(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093
Approval Expires: 04/2000

EPA United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS:
1. EPCRA Reporting Center, P.O. Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]
For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2 Attach substantiation forms) [X] No (Do not answer 2.2 Go to Section 3)

2.2 Is this copy: [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hearby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
PAUL J. KOBER, PLANT MANAGER	Paul J. Kober	06/08/98

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 39730VSTPLPOBOX

	Facility or Establishment Name	Facility or Establishment Name or Mailing Address
4.1	CONDEA VISTA COMPANY	
Street:	HIGHWAY 25 SOUTH	
Mailing Address:	PO BOX 91	
City/County/State/Zip Code:	ABERDEEN MONROE, MS 39730-0091	
City/County/State/Zip Code:		ABERDEEN, MS 39730-0091

4.2 This report contains information for: (Important: check a or b; c if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] Federal Facility

4.3 Technical Contact — Name: KENNETH G. AKINS — Telephone Number: (601) 369-3637

4.4 Public Contact — Name: JOE E BEALL — Telephone Number: (601) 369-3605

4.5 SIC Code(s) (4-digit): a. 2821 b. 2869 c. NA d. e. f.

	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
4.6 Latitude	033	48	49	Longitude	088	33	34

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 115270654	a. MSD007031230	a. MS0001970	a. NA
b. NA	b. NA	b. NA	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company [X] NA: NA

5.2 Parent Company's Dun & Bradstreet Number [X] NA: (9 Digits) NA

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United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: VINYL CHLORIDE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.): 000075-01-4

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.): VINYL CHLORIDE

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.): NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.): NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

a. [ ] Produce b. [ ] Import

If produce or import:

c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [ ] As a byproduct
f. [ ] As an impurity

3.2 Process the toxic chemical:

a. [X] As a reactant
b. [ ] As a formulation component
c. [ ] As an article component
d. [ ] Repackaging

3.3 Otherwise use the toxic chemical:

a. [ ] As a chemical processing aid
b. [ ] As a manufacturing aid
c. [ ] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 07 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

			A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA[ ]	3755	E	
5.2	Stack or point air emissions	NA[ ]	14674	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	JAMES CREEK		0	M	000.00
5.3.2	NA				
5.3.3					
5.4.1	Underground injections on-site to Class I Wells:	NA[X]	NA		
5.4.2	Underground injections on-site to Class II-V Wells:	NA[X]	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States Environmental Protection Agency	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	39730VSTPLPOBOX
		Chem., Cat., or Gen. Name
		VINYL CHLORIDE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	[X]	NA	
5.5.1B	Other landfills	[X]	NA	
5.5.2	Land treatment/ application farming	[X]	NA	
5.5.3	Surface impoundment	[X]	NA	
5.5.4	Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City: | State: | County: | Zip:

6.1.B.2 POTW Name:

POTW Address:

City: | State: | County: | Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
NA

Off-Site Location Name

Off-Site Address

City: | State: | County: | Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

Range Codes: A = 1 - 10 pounds
B = 11 - 499 pounds
C = 500 - 999 pounds

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 39730VSTPLPOBOX Chem., Cat., or Gen. Name VINYL CHLORIDE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 P41 2 B11 3 B21 4 NA 5 6 7 8	7A.1c	7A.1d	7A.1e
W		4	100.00 %	Yes [X] No [ ]
7A.2a	7A.2b 1 F99 2 NA 3 4 5 6 7 8	7A.2c	7A.2d	7A.2e
A		1	099.14 %	Yes [X] No [ ]
7A.3a	7A.3b 1 2 3 4 5 6 7 8	7A.3c	7A.3d	7A.3e
NA			. %	Yes [ ] No [ ]
7A.4a	7A.4b 1 2 3 4 5 6 7 8	7A.4c	7A.4d	7A.4e
			%	Yes [ ] No [ ]
7A.5a	7A.5b 1 2 3 4 5 6 7 8	7A.5c	7A.5d	7A.5e
			%	Yes [ ] No [ ]

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [ ] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

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United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: VINYL CHLORIDE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]:	1	NA	2		3		4	

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]:	1	NA	2		3		4		5	
	6		7		8		9		10	

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1	Quantity released *	31236	18429	25000	25000
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production Ratio or Activity Index			0001.11	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" In Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box) — YES [ ] NO [X]

* Report releases pursuant to EPRCA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093
Approval Expires: 04/2000

EPA United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

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1. EPCRA Reporting Center, P.O. Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2 Attach substantiation forms) [X] No (Do not answer 2.2 Go to Section 3)

2.2 Is this copy: [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hearby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
PAUL J. KOBER, PLANT MANAGER	Paul J. Kober	06/08/98

