



PPG Industries, Inc. Chemicals P.O. Box 1000 Lake Charles, Louisiana 70602

Bill Peard
Manager
Laboratory Services/Environmental

August 14, 1989

U. S. Environmental Protection Agency
Water Management Division
Enforcement Branch (5WE)
Allied Bank Tower at Fountain Place
1445 Ross Avenue
Dallas, TX 75202-1733

SUBJECT: DMR - LA0000761

Dear Sir:

Attached is the DMR for July, 1989 and attachments explaining pH measurement problems at Outfall 001. The recorded pH values reflected in this report are not true characterizations of this parameter at the monitoring location due to flooding associated with Tropical Storm Allison. PPG does not believe permit limitations were actually exceeded for this reporting period.

Again, POP determinations at Outfall 001 were unsuccessful due to the presence of dechlorination reagent.

If you have any questions concerning this report, please contact Mark W. Wood at 318-191-1450.

Respectfully,

A handwritten signature in black ink, appearing to read 'Bill Peard'.

William J. Peard
Manager, Laboratory Services/
Environmental Control

BWW:cc

Attachments

SL 024567

ATTACHMENT I
EXPLANATION OF EXCURSIONS

<u>DATE</u>	<u>OUTFALL</u>	<u>PARAMETER</u>	<u>LIMIT</u>	<u>EXCURSION</u>	<u>EXPLANATION</u>
July 1, 1989	001	pH	6-9 S.U. (60 min.)	Avg. +1.15 for 490 min.	(See Below)
July 3, 1989	001	pH	6-9 S.U. (60 min.)	Avg. +0.2 for 325 min.	(See Below)
July 4, 1989	001	pH	6-9 S.U. (60 min.)	Avg. -0.2 for 80 min.	(See Below)
July 5, 1989	001	pH	6-9 S.U. (60 min.)	Avg. +0.2 for 110 min.	(See Below)
July 5, 1989	001	pH	6-9 S.U. (60 min.)	Avg. +0.05 for 85 min.	(See Below)

pH control efforts had no observable effect during these occurrences. Investigation during the events confirmed the neutralization system and instrumentation was functioning correctly but the whole vicinity of the monitoring station was flooded due to heavy, long-duration rainfalls associated with tropical storm Allison. The station, approximately a mile downstream in what is normally PPG Canal, was apparently properly recording the pH of backed up floodwaters rather than the Outfall 001 discharge.

ATTACHMENT II
EXPLANATION OF EXCURSIONS

<u>DATE</u>	<u>WTFALL</u>	<u>PARAMETER</u>	<u>LIMIT</u>	<u>EXCURSION</u>	<u>EXPLANATION</u>
JULY. 1989	001	PH	-8 S.U.	+965 min.	(See Below)
		(Total Excursions)	(446 min./Mo.)		

Due to the flooding conditions explained in Attachment I, approximately 1090 minutes of the recorded 1411 minutes cannot be accepted as correct data. A more valid total for the parameter "PH. MINUTES/NO EXC. - 2582" is 321 minutes, which is not a permit condition violation for the month of July.

LEAF CHARLES, JR. 70602

PERMIT NUMBER

DISCHARGE NUMBER

1999, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 26

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

ATION

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
1983	07	01	1983	07	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

[illegible]

T. G. BROWN
PLUMES MANAGER

TYPED OR PRINTED

3 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED
4 AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED
5 ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR
6 OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION
7 IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIG-
8 NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING
9 A FINE OF UP TO \$100,000 AND IMPRISONMENT OF UP TO 1001
10 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000
11 and/or maximum imprisonment of between 6 months and 5 years.

**SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT**

318 491-4500

AREA
CODE

NUMBER

DATE _____

89 8 14

YEAR	MO	DAY
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MENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE AT MOBILE BRIDGE 1 & 2

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.

