PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN [illegible]3732

1P40

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) 01970 PERMIT NUMBER

(17-19) 001 DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	01	01	TO	85	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT		****** ******	****** ******	54	63	68		0	1/7	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.4	8.4	10.4		0	1/7	GRAB
000300	PERMIT REQUIREMENT	******	******	******	7.0	******	******	MG/L	***	1/7	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.5	****** ******	7.9		*** ***	1/7	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	1.7	3.7		<0.1	0.14	0.32		0	1/7	24 HR COMP.
000610	PERMIT REQUIREMENT	******	27.9	LBS/DA	******	******	******	MG/L	***	1/7	24HR CO
FLOW RATE	SAMPLE MEASUREMENT	0.96	1.13		****** ******	****** ******	****** ******	****** ******	0	CONT.	RECORDER
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	CONT	RECORDE
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	156	190		10	13.4	16		0	1/7	24 HR COMP.
099000	PERMIT REQUIREMENT	******	1596	LBS/DA	******	******	******	MG/L	***	1/7	24HR CO
VINYL CHLORIDE	SAMPLE MEASUREMENT	1.82	1.82		0.180	0.180	0.180		0	1/90	GRAB
099036	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.*)	J Friend SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	369-3606 NUMBER	85 YEAR	04 MO	04 DAY
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123823

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91
ABERDEEN MS 39730
1940

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)
DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16)	(17-19)
01970	001
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

TND XXX

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	01	01	TO	85	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BIS(2-ETHYL-HEXYL) PHTHALATE 099037	SAMPLE MEASUREMENT	< 0.10	< 0.10		< 0.01	< 0.01	< 0.01		0	1/90	24 HR COMP.
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	1/90	24HR C
DI-N-OCTYL PHTHALATE. 099038	SAMPLE MEASUREMENT	0.610	0.610		0.060	0.060	0.060		0	1/90	24 HR COMP
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	1/90	24HR C
BOD, 5-DAY, 20 DEG C EFFLUENT SUMMER 099055	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	744	LBS/DA	******	26.5	40.0	MG/L	**	1/7	24HR C
BOD, 5-DAY, 20 DEG C EFFLUENT WINTER 099056	SAMPLE MEASUREMENT	158	298		3	13	22		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	800	LBS/DA	******	32.0	43.0	MG/L	**	1/7	24HR C
CHEM. OXYGEN DEMAND SUMMER 099063	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	2523	LBS/DA	******	******	******	MG/L	**	1/7	24HR C
CHEM. OXYGEN DEMAND WINTER 099064	SAMPLE MEASUREMENT	352	474		22	30	36		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	2712	LBS/DA	******	******	******	MG/L	**	1/7	24HR C
**********	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
**********		******	******	******	******	******	******	******		******	********
**********	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	601	369-3606	85	04	04
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123824

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN IN 47325

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) 01970 — PERMIT NUMBER

(17-19) 001 — DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	******	******	45	59	72		0	1/7	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	**	1/7	GRAB
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	7.2	9.1	11.2		0	1/7	GRAB
000300	PERMIT REQUIREMENT	******	******	******	7.0	******	******	MG/L	**	1/7	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.7	******	8.2		**	1/7	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	**	1/7	GRAB
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	1.2	1.4		< 0.1	<0.1	< 0.1		0	1/7	24 HR COMP.
000610	PERMIT REQUIREMENT	******	27.9	LBS/DA	******	******	******	MG/L	**	1/7	24HR CO
FLOW RATE	SAMPLE MEASUREMENT	0.97	1.18		******	******	******	******	0	CONT.	RECORDER
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	**	CONT	RECORDER
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	133	195		8	12	18		0	1/7	24 HR COMP.
099000	PERMIT REQUIREMENT	******	1796	LBS/DA	******	******	******	MG/L	**	1/7	24HR CO
VINYL CHLORIDE	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
099036	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	1/90	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.*)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 (AREA CODE)	369-3606 (NUMBER)	85 (YEAR)	04 (MO)	04 (DAY)
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123825

