

WASTE NAME/ADDRESS (Include
County Name/Location if Applicable)

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

Form Approved
OMB No. 158-R-0073

ADDRESS P.O. BOX 91

MS 39230

1840

FACILITY

LOCATION

PERMIT NUMBER 01970

DISCHARGE NUMBER 001

IND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	11	01

NOTE: Read instructions before completing this form.

PARAMETER (23-37)	X	QUANTITY OR LOADING (44-53)			QUALITY OR CONCENTRATION (44-53)			UNITS	NO. EX (63-65)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (65-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
3IS(2-ETHYL-HEXYL) PHthalATE 099037		---	---	LBS/D	---	---	---	MG/L	---	---	---
DI-N-OCTYL PHthalATE 099038		---	---	LBS/D	---	---	---	MG/L	---	---	---
BOD, 5-DAY, 20 DEG EFFLUENT SUMMER 099055		76	163	LBS/D	2	5	9	MG/L	0	1/7	Comp.
BOD, 5-DAY, 20 DEG EFFLUENT WINTER 099056		---	---	LBS/D	---	---	---	MG/L	---	---	---
CHEM. OXYGEN DEMAND SUMMER 099063		286	490	LBS/D	8	20	29	MG/L	0	1/7	Comp.
CHEM. OXYGEN DEMAND WINTER 099064		---	---	LBS/D	---	---	---	MG/L	---	---	---
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										
John Friend, Plant Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
		TELEPHONE		DATE		AREA CODE		NUMBER		YEAR	
		601 369-8111		85 01 04							

ADDRESS: P O BOX 91 ABERDEEN MS 39730

01970 PERMIT NUMBER 001 DISCHARGE NUMBER

IND MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (2-37)	X	QUANTITY OR LOADING (3 (and Only) (4-5))			QUALITY OR CONCENTRATION (4-5)			NO. EX (42-43)	FREQUENCY OF ANALYSIS (44-46)	SAMPLE TYPE (46-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE		*****	*****	*****	70	75	79	0	1/7	Grab
000010		*****	*****	*****						
OXYGEN, DISSOLVED		*****	*****	*****	7.4	7.9	8.5	0	1/7	Grab
000300		*****	*****	*****						
PH, EFFLUENT		*****	*****	*****	7.6	*****	8.3	***	1/7	Grab
000400		*****	*****	*****						
NITROGEN AMMONIA		*****	*****	*****	< 0.1	0.25	0.43	0	1/7	24 Hr. Comp.
000610		*****	*****	*****						
FLOW RATE		*****	*****	*****	*****	*****	*****	*****	Cont.	Recorder
074060		1.47	2.17	MG/DAY						
SOLIDS, SUSPENDED		*****	*****	*****	11	11	12	0	1/7	24 Hr. Comp.
099000		155	218	LBS/DAY						
VINYL CHLORIDE		*****	*****	*****						
099036		---	---	LBS/DAY						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)								
John Friend, Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED		TELEPHONE DATE								
		601 369-8111 85 01 04								
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE NUMBER YEAR MO DAY								

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

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

Form Approved OMB No. 158-00973

MS 15180 POLYMERS INC.

PERMIT NUMBER 01970
DISCHARGE NUMBER 001

IND

MONITORING PERIOD
FROM 84 11 01 TO 84 12 01
YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER (23-37)	X	QUANTITY OR LOADING (24-41)			QUALITY OR CONCENTRATION (24-41)			NO. EX (43-45)	FREQUENCY OF ANALYSIS (44-46)	SAMPLE TYPE (47-50)
		AVERAGE (44-53)	MAXIMUM (44-47)	UNITS	MINIMUM (43-45)	AVERAGE (44-53)	MAXIMUM (44-47)			
3IS(2-ETHYL-HEXYL) PHTHALATE 099037	SAMPLE MEASUREMENT	< 0.10	< 0.10	LBS/DA	< 0.01	< 0.01	< 0.01	0	1/90	24 Hr. Comp.
DI-N-OCTYL PHTHALATE 099038	SAMPLE MEASUREMENT	< 0.10	< 0.10	LBS/DA	< 0.01	< 0.01	< 0.01	0	1/90	24 Hr. Comp.
30D, 5-DAY, 20 DEG EFFLUENT SUMMER 099055	SAMPLE MEASUREMENT	70	125	LBS/DA	2	6	11	0	1/7	24 Hr. Comp.
30D, 5-DAY, 20 DEG EFFLUENT WINTER 099056	SAMPLE MEASUREMENT	----	----	LBS/DA	----	----	----	--	----	----
CHEM. OXYGEN DEMAND SUMMER 099063	SAMPLE MEASUREMENT	221	237	LBS/DA	15	19	22	0	1/7	24 Hr. Comp.
CHEM. OXYGEN DEMAND WINTER 099064	SAMPLE MEASUREMENT	----	----	LBS/DA	----	----	----	--	----	----
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)									
John Friend, Plant Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED	AREA CODE NUMBER YEAR MO DAY									
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TELEPHONE DATE									

MAJOR

IND

NOTE: Read instructions before completing this form.