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 39730VSTPLPOBOX

	Facility or Establishment Name	Facility or Establishment Name or Mailing Address
4.1	CONDEA VISTA COMPANY	
Street:	HIGHWAY 25 SOUTH	
Mailing Address:		PO BOX 91
City/County/State/Zip Code:	ABERDEEN MONROE, MS 39730-0091	
City/County/State/Zip Code:		ABERDEEN, MS 39730-0091

4.2 This report contains information for: (Important: check a or b; c if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] Federal Facility

4.3 Technical Contact — Name: KENNETH G. AKINS — Telephone Number: (601) 369-3637

4.4 Public Contact — Name: JOE E BEALL — Telephone Number: (601) 369-3605

4.5 SIC Code(s) (4-digit): a. 2821 b. 2869 c. NA d. e. f.

4.6	Degrees	Minutes	Seconds
Latitude	033	48	49
Longitude	088	33	34

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 115270654	a. MSD007031230	a. MS0001970	a. NA
b. NA	b. NA	b. NA	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company — [X] NA — NA

5.2 Parent Company's Dun & Bradstreet Number — [X] NA — (9 Digits) NA

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: NITRATE COMPOUNDS

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N511 - -

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

NITRATE COMPOUNDS

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.)

NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.)

NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant b. [ ] As a formulation component c. [ ] As an article component d. [ ] Repackaging	a. [ ] As a chemical processing aid b. [ ] As a manufacturing aid c. [X] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 03 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

			A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA[X]	NA		
5.2	Stack or point air emissions	NA[X]	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	JAMES CREEK		54225	0	000.00
5.3.2	NA				
5.3.3					
5.4.1	Underground injections on-site to Class I Wells:	NA[X]	NA		
5.4.2	Underground injections on-site to Class II-V Wells:	NA[X]	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States Environmental Protection Agency	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	39730VSTPLPOBOX
		Chem., Cat., or Gen. Name
		NITRATE COMPOUNDS

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	[X]	NA	
5.5.1B	Other landfills	[X]	NA	
5.5.2	Land treatment/ application farming	[X]	NA	
5.5.3	Surface impoundment	[X]	NA	
5.5.4	Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City:	State:	County:	Zip:

6.1.B.2 POTW Name:

POTW Address:

City:	State:	County:	Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

Range Codes: A = 1 - 10 pounds
B = 11 - 499 pounds
C = 500 - 999 pounds

EPA United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: NITRATE COMPOUNDS

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name

Off-Site Address

City: | State: | County: | Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1: 2: 3: 4: 5: 6: 7: 8:	7A.1c	7A.1d	7A.1e
NA			%	Yes [ ] No [ ]
7A.2a	7A.2b 1: 2: 3: 4: 5: 6: 7: 8:	7A.2c	7A.2d	7A.2e
			%	Yes [ ] No [ ]
7A.3a	7A.3b 1: 2: 3: 4: 5: 6: 7: 8:	7A.3c	7A.3d	7A.3e
			%	Yes [ ] No [ ]
7A.4a	7A.4b 1: 2: 3: 4: 5: 6: 7: 8:	7A.4c	7A.4d	7A.4e
			%	Yes [ ] No [ ]
7A.5a	7A.5b 1: 2: 3: 4: 5: 6: 7: 8:	7A.5c	7A.5d	7A.5e
			%	Yes [ ] No [ ]

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [ ] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: NITRATE COMPOUNDS

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]:	1	2	3	4
	NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]:	1	2	3	4	5
	NA				

	6	7	8	9	10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1	Quantity released *	9296	54225	55000	55000
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production Ratio or Activity Index				0001.11

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" In Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box) YES [ ] NO [X]

* Report releases pursuant to EPRCA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

Form Approved OMB Number: 2070-0093
(IMPORTANT: Type or print; read instructions before completing form) Approval Expires: 04/2000

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2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision [ ]

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IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2 Attach substantiation forms) [X] No (Do not answer 2.2 Go to Section 3)

2.2 Is this copy: [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hearby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
PAUL J. KOBER, PLANT MANAGER	Paul J. Kober	06/08/98

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 39730VSTPLPOBOX

	Facility or Establishment Name	Facility or Establishment Name or Mailing Address
4.1	CONDEA VISTA COMPANY	
	Street: HIGHWAY 25 SOUTH	Mailing Address: PO BOX 91
	City/County/State/Zip Code: ABERDEEN MONROE, MS 39730-0091	City/County/State/Zip Code: ABERDEEN, MS 39730-0091

4.2 This report contains information for: (Important: check a or b; c if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] Federal Facility