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 31

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) 01970 PERMIT NUMBER

(17-19) 001 DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BIS(2-ETHYL-HEXYL) PHTHALATE 099037	SAMPLE MEASUREMENT	--	--		--	--	--		---	--	--
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR CO
DI-N-OCTYL PHTHALATE 099038	SAMPLE MEASUREMENT	--	--		--	--	--		---	--	--
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR CO
BOD, 5-DAY, 20 DEG C EFFLUENT SUMMER 099055	SAMPLE MEASUREMENT	--	--		--	--	--		---	--	--
	PERMIT REQUIREMENT	******	744	LBS/DA	******	26.5	40.0	MG/L	***	1/7	24HR CO
BOD, 5-DAY, 20 DEG C EFFLUENT WINTER 099056	SAMPLE MEASUREMENT	158	298		3	13	22		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	800	LBS/DA	******	32.0	43.0	MG/L	***	1/7	24HR CO
CHEM. OXYGEN DEMAND SUMMER 099063	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	2523	LBS/DA	******	******	******	MG/L	***	1/7	24HR CO
CHEM. OXYGEN DEMAND WINTER 099064	SAMPLE MEASUREMENT	328	444		17	29	39		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	2712	LBS/DA	******	******	******	MG/L	***	1/7	24HR CO
**********	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
**********		******	******	******	******	******	******	******		******	********
**********	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	*******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	369-3606	85	04	04

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123826

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN NC 28315

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16)	(17-19)
01370	001
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	03	01	TO	85	04	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	****** ******	64	67	70		0	1/7	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	8.3	8.9	9.5		0	1/7	GRAB
000300	PERMIT REQUIREMENT	******	******	******	7.0	******	******	MG/L	***	1/7	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.7	****** ******	8.2		*** ***	1/7	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	1.1	1.2		< 0.1	< 0.1	< 0.1		0	1/7	24 HR COMP.
000610	PERMIT REQUIREMENT	******	27.9	LBS/DA	******	******	******	MG/L	***	1/7	24HR CO
FLOW RATE	SAMPLE MEASUREMENT	0.90	1.02		****** ******	****** ******	****** ******	****** ******		CONT.	RECORDER
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	CONT	RECORDE
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	144	204		10	13	19			1/7	24 HR COMP
099000	PERMIT REQUIREMENT	******	1396	LBS/DA	******	******	******	MG/L	***	1/7	24HR CO
VINYL CHLORIDE	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
099036	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.*)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-3606	85	04	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123827

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) 01970 — PERMIT NUMBER

(17-19) 001 — DISCHARGE NUMBER

MAJOR

IND

XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	03	01	TO	85	04	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
BIS(2-ETHYL-HEXYL) PHTHALATE 099037	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--	
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR	CO
DI-N-OCTYL PHTHALATE 099038	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--	
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR	CO
BOD, 5-DAY, 20 DEG C EFFLUENT SUMMER 099055	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--	
	PERMIT REQUIREMENT	******	744	LBS/DA	******	26.5	40.0	MG/L	***	1/7	24HR	CO
BOD, 5-DAY, 20 DEG C EFFLUENT WINTER 099056	SAMPLE MEASUREMENT	93	122		6	9	10		0	1/7	24 HR COMP.	
	PERMIT REQUIREMENT	******	800	LBS/DA	******	32.0	43.0	MG/L	***	1/7	24HR	CO
CHEM. OXYGEN DEMAND SUMMER 099063	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--	
	PERMIT REQUIREMENT	******	2523	LBS/DA	******	******	******	MG/L	***	1/7	24HR	CO
CHEM. OXYGEN DEMAND WINTER 099064	SAMPLE MEASUREMENT	330	464		19	30	38		0	1/7	24 HR COMP.	
	PERMIT REQUIREMENT	******	2712	LBS/DA	******	******	******	MG/L	***	1/7	24HR	CO
**********	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********	
**********		******	******	******	******	******	******	******		******	********	
**********	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	*******	********	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 601	NUMBER 369-3606	YEAR 85	MO 04	DAY 04
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123828

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC
ADDRESS P.O. BOX 91
ABERDEEN MS 39730
1940
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)
DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16)	(17-19)
01970	002
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	01	01	TO	85	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	****** ******	45	46	47		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	8.0	****** ******	8.0		** **	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	**	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	**	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	**	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
050060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	**	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.0085	0.010		****** ******	****** ******	****** ******	****** ******	--	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	0.84	0.84		7	8.5	10		0	2/30	GRAB
099000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	**	2/30	24HR CO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.*)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	369-3606 NUMBER	85 YEAR	04 MO	04 DAY
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123829

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16)	(17-19)
01970	002
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT		******	******	61	62	63		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******		******			***		
		******	******	******	8.4	******	8.4		***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
050060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.040	0.040		******	******	******	******			
					******	******	******	******	---	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	3.1	3.8		5	6.5	8		0	2/30	GRAB
099000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR CO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.*)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-3606	85	04	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123830