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

RAJOR

VAB.0001178

01970			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	12	01	85	01	01
FROM			TO		
(10-31)		(12-31)	(01-31)		(02-29)

NOTE: Read instructions before completing this form.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location)

VISTA POLYMERS INC.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(12-19)

MAJOR

Form Approved
OMB No. 158-R-0073

PERMIT NUMBER

01970

PERMIT NUMBER

001

DISCHARGE NUMBER

1340

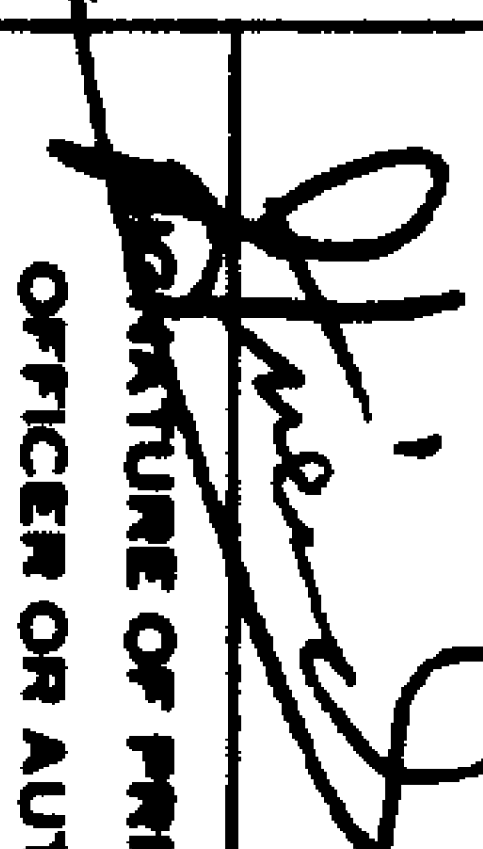
MS 39730

IND

LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM	84	12	TO	85	01
(12-21)	(12-21)	(12-25)	(12-27)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (33-37)	X	QUANTITY OR LOADING (44-53)			QUALITY OR CONCENTRATION (44-53)			UNITS	NO. EX (42-43)	FREQUENCY OF ANALYSIS (44-45)	SAMPLE TYPE (46-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	59	66	72	DEG.	0	1/7	Grab
000010											
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	*****	*****	*****	7.6	7.9	8.3	MG/L	0	1/7	Grab
000300											
PH, EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	8.1	SU	***	1/7	Grab
000400											
NITROGEN AMMONIA	SAMPLE MEASUREMENT	< 1.1	< 1.2	LBS/D	< 0.1	< 0.1	< 0.1	MG/L	0	1/7	24 Hr. Comp.
000610											
FLOW RATE	SAMPLE MEASUREMENT	1.34	1.76	MG/DAY	*****	*****	*****	*****	0	Cont.	Recorder
074060											
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	117	132	LBS/D	8	11	14	MG/L	0	1/7	24 Hr. Comp.
099000											
VINYL CHLORIDE	SAMPLE MEASUREMENT	----	----	LBS/D	----	----	----	MG/L	--	----	----
099035											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)									
John Friend, Plant Manager											
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT									
		TELEPHONE									
		DATE									
		AREA CODE									
		NUMBER									
		YEAR									
		MO									
		DAY									

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

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

NAME ~~XXXXXXXXXXXXXXXXXXXX~~ VIVISTA POLYMERS INC.

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY LOCATION

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

(2-16)