PERMITTEE NAME/ADDRESS (Include facility Name/Location and Permit Number)

NAME PEG III

ADDRESS P. O. BOX 1000

LAKE CHARLES, LA. 70602

CITY

LOCATION

TOM G. BROWN, WORKS MANAGER

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

(2-16)

(17-19)

1100000761

PERMIT NUMBER

00000000

DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	1989	07	01		1989	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
1000 1 0 0 FLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		0.0	*****	9.0		ONCE /	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	11.0		ONCE /	GRAB
				****	MINIMUM		MAXIMUM		DISCHG	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.G. BROWN
WORKS MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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 1 year.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

89 8 14

YEAR MO DAY

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

MITTEE NAME/ADDRESS (Include City/State/Zip)

IE FILL HILL
RESS F. H. BDA 1000
LAKE CHARLES, LA 70602

ILITY
ATION

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

(2-16)

(17-19)

140000781
PERMIT NUMBER

003 H
DISCHARGE NUMBER

F - FINE

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

CALCASIEU SHIP CHANNEL / GARGUE

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
1989 07 01 1989 07 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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			
100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.5		0	THREE / GRAB	
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			THREE / GRAB	
				****	MINIMUM		MAXIMUM	50		WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

IE/TITLE PRINCIPAL EXECUTIVE OFFICER

L. G. BROWN
WORKS MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

89 8 14

YEAR MO DAY

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

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

NAME FMH LTD.
 ADDRESS P.O. BOX 1000
LAFAYETTE, LA. 70502

CITY _____
 STATE _____

NAME LIM G. BROWN, WORKS MANAGER

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

(12-16)

(17-19)

140000076.1
 PERMIT NUMBER

0000000000
 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval expires 12-31-87

60700 VERDINE (01110110)

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 1989 07 01 1989 07 01
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
400 1 0 0 ELUENT GROSS VALUE OW. IN CONDUIT OR RU TREATMENT PLANT 050 1 0 0 ELUENT GROSS VALUE NO. EXCURSIONS	SAMPLE MEASUREMENT	*****	*****		2.3 ★	*****	10.9 ★	0	CONTI NUOUS	RECORD
	PERMIT REQUIREMENT	*****	*****	**** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	CONTI NUOUS	RECORD
581	SAMPLE MEASUREMENT	28.4	39.5		*****	*****	*****	NA	CONTI NUOUS	RECORD
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	M6D	*****	*****	*****	**** ****	CONTI NUOUS	RECORD
582	SAMPLE MEASUREMENT	*****	*****	****	0	*****	0	0	CONTI NUOUS	RECORD
	PERMIT REQUIREMENT	*****	*****	****	0	*****	0	****	CONTI NUOUS	RECORD
583	SAMPLE MEASUREMENT	148	*****		*****	*****	*****	0	CONTI NUOUS	RECORD
	PERMIT REQUIREMENT	446	*****	MIN	*****	*****	*****	****	CONTI NUOUS	RECORD
SL 024573	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.G. BROWN
 WORKS MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
 CODE

NUMBER

DATE

89 8 14

YEAR MO DAY

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

EXCURSIONS DID NOT CONSTITUTE A VIOLATION AS PERIODS WERE LESS THAN 60 MINUTES.

MITTEE NAME/ADDRESS (Include
City Name/Location if different)