4.3 Technical Contact — Name: KENNETH G. AKINS — Telephone Number: (601) 369-3637

4.4 Public Contact — Name: JOE E BEALL — Telephone Number: (601) 369-3605

4.5 SIC Code(s) (4-digit): a. 2821 b. 2869 c. NA d. e. f.

4.6	Degrees	Minutes	Seconds
Latitude	033	48	49
Longitude	088	33	34

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 115270654	a. MSD007031230	a. MS0001970	a. NA
b. NA	b. NA	b. NA	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company [X] NA NA

5.2 Parent Company's Dun & Bradstreet Number [X] NA (9 Digits) NA

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: ANTIMONY COMPOUNDS

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N010 - -

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

ANTIMONY COMPOUNDS

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.)

NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.)

NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant b. [X] As a formulation component c. [ ] As an article component d. [ ] Repackaging	a. [ ] As a chemical processing aid b. [ ] As a manufacturing aid c. [ ] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

			A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [X]	NA		
5.2	Stack or point air emissions	NA [X]	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground injections on-site to Class I Wells:	NA [X]	NA		
5.4.2	Underground injections on-site to Class II-V Wells:	NA [X]	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States Environmental Protection Agency	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	39730VSTPLPOBOX
		Chem., Cat., or Gen. Name
		ANTIMONY COMPOUNDS

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	[X]	NA	
5.5.1B	Other landfills	[X]	NA	
5.5.2	Land treatment/ application farming	[X]	NA	
5.5.3	Surface impoundment	[X]	NA	
5.5.4	Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City:	State:	County:	Zip:

6.1.B.2 POTW Name:

POTW Address:

City:	State:	County:	Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
ALD981020894

Off-Site Location Name FISHER INDUSTRIAL SERVICE, INC

Off-Site Address 402 WEBSTER CHAPEL RD

City: GLENCOE	State: AL	County: ETOWAH	Zip: 35905-

Is location under control of reporting facility or parent company? [ ] YES [X] NO

Range Codes: A = 1 - 10 pounds
B = 11 - 499 pounds
C = 500 - 999 pounds

EPA United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: ANTIMONY COMPOUNDS

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 1	1. O	1. M40
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name: WASTE MANAGEMENT PRAIRIE BLUFF LANDFILL

Off-Site Address: ROUTE 2 BOX 45F PO BOX 573

City: HOUSTON | State: MS | County: CHICKASAW | Zip: 38851-

Is location under control of reporting facility or parent company? [ ] YES [X] NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 1584	1. O	1. M72
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1: P11 2: NA 3: 4: 5: 6: 7: 8:	7A.1c	7A.1d	7A.1e
W		4	100.00 %	Yes [ ] No [X]
7A.2a	7A.2b 1: 2: 3: 4: 5: 6: 7: 8:	7A.2c	7A.2d	7A.2e
NA			%	Yes [ ] No [ ]
7A.3a	7A.3b 1: 2: 3: 4: 5: 6: 7: 8:	7A.3c	7A.3d	7A.3e
			%	Yes [ ] No [ ]
7A.4a	7A.4b 1: 2: 3: 4: 5: 6: 7: 8:	7A.4c	7A.4d	7A.4e
			%	Yes [ ] No [ ]
7A.5a	7A.5b 1: 2: 3: 4: 5: 6: 7: 8:	7A.5c	7A.5d	7A.5e
			%	Yes [ ] No [ ]

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [ ] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States Environmental Protection Agency	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	39730VSTPLPOBOX
		Chem., Cat., or Gen. Name
		ANTIMONY COMPOUNDS

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]:	1	NA	2		3		4	

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]:	1	NA	2		3		4		5	
	6		7		8		9		10	

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1	Quantity released *	2246	1585	1600	1600
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	1	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production Ratio or Activity Index				0001.20

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" In Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	YES [ ]	NO [X]

* Report releases pursuant to EPRCA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

Form Approved OMB Number: 2070-0093
Approval Expires: 04/2000

(IMPORTANT: Type or print; read instructions before completing form)

EPA United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS:
1. EPCRA Reporting Center, P.O. Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2 Attach substantiation forms) [X] No (Do not answer 2.2 Go to Section 3)

2.2 Is this copy: [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hearby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
PAUL J. KOBER, PLANT MANAGER	Paul J. Kober	06/08/98

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 39730VSTPLPOBOX

	Facility or Establishment Name	Facility or Establishment Name or Mailing Address
4.1	CONDEA VISTA COMPANY	
Street:	HIGHWAY 25 SOUTH	Mailing Address: PO BOX 91
City/County/State/Zip Code:	ABERDEEN MONROE, MS 39730-0091	City/County/State/Zip Code: ABERDEEN, MS 39730-0091

