Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

VISTA

March 7, 1991

Mr. Taher Diab
Industrial Wastewater Control Section
Mississippi Department of Natural Resources
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39209

Dear Mr. Diab:

Enclosed please find effluent monitoring results for the month of February, 1990. These results are submitted per the requirement of NPDES permit MS0001970.

Please direct any questions concerning this report to Frank Jeanson at 601-369-3637.

Sincerely,

R. W. Seymour
Plant Manager

tjs

enclosure

cc: FGJ, JCL

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME WISTA POLYMERS INC
ADDRESS P O BOX 91
ABERDEEN MS 39730

FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

F - FINAL

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

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
91	02	01	91	02	28

MAJOR (SUBR NO) TFD

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, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	59	63	DEG.F	0	WEEKLY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	9.1	*****	*****	MG/L	0	WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 W 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	229	328	LBS/DY	*****	20.5	32	MG/L	0	WEEKLY	COMP
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 K 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	823	1027	LBS/DY	*****	*****	*****	****	0	WEEKLY	COMP
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	8.0	SU	0	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	184	246	LBS/DY	*****	*****	*****	****	0	WEEKLY	COMP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11.84	26.4	LBS/DY	*****	*****	*****	****	0	WEEKLY	COMP

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 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	369-8111	91	03	06
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152854

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.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	1	TO	91	[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) 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					59	63		0	WEEKLY	GRAB
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	75 DAILY MX	DEG. F			
	SAMPLE MEASUREMENT				9.1				0	WEEKLY	GRAB
	PERMIT REQUIREMENT				6.0 INSTN MN			MG/L			
	SAMPLE MEASUREMENT	229	320			20.5	32		0	WEEKLY	COMP
	PERMIT REQUIREMENT	431 DAILY AV	800 DAILY MX			30.0 DAILY AV	45 DAILY MX	MG/L			
	SAMPLE MEASUREMENT	823	1027						0	WEEKLY	COMP
	PERMIT REQUIREMENT	1461 DAILY AV	2712 DAILY MX								
	SAMPLE MEASUREMENT				6.9		8.0		0	WEEKLY	GRAB
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM	SU			
	SAMPLE MEASUREMENT	184	245						0	WEEKLY	COMP
	PERMIT REQUIREMENT	674 DAILY AV	1396 DAILY MX								
	SAMPLE MEASUREMENT	11.84	26.4						0	WEEKLY	COMP
	PERMIT REQUIREMENT	21.5 DAILY AV	27.0 DAILY MX								

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	03	06
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Lighter Copy
of
Previous Page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
AMERBEN MS 39730
FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

F - FINAL

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

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	02	01	TO	91	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFD

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)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3986	1.62	MGD	*****	*****	*****	**** ****	0	CONT	
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

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	91	03	06
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.0001152856

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)*

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

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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	1.3986	1.62						0	CONT	
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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		601	369-8111	91	03	06
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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.)*

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

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

NAME VITTA POLYMERS INC

ADDRESS PO BOX 91

AUBERN MS 39730

FACILITY

LOCATION

TIM: R. W. SEYMOUR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) MS0001970 — PERMIT NUMBER

(17-19) 002 — DISCHARGE NUMBER

F - FINAL

NON-CONTACT COOLING WATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	02	01	91	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR (SUBR NOT TRD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (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	*****	*****		*****	57	59	DEG.F	0	2 PER/MONTH	GRAB
	PERMIT REQUIREMENT	*REPORT*	*REPORT*								
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.0	SU	0	2 PER/MONTH	GRAB
	PERMIT REQUIREMENT										
SOLIDS, TOTAL SUSPENDED 00530 1 20 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	11	15	MG/L	0	2 PER/MONTH	COMP
	PERMIT REQUIREMENT										
CHROMIUM, TOTAL (AS CR) 01034 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	---	---	MG/L	-	--	-----
	PERMIT REQUIREMENT										
ZINC, TOTAL (AS ZN) 01092 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	---	---	MG/L	-	--	-----
	PERMIT REQUIREMENT										
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.01008	.01296		*****	*****	*****		0	2 PER/MONTH	INST
	PERMIT REQUIREMENT	*REPORT* MONTHLY AVG	*REPORT* DAILY MX	MGD							
CHLORINE, TOTAL RESIDUAL 50060 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	MG/L	0	1 PER/MONTH	GRAB
	PERMIT REQUIREMENT	*REPORT* MONTHLY AVG	*REPORT* DAILY MX		*REPORT* MINIMUM	*REPORT* MONTHLY AVG	*REPORT* DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
R. W. SEYMOUR/PLANT MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	03	06
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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.)*