01970

PERMIT NUMBER

002

DISCHARGE NUMBER

MAJOR

Form Approved OMB No. 2000-0015

IND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	11	01

(10-21) (10-23) (10-25) (10-27) (10-29) (10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53) QUALITY OR CONCENTRATION (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	67	67	67	DEG.	0	2/30	Grab		
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95	DEG.	*****	2/30	GRAB		
PM, EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.2	SU	*****	2/30	Grab		
000400	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	SU	*****	1/30	GRAB		
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	MG/L	---	---	---		
001034	PERMIT REQUIREMENT	*****	*****	---	---	1.0	1.0	MG/L	---	0/0	GRAB		
ZINC, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	MG/L	---	---	---		
001092	PERMIT REQUIREMENT	*****	*****	---	---	0.5	1.0	MG/L	---	0/0	GRAB		
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	MG/L	---	---	---		
050060	PERMIT REQUIREMENT	*****	*****	---	---	0.2	0.2	MG/L	---	0/0	GRAB		
FLOW RATE	SAMPLE MEASUREMENT	0.32	0.35	MG/DAY	*****	*****	*****	MG/L	0	2/30	Instant		
074060	PERMIT REQUIREMENT	*****	*****	---	---	*****	*****	MG/L	*****	2/30	INSTANT		
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	5.3	5.8	LBS/DAY	2	2	2	MG/L	0	2/30	Grab		
099000	PERMIT REQUIREMENT	*****	*****	---	---	100	200	MG/L	---	2/30	24HR COM		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)											
John Friend, Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
TYPED OR PRINTED		TELEPHONE											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		DATE											
		AREA CODE											
		NUMBER											
		YEAR											
		MO											
		DAY											

VAB.000117

PA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

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

Form Approved OMB No. 2000-0015

NAME ~~XXXXXXXXXXXXXXXXXXXX~~ VISTA POLYMERS, INC.

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

01970

PERMIT NUMBER

002

DISCHARGE NUMBER

MAJOR

IND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	11	01	84	12	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM			
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	66	67	67	DEG.	0	95	0	2/30	Grab
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	GRAB
PM EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	*****	*****	*****	2/30	Grab
000400	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	*****	*****	*****	*****	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---	---	---
001034	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	1.0	1.0	MG/L	*****	*****	*****	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---	---	---
001092	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	0.5	1.0	MG/L	*****	*****	*****	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---	---	---
050060	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	0.2	0.2	MG/L	*****	*****	*****	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.28	0.31	MG/DA	*****	*****	*****	*****	*****	*****	*****	2/30	Instant
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	2.4	2.6	LBS/DA	1	1	1	MG/L	0	200	0	2/30	Grab
099000	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.)											
John Friend, Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
TYPED OR PRINTED		TELEPHONE											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		DATE											
		AREA CODE											
		NUMBER											
		YEAR											
		MO											
		DAY											

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

NAME ~~CONCRETE POLYMERS INC.~~ VISTA POLYMERS INC.

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

(2-16)

(17-19)

MAJOR

Form Approved OMB No. 2000-0015

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

01970 PERMIT NUMBER

002 DISCHARGE NUMBER

IND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	12	01	85	01	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53) QUALITY OR CONCENTRATION (34-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	MAXIMUM	UNITS					
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	64	65	66	95	DEG.	0	2/30	Grab		
000010	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	Grab		
PH, EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	*****	SU	*****	2/30	Grab		
000400	*****	*****	*****	*****	6.0	*****	8.5	*****	*****	*****	1/30	GRAB		
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---	---		
001034	*****	*****	*****	LBS/DA	*****	1.0	1.0	1.0	MG/L	0/0	0/0	GRAB		
ZINC, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---	---		
001092	*****	*****	*****	LBS/DA	*****	0.5	1.0	1.0	MG/L	0/0	0/0	GRAB		
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---	---		
050060	*****	*****	*****	LBS/DA	*****	0.2	0.2	0.2	MG/L	0/0	0/0	GRAB		
FLOW RATE	SAMPLE MEASUREMENT	0.32	0.35	MG/DAY	*****	*****	*****	*****	*****	0	2/30	Instant		
074060	*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	Instant			
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	2.7	2.9	LBS/DA	1	1	1	200	MG/L	0	2/30	Grab		
099000	*****	*****	*****	*****	*****	100	200	200	MG/L	2/30	24HR	COP		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER														
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.)														
John Friend, Plant Manager														
TYPED OR PRINTED														
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)														
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT														
601 369-8111 85 01 04														
AREA CODE NUMBER YEAR MO DAY														

VAB.0001178528

PERMITTEE NAME/ADDRESS (include Facility Name /Location if different)
CORPORATION VISTA POLYMERS
P O BOX 91
ABERDEEN MS 39730
1840
FACILITY
LOCATION

01970
PERMIT NUMBER

003	DISCHARGE NUMBER
-----	------------------

IND

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	10	01		84	11	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	67	70	73	0	2/30	Grab		
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95	DEG.	2/30	GRAB		
PH, EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	*****	2/30	Grab		
000400	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	SU	1/30	GRAB		
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---		
001034	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	1.0	1.0	MG/L	0/0	GRAB		
ZINC, TOTAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---		
001092	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	0.5	1.0	MG/L	0/0	GRAB		
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---		
050060	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	0.2	0.2	MG/L	0/0	GRAB		
FLOW RATE	SAMPLE MEASUREMENT	0.01	0.01	MG/DAY	*****	*****	*****	0	2/30	Instant		
074060	PERMIT REQUIREMENT	*****	*****	MG/DAY	*****	*****	*****	*****	2/30	INSTANT		
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	0.6	0.6	LBS/DA	7	7	7	0	2/30	Grab		
099000	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	100	200	MG/L	2/30	24HR		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.)				TELEPHONE		DATE				
John Friend, Plant Manager												
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NAME ~~XXXXXXXXXXXXXXXXXXXX~~ VISTA POLYMERS INC.