4.2 This report contains information for: (Important: check a or b; c if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] Federal Facility

4.3 Technical Contact — Name: KENNETH G. AKINS — Telephone Number: (601) 369-3637

4.4 Public Contact — Name: JOE E BEALL — Telephone Number: (601) 369-3605

4.5 SIC Code(s) (4-digit): a. 2821 b. 2869 c. NA d. e. f.

4.6	Degrees	Minutes	Seconds
Latitude	033	48	49
Longitude	088	33	34

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 115270654	a. MSD007031230	a. MS0001970	a. NA
b. NA	b. NA	b. NA	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company [X] NA NA

5.2 Parent Company's Dun & Bradstreet Number [X] NA (9 Digits) NA

EPA | EPA FORM R | TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

United States Environmental Protection Agency | PART II. CHEMICAL-SPECIFIC INFORMATION | Chem., Cat., or Gen. Name: HYDROCHLORIC ACID (1995 A

SECTION 1. TOXIC CHEMICAL IDENTITY (*Important: DO NOT complete this section if you complete Section 2 below.*)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.): 007647-01-0

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.): HYDROCHLORIC ACID (1995 AND AFTER "ACID AEROSOLS" ONLY)

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.): NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.): NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [X] Produce b. [ ] Import If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [X] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant b. [ ] As a formulation component c. [ ] As an article component d. [ ] Repackaging	a. [ ] As a chemical processing aid b. [ ] As a manufacturing aid c. [ ] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 02 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

			A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [X]	NA		
5.2	Stack or point air emissions	NA [ ]	710	E	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	JAMES CREEK		0	M	000.00
5.3.2	NA				
5.3.3					
5.4.1	Underground injections on-site to Class I Wells:	NA [X]	NA		
5.4.2	Underground injections on-site to Class II-V Wells:	NA [X]	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States Environmental Protection Agency	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	39730VSTPLPOBOX
		Chem., Cat., or Gen. Name
		HYDROCHLORIC ACID (1995 A

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	[X]	NA	
5.5.1B	Other landfills	[X]	NA	
5.5.2	Land treatment/ application farming	[X]	NA	
5.5.3	Surface impoundment	[X]	NA	
5.5.4	Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City:	State:	County:	Zip:

6.1.B.2 POTW Name:

POTW Address:

City:	State:	County:	Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

Range Codes: A = 1 - 10 pounds
B = 11 - 499 pounds
C = 500 - 999 pounds

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 39730VSTPLPOBOX Chem., Cat., or Gen. Name HYDROCHLORIC ACID (1995 A

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]								c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	1	A03	2	NA	3	4	5	7A.1c	7A.1d	7A.1e
A	6	7		8					1	099.43 %	Yes [ ] No [X]
7A.2a	7A.2b	1	C11	2	NA	3	4	5	7A.2c	7A.2d	7A.2e
W	6	7		8					1	100.00 %	Yes [X] No [ ]
7A.3a	7A.3b	1		2		3	4	5	7A.3c	7A.3d	7A.3e
NA	6	7		8						%	Yes [ ] No [ ]
7A.4a	7A.4b	1		2		3	4	5	7A.4c	7A.4d	7A.4e
	6	7		8						%	Yes [ ] No [ ]
7A.5a	7A.5b	1		2		3	4	5	7A.5c	7A.5d	7A.5e
	6	7		8						%	Yes [ ] No [ ]

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [ ] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: HYDROCHLORIC ACID (1995 A

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]:	1	NA	2		3		4	

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]:	1	NA	2		3		4		5	
	6		7		8		9		10	

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1	Quantity released *	591	710	750	750
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	94319	124825	125000	125000
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production Ratio or Activity Index				0001.11

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" In Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box) YES [ ] NO [X]

* Report releases pursuant to EPRCA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

Form Approved OMB Number: 2070-0093
Approval Expires: 04/2000

(IMPORTANT: Type or print; read instructions before completing form)

EPA United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS:
1. EPCRA Reporting Center, P.O. Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]
For EPA use only:

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2 Attach substantiation forms)
[X] No (Do not answer 2.2 Go to Section 3)

2.2 Is this copy: [ ] Sanitized [ ] Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hearby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
PAUL J. KOBER, PLANT MANAGER	Paul J. Kober	06/08/98

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 39730VSTPLPOBOX

	Facility or Establishment Name	Facility or Establishment Name or Mailing Address
4.1	CONDEA VISTA COMPANY	
Street:	HIGHWAY 25 SOUTH	Mailing Address: PO BOX 91
City/County/State/Zip Code:	ABERDEEN MONROE, MS 39730-0091	City/County/State/Zip Code: ABERDEEN, MS 39730-0091