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

VAB.0001152858

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)*

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

Form Approved.
OMB No. 2040-0004.
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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						59		0	2	GRAB
	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	OPTIONAL DAILY AV	DAILY MX	[illegible]		MONTH	[illegible]
	SAMPLE MEASUREMENT						8.0		0	2	GRAB
	PERMIT REQUIREMENT	[illegible]	[illegible]		6.0 MINIMUM	[illegible]	9.0 MAXIMUM			MONTH	
	SAMPLE MEASUREMENT								0	2	COMP
	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	100 DAILY AV	40 DAILY MX			MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX			MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX			MONTH	
	SAMPLE MEASUREMENT	[illegible]	[illegible]						0	2	COMP
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		[illegible]	[illegible]	[illegible]			MONTH	[illegible]
	SAMPLE MEASUREMENT					0.0	0.0		0	2	GRAB
	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
[illegible]	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.)*	[illegible]	601	369-[illegible]	92	03	02
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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of
Previous Page

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

NAME VISTA POLYMERS INC

ADDRESS PO BOX 91

ABERDEEN MS 39730

FACILITY

LOCATION

ATTN: R. W. SEYMOUR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) MS0001970 — PERMIT NUMBER

(17-19) 005 — DISCHARGE NUMBER

F - FINAL STORM WATER

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	02	01	TO	91	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFO

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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	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	*****	*****		*****	53	54	DEG.F	0	2 ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.0	SU	0	2 ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5	8	MG/L	0	2 ONCE/MONTH	COMP
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	--	--	MG/L	-	-- ONCE/MONTH	-----
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	--	--	MG/L	-	-- ONCE/MONTH	-----
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.00432	.00576	MGD	*****	*****	*****		0	2 TWICE/MONTH	INST
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.02	.02	MG/L	0	1 ONCE/MONTH	GRAB

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	91	03	06
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.0001152860

ERMITTEE NAME/ADDRESS *(Include acility 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)

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

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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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					53	54		0	2	GRAB
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	99 DAILY MX			ONCE/ MONTH	
	SAMPLE MEASUREMENT				7.7		8.0		0	2	GRAB
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM	SU		ONCE/ MONTH	
	SAMPLE MEASUREMENT					5	6		0	2	COMP
	PERMIT REQUIREMENT					100 DAILY AV	200 DAILY MX	MG/L		ONCE/ MONTH	
	SAMPLE MEASUREMENT					--	--		-	--	----
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	
	SAMPLE MEASUREMENT					--	--		-	--	----
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	
	SAMPLE MEASUREMENT	.00432	.00576						0	2	INST
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							ONCE/ MONTH	
	SAMPLE MEASUREMENT					.02	.02		0	1	GRAB
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
K. 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	03	06
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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of
Previous Page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN MS 39730

FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

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

FINAL
ONCE THRU PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	02	01	TO	91	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFO

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	******	******		******	75	84	DEG.F	0	2 PER MONTH	GRAB
	PERMIT REQUIREMENT	REPORT	REPORT	**** ****	REPORT	REPORT DAILY AVG	REPORT DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8	******	8	SU	0	2 PER MONTH	GRAB
	PERMIT REQUIREMENT	REPORT	REPORT	**** ****	REPORT	REPORT	REPORT				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.00576	.00576		******	******	*******		0	2 PER MONTH	INST
	PERMIT REQUIREMENT	REPORT	REPORT DAILY AVG	MGD	REPORT	REPORT	REPORT DAILY MX	**** ****			
	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	91	03	06
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.0001152862

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.
Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*	TO YEAR *(26-27)*	MO *(28-29)*	DAY *(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					75	84		0	2	GRAB
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	99 DAILY MX	DEG.F		WEEK/ MONTH	GRAB
	SAMPLE MEASUREMENT				8		8		0	2	GRAB
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM	SU		WEEK/ MONTH	GRAB
	SAMPLE MEASUREMENT	.00576	.00576						0	2	INST
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							WEEK/ MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
K. 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 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	369-8111	91	03	06
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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