DISCHARGE MONITORING REPORT (DMR)

MAJOR

Form Approved
OMB No. 2000-0015

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

LOCATION

01970
PERMIT NUMBER

003
DISCHARGE NUMBER

IND

FACILITY

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	11	01	84	12	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TEMPERATURE		*****	*****	*****	58	62	65	95	DEG.	0	2/30	Grab	
000010		*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	GRAB	
PH, EFFLUENT		*****	*****	*****	8.2	*****	8.3	*****	SU	*****	2/30	Grab	
000400		*****	*****	*****	6.0	*****	8.5	*****	*****	*****	1/30	GRAB	
CHROMIUM, TOTAL		---	---	---	---	---	---	---	---	---	---	---	
001034		*****	*****	LBS/DA	*****	1.0	1.0	1.0	MG/L	*****	0/0	GRAB	
ZINC, TOTAL		---	---	---	---	---	---	---	---	---	---	---	
001092		*****	*****	LBS/DA	*****	0.5	1.0	1.0	MG/L	*****	0/0	GRAB	
CHLORINE, TOTAL RESIDUAL		---	---	LBS/DA	---	0.2	0.2	0.2	MG/L	*****	0/0	GRAB	
050060		*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	Instant	
FLOW RATE		0.0043	0.0072	MG/DAY	*****	*****	*****	*****	*****	0	2/30	Grab	
074060		*****	*****	*****	*****	*****	*****	*****	*****	*****	2/30	Instant	
SOLIDS, SUSPENDED		0.18	0.25	LBS/DA	3	5	7	200	MG/L	0	2/30	Grab	
099000		*****	*****	*****	*****	100	*****	*****	*****	*****	2/30	24HR	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER													
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)													
John Friend, Plant Manager													
TYPED OR PRINTED													
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)													
601 369-8111 85 01 04													
AREA CODE NUMBER YEAR MO DAY													
TELEPHONE DATE													
OFFICER OR AUTHORIZED AGENT													

VAB.000117

PA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 1

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

NAME ~~CONCRETE/CONCRETE/CONCRETE~~ VISTA POLYMERS INC.

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

LOCATION

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

01970 003 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD FROM 84 12 01 TO 85 01 01

IND

MAJOR

Form Approved OMB No. 2000-0015

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)									
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS								
TEMPERATURE	*****	*****	*****	*****	52	56	60	95	DEG.	0 2/30	Grab								
000010	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****								
PH, EFFLUENT	*****	*****	*****	*****	8.2	*****	8.4	*****	SU	*****	Grab								
000400	*****	*****	*****	*****	6.0	*****	8.5	*****	*****	*****	*****								
CHROMIUM, TOTAL	---	---	---	---	---	---	---	---	---	---	---								
001034	*****	*****	*****	*****	*****	1.0	1.0	*****	MG/L	0/0	GRAB								
ZINC, TOTAL	---	---	---	---	---	---	---	---	---	---	---								
001092	*****	*****	*****	*****	*****	0.5	1.0	*****	MG/L	0/0	GRAB								
CHLORINE, TOTAL RESIDUAL	---	---	---	---	---	0.2	0.2	*****	MG/L	0/0	GRAB								
050060	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****								
FLOW RATE	0.0014	0.0014	*****	*****	*****	*****	*****	*****	*****	2/30	Instant								
074060	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****								
SOLIDS, SUSPENDED	0.2	0.2	*****	7	10	13	200	*****	MG/L	0 2/30	Grab								
099000	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)								TELEPHONE		DATE							
John Friend, Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								601 369-8111		85 01 84							
TYPED OR PRINTED		COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								AREA CODE		NUMBER		YEAR		MO		DAY	

(17-19)

004

DISCHARGE NUMBER

IND

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	11	01		84	12	01

NOTE: Read instructions before completing this form.

AREA	NUMBER	YEAR	MO	DAY
601	369-8111	85	01	04

MAJOR

OMB No. 2006-0015

ONI

NOTE: Read instructions before completing this form.

VAB.000117