4.2 This report contains information for: (Important: check a or b; c if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] Federal Facility

4.3 Technical Contact — Name: KENNETH G. AKINS — Telephone Number: (601) 369-3637

4.4 Public Contact — Name: JOE E BEALL — Telephone Number: (601) 369-3605

4.5 SIC Code(s) (4-digit): a. 2821 b. 2869 c. NA d. e. f.

4.6	Degrees	Minutes	Seconds
Latitude	033	48	49
Longitude	088	33	34

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 115270654	a. MSD007031230	a. MS0001970	a. NA
b. NA	b. NA	b. NA	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company — [X] NA — NA

5.2 Parent Company's Dun & Bradstreet Number — [X] NA — (9 Digits) NA

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: CHLORINE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

007782-50-5

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

CHLORINE

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.)

NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.)

NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant b. [ ] As a formulation component c. [ ] As an article component d. [ ] Repackaging	a. [ ] As a chemical processing aid b. [ ] As a manufacturing aid c. [X] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

			A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA[ ]	5314	O	
5.2	Stack or point air emissions	NA[ ]	3489	E	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground injections on-site to Class I Wells:	NA[X]	NA		
5.4.2	Underground injections on-site to Class II-V Wells:	NA[X]	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States Environmental Protection Agency	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	39730VSTPLPOBOX
		Chem., Cat., or Gen. Name: CHLORINE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	[X]	NA	
5.5.1B	Other landfills	[X]	NA	
5.5.2	Land treatment/ application farming	[X]	NA	
5.5.3	Surface impoundment	[X]	NA	
5.5.4	Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 *DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)*

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City:	State:	County:	Zip:

6.1.B.2 POTW Name:

POTW Address:

City:	State:	County:	Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

Range Codes: A = 1 - 10 pounds
B = 11 - 499 pounds
C = 500 - 999 pounds

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 39730VSTPLPOBOX Chem., Cat., or Gen. Name CHLORINE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]					c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	1 A03	2 NA	3	4	5	6	7	8	7A.1c	7A.1d	7A.1e
A										1	097.13 %	Yes [X] No [ ]
7A.2a	7A.2b	1	2	3	4	5	6	7	8	7A.2c	7A.2d	7A.2e
NA											. %	Yes [ ] No [ ]
7A.3a	7A.3b	1	2	3	4	5	6	7	8	7A.3c	7A.3d	7A.3e
											%	Yes [ ] No [ ]
7A.4a	7A.4b	1	2	3	4	5	6	7	8	7A.4c	7A.4d	7A.4e
											%	Yes [ ] No [ ]
7A.5a	7A.5b	1	2	3	4	5	6	7	8	7A.5c	7A.5d	7A.5e
											%	Yes [ ] No [ ]

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [ ] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: CHLORINE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]:	1	2	3	4
	NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]:	1	2	3	4	5
	NA				
	6	7	8	9	10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1	Quantity released *	9186	8803	9000	9000
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0

8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0
8.9	Production Ratio or Activity Index	0001.11

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" In Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	YES [ ]	NO [X]

* Report releases pursuant to EPRCA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

Form Approved OMB Number: 2070-0093
(IMPORTANT: Type or print; read instructions before completing form) Approval Expires: 04/2000 Page 1 of 5

EPA United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O. Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]
For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2 Attach substantiation forms) [X] No (Do not answer 2.2 Go to Section 3)

2.2 Is this copy: [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hearby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
PAUL J. KOBER, PLANT MANAGER	Paul J. Kober	06/08/98

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 39730VSTPLPOBOX

	Facility or Establishment Name	Facility or Establishment Name or Mailing Address
4.1	CONDEA VISTA COMPANY	
Street:	HIGHWAY 25 SOUTH	Mailing Address: PO BOX 91
City/County/State/Zip Code:	ABERDEEN MONROE, MS 39730-0091	City/County/State/Zip Code: ABERDEEN, MS 39730-0091

4.2 This report contains information for: (Important: check a or b; c if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] Federal Facility

4.3 Technical Contact — Name: KENNETH G. AKINS — Telephone Number: (601) 369-3637

4.4 Public Contact — Name: JOE E BEALL — Telephone Number: (601) 369-3605

4.5 SIC Code(s) (4-digit): a. 2821 b. 2869 c. NA d. e. f.

4.6		Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
	Latitude	033	48	49	Longitude	088	33	34

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 115270654	a. MSD007031230	a. MS0001970	a. NA
b. NA	b. NA	b. NA	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company [X] NA — NA

5.2 Parent Company's Dun & Bradstreet Number [X] NA — (9 Digits) NA

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: PHTHALIC ANHYDRIDE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

000085-44-9

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

PHTHALIC ANHYDRIDE

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.)

NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.)

NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [X] As a reactant b. [ ] As a formulation component c. [ ] As an article component d. [ ] Repackaging	a. [ ] As a chemical processing aid b. [ ] As a manufacturing aid c. [ ] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 05 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

			A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA[ ]	400	E	
5.2	Stack or point air emissions	NA[X]	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground injections on-site to Class I Wells:	NA[X]	NA		
5.4.2	Underground injections on-site to Class II-V Wells:	NA[X]	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

EPA	EPA FORM R	TRI FACILITY ID NUMBER
United States Environmental Protection Agency	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	39730VSTPLPOBOX
		Chem., Cat., or Gen. Name
		PHTHALIC ANHYDRIDE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	[X]	NA	
5.5.1B	Other landfills	[X]	NA	
5.5.2	Land treatment/ application farming	[X]	NA	
5.5.3	Surface impoundment	[X]	NA	
5.5.4	Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City:	State:	County:	Zip:

6.1.B.2 POTW Name:

POTW Address:

City:	State:	County:	Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
ALD981020894

Off-Site Location Name FISHER INDUSTRIAL SERVICE, INC

Off-Site Address 402 WEBSTER CHAPEL RD

City: GLENCOE	State: AL	County: ETOWAH	Zip: 35905-

Is location under control of reporting facility or parent company? [ ] YES [X] NO

Range Codes: A = 1 - 10 pounds
B = 11 - 499 pounds
C = 500 - 999 pounds

EPA United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: PHTHALIC ANHYDRIDE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 2946	1. M	1. M50
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name

Off-Site Address

City: | State: | County: | Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1: A03 2: P99 3: NA 4: 5: 6: 7: 8:	7A.1c	7A.1d	7A.1e
A		1	100.00 %	Yes [ ] No [X]
7A.2a	7A.2b 1: P12 2: P99 3: NA 4: 5: 6: 7: 8:	7A.2c	7A.2d	7A.2e
A		1	100.00 %	Yes [ ] No [X]
7A.3a	7A.3b 1: 2: 3: 4: 5: 6: 7: 8:	7A.3c	7A.3d	7A.3e
NA			. %	Yes [ ] No [ ]
7A.4a	7A.4b 1: 2: 3: 4: 5: 6: 7: 8:	7A.4c	7A.4d	7A.4e
			%	Yes [ ] No [ ]
7A.5a	7A.5b 1: 2: 3: 4: 5: 6: 7: 8:	7A.5c	7A.5d	7A.5e
			%	Yes [ ] No [ ]

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [ ] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

EPA

United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: PHTHALIC ANHYDRIDE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]:	1	NA	2		3		4	

SECTION 7C. ON-SITE RECYCLING PROCESSES

[ ] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]:	1	R19	2	NA	3		4		5	
	6		7		8		9		10	

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1	Quantity released *	400	400	400	400
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	200	200	200	200
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	4000	2946	4000	4000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production Ratio or Activity Index				0001.06

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" In Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box) YES [ ] NO [X]

* Report releases pursuant to EPRCA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093
Approval Expires: 04/2000

EPA United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS:
1. EPCRA Reporting Center, P.O. Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1997

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2 Attach substantiation forms) [X] No (Do not answer 2.2 Go to Section 3)	2.2	Is this copy: [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hearby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
PAUL J. KOBER, PLANT MANAGER	Paul J. Kober	06/08/98

SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number: 39730VSTPLPOBOX

4.1	Facility or Establishment Name: CONDEA VISTA COMPANY	Facility or Establishment Name or Mailing Address
	Street: HIGHWAY 25 SOUTH	Mailing Address: PO BOX 91
	City/County/State/Zip Code: ABERDEEN MONROE, MS 39730-0091	City/County/State/Zip Code: ABERDEEN, MS 39730-0091
4.2	This report contains information for: (Important: check a or b; c if applicable)	a. [X] An entire facility b. [ ] Part of a facility c. [ ] Federal Facility
4.3	Technical Contact	Name: KENNETH G. AKINS — Telephone Number: (601) 369-3637
4.4	Public Contact	Name: JOE E BEALL — Telephone Number: (601) 369-3605

4.5 SIC Code(s) (4-digit)	a. 2821	b. 2869	c. NA	d.	e.	f.

4.6	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
Latitude	033	48	49	Longitude	088	33	34

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 115270654	a. MSD007031230	a. MS0001970	a. NA
b. NA	b. NA	b. NA	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	[X] NA	NA
5.2	Parent Company's Dun & Bradstreet Number	[X] NA	(9 Digits) NA

EPA

United States Environmental Protection Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: METHANOL

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

000067-56-1

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

METHANOL

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.)

NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Max. of 70 chars., including numbers, letters, spaces, and punct.)

NA

SECTION 3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant b. [ ] As a formulation component c. [ ] As an article component d. [ ] Repackaging	a. [X] As a chemical processing aid b. [ ] As a manufacturing aid c. [ ] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

			A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA[ ]	520	O	
5.2	Stack or point air emissions	NA[X]	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	JAMES CREEK		A	O	000.00
5.3.2	NA				
5.3.3					
5.4.1	Underground injections on-site to Class I Wells:	NA[X]	NA		
5.4.2	Underground injections on-site to Class II-V Wells:	NA[X]	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Section 5.3 page this is, here. [1] (example: 1,2,3,etc.)

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EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
39730VSTPLPOBOX
Chem., Cat., or Gen. Name
METHANOL

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM

		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
.5	Disposal to land on-site			
5.5.1A	RCRA Subtitle C landfills	[X]	NA	
5.5.1B	Other landfills	[X]	NA	
5.5.2	Land treatment/ application farming	[X]	NA	
5.5.3	Surface impoundment	[X]	NA	
5.5.4	Other disposal	[X]	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B.1 POTW Name:

POTW Address:

City:	State:	County:	Zip:

6.1.B.2 POTW Name:

POTW Address:

City:	State:	County:	Zip:

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate which Part II, Sections 6.1 page this is, here. [1] (example: 1,2,3,etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-site EPA Identification Number (RCRA ID No.)
NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

Range Codes: A = 1 - 10 pounds
B = 11 - 499 pounds
C = 500 - 999 pounds

EPA United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 39730VSTPLPOBOX Chem., Cat., or Gen. Name METHANOL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-site EPA Identification Number (RCRA ID No.): NA

Off-Site Location Name

Off-Site Address

City:	State:	County:	Zip:

Is location under control of reporting facility or parent company? [ ] YES [ ] NO

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA)-Check here if no on-site treatment is applied to any waste stream containing toxic chem. or chem. categ.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b 1 B11 2 B21	7A.1c	7A.1d	7A.1e
W	3 P41 4 NA 5 6 7 8	3	099.99 %	Yes [ ] No [X]
7A.2a	7A.2b 1 2	7A.2c	7A.2d	7A.2e
NA	3 4 5 6 7 8		. %	Yes [ ] No [ ]
7A.3a	7A.3b 1 2	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes [ ] No [ ]
7A.4a	7A.4b 1 2	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes [ ] No [ ]
7A.5a	7A.5b 1 2	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes [ ] No [ ]

If additional pages of Part II, Sections 6.2/7A. are attached, indicate the total number of pages in this box [ ] and indicate which page (of Part II, Sections 6.2/7A.) is provided here: [1] (example: 1,2,3,etc.)

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United States Environmental Protection Agency

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER: 39730VSTPLPOBOX

Chem., Cat., or Gen. Name: METHANOL

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]:	1	2	3	4
	NA			

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]:	1	2	3	4	5
	NA				
	6	7	8	9	10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All estimates can be reported using up to two significant figures.	Column A 1996 (pounds/year)	Column B 1997 (pounds/year)	Column C 1998 (pounds/year)	Column D 1999 (pounds/year)
8.1	Quantity released *	520	520	520	520
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	99500	99500	99500	99500
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production Ratio or Activity Index				0001.11

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" In Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

		YES	NO
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)	[ ]	[X]

* Report releases pursuant to EPRCA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment". Do not include any quantity treated on-site or off-site.

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0143
Approval Expires: 05/31/98

EPA

TOXIC CHEMICAL RELEASE INVENTORY
FORM A

United States
Environmental Protection Agency

WHERE TO SEND THIS STATEMENT:

1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision:

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] Unsanitized

SECTION 3. FORM A (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Name and official title of owner/operator or senior management official

PAUL J. KOBER — PLANT MANAGER

Signature: Paul J. Kober — Date Signed: 06/08/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name: CONDEA VISTA COMPANY
TRI Facility ID Number: 39730-VSTPL-POBOX

4.1 Mailing Address (if different from street address): PO BOX 91

City: ABERDEEN State: MS Zip Code: 39730-0091

Street Address: HIGHWAY 25 SOUTH

City: ABERDEEN County: MONROE State: MS Zip: 39730-0091

4.2 This report contains information for
Check c if applicable; a and b have been intentionally left blank
c. [ ] A Federal Facility

4.3 Technical Contact — Name: KENNETH G. AKINS — Telephone Number: (601)369 - 3637

EPA — TOXIC CHEMICAL RELEASE INVENTORY
FORM A

United States
Environmental Protection Agency

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d.	e.	f.