E. FFG IND.

RESS P. O. BOX 1000

LAKE CHARLES, LA. 70602

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

LA0000761

101 A

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

F - Final

FFG CANAL PLANT A

CITY

LOCATION

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
1987 07 01 1987 07 31
(20-21) (22-24) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO EX (62-64)	FREQUENCY OF ANALYSIS (65-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
IDS TOTAL ENDED	SAMPLE MEASUREMENT	516	1006		*****	*****	*****	0	THREE/ WEEK	COMP-24
30 2 0 0 LUENT NET VALUE	PERMIT REQUIREMENT	1431 DAILY AV	3021 DAILY MX	LBS/DY	*****	*****	*****	****	THREE/ WEEK	COMP-24
PER TOTAL (CU)	SAMPLE MEASUREMENT	0.55	1.48		*****	*****	*****	0	THREE/ WEEK	COMP-24
42 2 0 0 LUENT NET VALUE	PERMIT REQUIREMENT	9.8 DAILY AV	23.9 DAILY MX	LBS/DY	*****	*****	*****	****	THREE/ WEEK	COMP-24
REL TOTAL (NI)	SAMPLE MEASUREMENT	1.84	4.06		*****	*****	*****	0	THREE/ WEEK	COMP-24
67 2 0 0 LUENT NET VALUE	PERMIT REQUIREMENT	7.4 DAILY AV	19.3 DAILY MX	LBS/DY	*****	*****	*****	****	THREE/ WEEK	COMP-24
W. IN CONDUIT OR U TREATMENT PLANT	SAMPLE MEASUREMENT	3.29	5.12		*****	*****	*****	NA	CONTI NUOUS	RCORDR
50 2 0 0 LUENT NET VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	CONTI NUOUS	RCORDR
ORINE TOTAL IDUAL	SAMPLE MEASUREMENT	0.7	4.6		*****	*****	*****	0	THREE/ WEEK	GRAB
60 2 0 1 ADMIN LUENT NET VALUE	PERMIT REQUIREMENT	18.2 DAILY AV	30.1 DAILY MAX	LBS/DY	*****	*****	*****	****	THREE/ WEEK	GRAB
CURY, TOTAL (HG)	SAMPLE MEASUREMENT	0.033	0.066		*****	*****	*****	0	THREE/ WEEK	COMP-24
00 2 0 0 LUENT NET VALUE	PERMIT REQUIREMENT	0.13 DAILY AV	0.30 DAILY MX	LBS/DY	*****	*****	*****	****	THREE/ WEEK	COMP-24
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

SL 024574

E/TITLE PRINCIPAL EXECUTIVE OFFICER

T.G. BROWN
WORKS MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

DATE

89 8 14

AREA
CODE

NUMBER

YEAR

MO

DAY

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

MITTEE NAME/ADDRESS (Include City, Name/Location if different)

1E PFG IND.

DRESS P. O. BOX 1000

LAKE CHARLES, LA. 70602

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

(12-16)

(17-19)

F - FINAL

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

LA0000761
PERMIT NUMBER

201 B
DISCHARGE NUMBER

PFG CANAL PLANT B

ILITY
ATION

TOM G. BROWN, WORKS MANAGER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	1989	07	01		1989	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (54-61)			NO. EX (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
1, 5-DAY 1 DEG. C)	SAMPLE MEASUREMENT	★	★		*****	*****	*****	★	WEEKLY	COMP24
110 2 0 1 ADMIN EFFLUENT NET VALUE	PERMIT REQUIREMENT	774 DAILY AV	1298 DAILY MX	LBS/DY	*****	*****	*****	****	WEEKLY	COMP24
115, TOTAL PENDED	SAMPLE MEASUREMENT	1892	3728		*****	*****	*****	0	THREE/CO	24
130 2 0 1 ADMIN EFFLUENT NET VALUE	PERMIT REQUIREMENT	4270 DAILY AV	11465 DAILY MX	LBS/DY	*****	*****	*****	****	THREE/CO	24
135, TOTAL 3 CU)	SAMPLE MEASUREMENT	17	28		*****	*****	*****	0	THREE/CO	24
142 2 0 1 ADMIN EFFLUENT NET VALUE	PERMIT REQUIREMENT	18.2 DAILY AV	49.3 DAILY MX	LBS/DY	*****	*****	*****	****	THREE/CO	24
147, TOTAL 3 NI)	SAMPLE MEASUREMENT	5	10		*****	*****	*****	0	THREE/CO	24
167 2 0 1 ADMIN EFFLUENT NET VALUE	PERMIT REQUIREMENT	10.2 DAILY AV	19.3 DAILY MX	LBS/DY	*****	*****	*****	****	THREE/CO	24
168, TOTAL CARBON TETRACHLORIDE	SAMPLE MEASUREMENT	0.0	0.0		*****	*****	*****	NA	THREE/CO	24
102 2 0 0 EFFLUENT NET VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	THREE/CO	24
103, TOTAL CHLOROFORM	SAMPLE MEASUREMENT	14.0	47.8		*****	*****	*****	NA	THREE/CO	24
106 2 0 0 EFFLUENT NET VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	THREE/CO	24
107, TOTAL CHLORDETHANE	SAMPLE MEASUREMENT	0.0	0.0		*****	*****	*****	NA	THREE/CO	24
111 2 0 0 EFFLUENT NET VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	THREE/CO	24

1E/TITLE PRINCIPAL EXECUTIVE OFFICER

T.G. BROWN
WORKS MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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.

