Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

A

May 26, 1993

VISTA

Mr. John Taylor
Industrial Wastewater Control Section
Mississippi Department of Environmental Quality
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39209

Dear Mr. Taylor:

Enclosed please find effluent monitoring results for the month of May, 1993. These results are submitted per the requirement of NPDES permit MS0001970.

Reported total residue chlorine values indicate we have exceeded permitted amounts. As we have discussed, Vista does not believe we actually have measurable residual chlorine in our outfall. We plan to change our measurement/reporting system to be more consistence with test method limitations starting in May.

Please direct any questions concerning this report to Kenny Akins at (601) 369-3637.

Sincerely,

R. W. Seymour
Plant Manager

tjm

enclosure

cc: KGA

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

NAME VISTA CHEMICAL CO

ADDRESS P. O. BOX 31

AMERIBEN MS 39730

FACILITY

LOCATION

ATTN: FRANK JEANSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001970	001 M

MAJOR (SUBP NO) F - FINAL

Form Approved OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	04	01	TO	93	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	73	(15)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.8	******	******	(19)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 7.0 MINIMUM	******	******	MG/L		WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	91	130	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	L23 270 DAILY AV	L46 405 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.6	******	7.8	(12)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	124	161	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	421 DAILY AV	1396 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.1	10.3	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	12.5 DAILY AV	24.5 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour/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.)	RWSeymour by JDO 5/28/31	601	369-8111	93	05	26
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)

Permit modified effective February 1993 to quantities and/or concentrations indicated.

00173/30127-1601

VAB.0001152566

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(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)
	SAMPLE MEASUREMENT						73		0	Weekly	Grab
	PERMIT REQUIREMENT						20 DAILY MX			WEEKLY	GRAB
	SAMPLE MEASUREMENT				7.8				0	Weekly	Grab
	PERMIT REQUIREMENT				~~6.0~~ 7.0 MINIMUM					WEEKLY	GRAB
	SAMPLE MEASUREMENT	91	130						0	Weekly	Comp 24
	PERMIT REQUIREMENT	~~143~~ 270 DAILY AV	~~246~~ 405 DAILY MX							WEEKLY	COMP24
	SAMPLE MEASUREMENT				7.6		7.8		0	Weekly	Grab
	PERMIT REQUIREMENT				~~6.0~~ 6.5 MINIMUM		9.0 MAXIMUM			TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT	124	161						0	Weekly	Comp 24
	PERMIT REQUIREMENT	411 DAILY AV	1376 DAILY MX							WEEKLY	COMP24
	SAMPLE MEASUREMENT	6.1	10.3						0	Weekly	Comp 24
	PERMIT REQUIREMENT	12.3 DAILY AV	24.5 DAILY MX							WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					REPORT DAILY AV	REPORT DAILY MX			ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour/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.)	R.W. Seymour by JDC 5/27/93	601	369-8111	93	05	26
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)

Permit modified effective February 1993 to quantities and/or concentrations indicated.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

Lighter Copy of previous page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 91
AHOSKIE MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 001 — DISCHARGE NUMBER
MAJOR (SUBR NO) — FINAL

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	04	01	TO	93	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***
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)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.845	0.878	(03)	******	******	******	( )	0	Continuous	Recordr
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	.08	0.10	(19)	3 8		
	PERMIT REQUIREMENT	******	******	**** ****	******	0.011 DAILY AV	0.019 DAILY MX	MG/L		TWICE/MONTH	COMP24
CHEMICAL OXYGEN DEMAND (COD) 81011 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	225	247	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	428 DAILY AV	856 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour/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]	601	369-8111	93	05	26
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)*

Permit modified effective February 1993 to quantities and/or concentrations indicated.

