural Gas Only 9 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:

A certification by the responsible official as defined by 326 IAC 2-7-1(34) is required for this report.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

Part 70 Quarterly Report

Source Name: Smurfit-Stone Container Enterprises, Inc.
 dba Smurfit-Stone Container Corporation
 Source Address: 455 West Factory Street, Wabash, Indiana 46992
 Mailing Address: P.O.Box 217, Wabash, Indiana 46992
 Part 70 Permit No.: T169-18068-00002
 Facility: Boiler (BO4), known as EU#01
 Parameter: Natural Gas and No.2 Fuel Oil Usage
 Limit: Less than 1,835.7 million cubic feet of natural gas per 12 consecutive month period with compliance determined at the end of each month, equivalent to less than 257 tons of NO_x per year.

For the purpose of this NO_x limit, each kilogallon of No. 2 fuel oil burned in this boiler shall be equivalent to 0.857 million cubic feet of natural gas.

YEAR: _____

Month	Natural Gas Including Equivalent No. 2 Fuel Oil (MMCF)	Natural Gas Including Equivalent No. 2 Fuel Oil (MMCF)	Natural Gas Including Equivalent No. 2 Fuel Oil (MMCF)
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

- 9 No deviation occurred in this quarter.
- 9 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 DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Smurfit-Stone Container Enterprises, Inc.
dba Smurfit-Stone Container Corporation
Source Address: 455 West Factory Street, Wabash, Indiana 46992
Mailing Address: P.O.Box 217, Wabash, Indiana 46992
Part 70 Permit No.: T169-18068-00002

Months: _____ **to** _____ **Year:** _____

<p>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. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not 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".</p>	
<p><input checked="" type="radio"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input checked="" type="radio"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p>Permit Requirement (specify permit condition #)</p>	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
<p>Permit Requirement (specify permit condition #)</p>	
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:	

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.