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN NC 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) 01970 PERMIT NUMBER

(17-19) 002 DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	03	01	TO	85	04	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	****** ******	61	62	63		--	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.7	****** ******	7.7		*** ***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
050060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.0705	0.082		****** ******	****** ******	****** ******	****** ******	0	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	2.3	3.5		1	3	5		0	2/30	INSTANT
099000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR C

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.*)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-3606	85	04	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123831

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) 01970 PERMIT NUMBER

(17-19) 003 DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	01	01	TO	85	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	****** ******	59	62	65		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.6	****** ******	7.6		*** ***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
050060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.1085	0.138		****** ******	****** ******	****** ******	****** ******	0	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	13.2	21.6		5	9	13		0	2/30	INSTANT
099000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR CC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.*)	Friend	601	369-3606	85	04	04
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123832

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

APERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) 01970 PERMIT NUMBER

(17-19) 003 DISCHARGE NUMBER

MAJOR

IND XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	****** ******	64	65	65		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.4	****** ******	7.4		*** ***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
001092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
050060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.2295	0.241		****** ******	****** ******	****** ******	****** ******	0	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	2.8	2.9		1	1	1		0	2/30	INSTANT
099000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR CC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.*)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 601	NUMBER 369-3606	YEAR 85	MO 04	DAY 04
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123833

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)
DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: 01970

(17-19) DISCHARGE NUMBER: 003

MAJOR

IND XXX

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	03	01	TO	85	04	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT		****** ******	****** ******	64	65	66		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.0	****** ******	7.0		*** ***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	---
001034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	---
001092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	---
050060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.230	0.241		****** ******	****** ******	****** ******	****** ******	0	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	4.0	5.2		1	1.5	2		0	2/30	INSTANT
099000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR CO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 601	NUMBER 369-3606	YEAR 85	MO 04	DAY 04
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123834

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME VISTA POLYMERS INC
ADDRESS P.O. BOX 91
ABERDEEN MS 39730
1840
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) 01970 PERMIT NUMBER

(17-19) 004 DISCHARGE NUMBER

MAJOR

IND XXX

Form Approved OMB No. 2000-0015

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	01	01	TO	85	02	01
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	****** ******	58	63	67		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.8	****** ******	7.8		*** ***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.0315	0.033		****** ******	****** ******	****** ******	****** ******	0	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	369-3606	85	04	04
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

VAB.0001123835

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

MAJOR

IND XXX

(2-16)	(17-19)
01970	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	***** *****	65	67	69		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	*****	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	***** *****	7.8	****** ******	7.8		*** ***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	*****	6.0	******	8.5	SU	***	1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	21.5	22		****** ******	****** ******	****** ******	***** *****	0	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	*****	***	2/30	INSTANT
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	***** *****	****** ******	****** ******	****** ******	***** *****		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	*****	******	******	******	*****	***	******	******
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	***** *****	****** ******	****** ******	****** ******	***** *****		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	*****	******	******	******	*****	***	******	******
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	***** *****	****** ******	****** ******	****** ******	***** *****		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	*****	******	******	******	*****	***	******	******
******************** ********************	SAMPLE MEASUREMENT	****** ******	****** ******	***** *****	****** ******	****** ******	****** ******	***** *****		****** ******	****** ******
********************	PERMIT REQUIREMENT	******	******	*****	******	******	******	*****	***	******	******

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	369-3606	85	04	04
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

VAB.0001123836

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME VISTA POLYMERS INC
ADDRESS P.O. BOX 91
ABERDEEN MS 39730
1840
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)
DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
01970	004

IND XXY

	MONITORING PERIOD						
	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	03	01	TO	85	04	01

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	****** ******	****** ******	78	80	81		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG.	F***	*2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	7.7	****** ******	7.7		*** ***	1/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	*1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	15.5	15.7		****** ******	****** ******	****** ******	****** ******	0	2/30	INSTANT
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	*2/30	INSTANT
****************** ******************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
****************** ******************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
****************** ******************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
****************** ******************	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******	****** ******		****** ******	****** ******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******

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J Friend

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	369-3606	85	04	04

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

VAB.0001123837

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

P 477 785 569

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Earl Mahaffey	
Street and No. Miss. Dept. of Nat. Res.	
P.O., State and ZIP Code Jackson, MS 39209	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$
Postmark or Date	

PS Form 3800, Feb. 1982

VAB.0001123838