ERMITTEE NAME/ADDRESS *(Include cility Name/Location if different)*
AME
DDRESS
ACILITY
OCATION

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]	[illegible]

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(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)
[illegible]	SAMPLE MEASUREMENT	0.845	0.878	( )	******	******	******	( )	0	Continuous	Recordr
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			CONTINUOUS	RECORDR
[illegible]	SAMPLE MEASUREMENT	******	******	( )	******	.08	0.10	( )	3		
	PERMIT REQUIREMENT	******	******		******	0.011 DAILY AV	0.019 DAILY MX			TWICE/MONTH	COMP 24
[illegible]	SAMPLE MEASUREMENT	225	247	( )	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	4[illegible] DAILY AV	8[illegible] DAILY MX		******	******	******			WEEKLY	COMP 24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
. W. Seymour/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]	601	369-8111	93	05	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

ermit modified effective February 1993 to quantities and/or concentrations indicated.

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

NAME VISTA CHEMICAL CO

ADDRESS P. O. BOX 91

ABERDEEN MS 39730

FACILITY

LOCATION

ATTN: FRANK JEANSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001970	002 A

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	04	01	TO	93	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TAUOP (SUBR 700) Form Approved

E - FINAL OMB No. 2040-0004

NON-CONTACT COOLING WATER

*** NO DISCHARGE |__| ***

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	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.9	******	8.2	(12) SU	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	Not 6.5 MINIMUM	******	9.0 MAXIMUM			TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	7	5	(19) MG/L	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	45 DAILY MX			TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0023	0.0032	(03)	******	******	******	( )	0	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour/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.)*	R W Seymour	601	369-8111	93	05	26
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)*

Permit modified effective February 1993 to quantities and/or concentrations indicated.

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

Form Approved
OMB No. 2040-0004

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

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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)
	SAMPLE MEASUREMENT				7.9		8.2		0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******		****** 6.5 MINIMUM	******	9.0 MAXIMUM			TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT					7	5		0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	45 DAILY MX			TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT	0.0023	0.0032						0	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour/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.)	RW Seymour	601	369-8111	93	05	26
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)

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EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 1 OF >

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VAB.0001152571

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME WESTA CHEMICAL CO
ADDRESS P O BOX 31
GREENVILLE MS 39730
FACILITY
LOCATION
ATTN: FRANK JOHNSON

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

(2-16) PERMIT NUMBER: MS0001370
(17-19) DISCHARGE NUMBER: 003 M

MAJOR (SEE CODE) F - FINAL STORMWATER

Form Approved OMB No. 2040-0004

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	04	01	TO	93	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE | | ***

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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)
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.6	******	7.7	(12)	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	9	9	(19)	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	45 DAILY MX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0105	0.0178	(03)	******	******	******	( )	0	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	******	**** ****		TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour/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.)*	R W Seymour	601	369-8111	93	05	26
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)*

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

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(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)*
	SAMPLE MEASUREMENT				7.6		7.7		0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	9.0 MAXIMUM			TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT					9	9		0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	45 DAILY MX			TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT	0.0105	0.0178						0	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT	REPORT		******	******	******			TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
R. W. Seymour/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.)*	RW Seymour	601	369-8111	93	05	26
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)*

Permit modified effective February 1993 to quantities and/or concentrations indicated

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

NAME VISTA CHEMICAL CO

ADDRESS P. O. BOX 31

AMORY MS 38730

FACILITY

LOCATION

ATTN: FRANK JEANSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001970	004 N

MAJOR
(SUBR NO)
E - FINAL
ONCE THRU PUMP SEAL WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	04	01	TO	93	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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)
PH	SAMPLE MEASUREMENT	******	******	( )	8.2	******	8.2	(12)	0	Twice/ Month	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0055	0.0055	(03)	******	******	******	( )	0	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	******	**** ****		TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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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)*

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NO CHEMICALS, SUCH AS CHLORINE, ZINC, OR CHROMIUM, SHALL BE ADDED TO THE COOLING WATER WITHOUT THE PRIOR WRITTEN APPROVAL BY THE OPC IN ACCORDANCE WITH PART III.C., PAGE 16 OF 16.

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

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	SAMPLE MEASUREMENT				8.2		8.2		0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	9.0 MAXIMUM			TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT	0.0055	0.0055		******	******	******		0	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT	REPORT		******	******	******		0	TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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