		Latitude			Longitude		
	Latitude and Longitude	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.6		033	48	49	088	33	34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. 115270654 b. NA
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	a. MSD007031230 b. NA
4.9	Facility NPDES Permit Number(s) (9 characters)	a. MS0001970 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

	Name of Parent Company	
5.1	[X] NA	NA

	Parent Company's Dun & Bradstreet Number	
5.2	[X] NA	(9 digits) NA

PART II. CHEMICAL IDENTIFICATION

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.1	N982
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as if appears on the Section 313 list.)
1.2	ZINC COMPOUNDS
	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
1.3	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
2.1	NA

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0143
Approval Expires: 05/31/98

EPA

United States
Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY
FORM A

WHERE TO SEND THIS STATEMENT:
1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: X

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR: 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] Unsanitized

SECTION 3. FORM A (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Name and official title of owner/operator or senior management official

PAUL J. KOBER PLANT MANAGER

Signature Paul J. Kober Date Signed 06/08/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name: CONDEA VISTA COMPANY
TRI Facility ID Number: 39730-VSTPL-POBOX

4.1
Mailing Address (if different from street address): PO BOX 91
City: ABERDEEN State: MS Zip Code: 39730-0091

Street Address: HIGHWAY 25 SOUTH
City: ABERDEEN County: MONROE State: MS Zip: 39730-0091

4.2 This report contains information for
Check c if applicable; a and b have been intentionally left blank
c.[ ] A Federal Facility

4.3 Technical Contact
Name: KENNETH G. AKINS
Telephone Number: (601)369 - 3637

EPA — TOXIC CHEMICAL RELEASE INVENTORY
FORM A

United States
Environmental Protection Agency

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d.	e.	f.

		Latitude			Longitude		
	Latitude and Longitude	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.6		033	48	49	088	33	34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. 115270654 b. NA
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	a. MSD007031230 b. NA
4.9	Facility NPDES Permit Number(s) (9 characters)	a. MS0001970 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

	Name of Parent Company	
5.1	[X] NA	NA

	Parent Company's Dun & Bradstreet Number	
5.2	[X] NA	(9 digits) NA

PART II. CHEMICAL IDENTIFICATION

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.1	N040
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as if appears on the Section 313 list.)
1.2	BARIUM COMPOUNDS
	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
1.3	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
2.1	NA

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0143
Approval Expires: 05/31/98

EPA

TOXIC CHEMICAL RELEASE INVENTORY
FORM A

United States
Environmental Protection Agency

WHERE TO SEND THIS STATEMENT:
1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR: 1997

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?

[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] No (Do not answer 2.2; Go to Section 3)

2.2 If yes in 2.1, is this copy: [ ] Sanitized [ ] Unsanitized

SECTION 3. FORM A (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Name and official title of owner/operator or senior management official

PAUL J. KOBER PLANT MANAGER

Signature Paul J. Kober Date Signed 06/08/98

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name: CONDEA VISTA COMPANY
TRI Facility ID Number: 39730-VSTPL-POBOX

4.1 Mailing Address (if different from street address): PO BOX 91

City: ABERDEEN State: MS Zip Code: 39730-0091

Street Address: HIGHWAY 25 SOUTH

City: ABERDEEN County: MONROE State: MS Zip: 39730-0091

4.2 This report contains information for
Check c if applicable; a and b have been intentionally left blank
c.[ ] A Federal Facility

4.3 Technical Contact: KENNETH G. AKINS Telephone Number: (601)369 - 3637

EPA — TOXIC CHEMICAL RELEASE INVENTORY
FORM A

United States
Environmental Protection Agency

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a. 2821	b. 2869	c. NA	d.	e.	f.

		Latitude			Longitude		
	Latitude and Longitude	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.6		033	48	49	088	33	34

4.7	Dun & Bradstreet Number(s) (9 digits)	a. 115270654 b. NA
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	a. MSD007031230 b. NA
4.9	Facility NPDES Permit Number(s) (9 characters)	a. MS0001970 b. NA
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a. NA b.

SECTION 5. PARENT COMPANY INFORMATION

	Name of Parent Company	
5.1	[X] NA	NA

	Parent Company's Dun & Bradstreet Number	
5.2	[X] NA	(9 digits) NA

PART II. CHEMICAL IDENTIFICATION

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)

	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.1	N420
	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as if appears on the Section 313 list.)
1.2	LEAD COMPOUNDS
	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
1.3	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
2.1	NA