B. Brown
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

89 8 14

YEAR MO DAY

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

UNABLE TO PERFORM PARAMETER AT THIS OUTFALL.

SL 024575

MITTEE NAME/ADDRESS (Include City, Name/Location if different)

ME FPG IND.

DRESS P. O. BOX 1000

LAKE CHARLES, LA. 70602

CITY

CATION

TOM G. BROWN, WORKS MANAGER

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

(2-16)

(17-19)

LA0000761

201 A

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL

FPG CANAL PLANT B

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	1989	07	01		1989	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
THYLENE CHLORIDE	SAMPLE MEASUREMENT	0.0	0.0		*****	*****	*****	NA	THREE WEEK	COMP24
423 2 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	WEEK	COMP24
ELUENT NET VALUE								****		
TRACHLORDETHYLENE	SAMPLE MEASUREMENT	0.1	0.4		*****	*****	*****	NA	THREE WEEK	COI. 24
475 2 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	WEEK	COMP24
ELUENT NET VALUE								****	WEEK	
1,1-DICHLOROETHANE	SAMPLE MEASUREMENT	0.0	0.1		*****	*****	*****	NA	THREE WEEK	COMP24
496 2 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	WEEK	COMP24
ELUENT NET VALUE								****		
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	0.0	0.1		*****	*****	*****	NA	THREE WEEK	COMP24
501 2 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	WEEK	COMP24
ELUENT NET VALUE								****		
1,1-TRICHLORO- THANE	SAMPLE MEASUREMENT	0.3	2.3		*****	*****	*****	NA	THREE WEEK	COMP24
506 2 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	WEEK	COMP24
ELUENT NET VALUE								****		
1,2-TRICHLORO-	SAMPLE MEASUREMENT	1.3	8.5		*****	*****	*****	NA	THREE CO	24
511 2 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	THREE WEEK	COMP24
ELUENT NET VALUE								****		
2-DICHLOROETHANE	SAMPLE MEASUREMENT	4.2	16.8		*****	*****	*****	NA	THREE WEEK	COMP24
531 2 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	*****	****	THREE WEEK	COMP24
ELUENT NET VALUE								****		

IE/TITLE PRINCIPAL EXECUTIVE OFFICER

T.G. BROWN
WORKS MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318-191-4500

AREA
CODE

NUMBER

DATE

89 8 14

YEAR MO DAY

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

SL 024576

MITTEE NAME/ADDRESS (Include City, Name/Location of Permit)

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

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

ME PERMIT NO. 1000
ADDRESS 1000 1000
1000 1000 1000 1000

1000000000	1000000000
PERMIT NUMBER	DISCHARGE NUMBER

CITY
CATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	1989	07	01		1989	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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 (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSIS (65-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
2-TRANS DICHLORO ETHYLENE	SAMPLE MEASUREMENT	0.1	1.0		*****	*****	*****		NA	THREE/COMP2
546 2 0 0 ELUENT NET VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	*****	*****	*****	****		THREE/COMP24
NYL CHLORIDE	SAMPLE MEASUREMENT	0.0	0.0		*****	*****	*****		NA	THREE/COMP24
175 2 0 0 ELUENT NET VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	*****	*****	*****	****		THREE/COMP24
OW. IN CONDUIT OR RU TREATMENT PLANT	SAMPLE MEASUREMENT	10.65	12.30		*****	*****	*****		NA	CONT1 RECORD
050 2 0 0 ELUENT NET VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	IGD	*****	*****	*****	****		CONT1 RECORD
LORINE TOTAL SIDUAL	SAMPLE MEASUREMENT	1	7		*****	*****	*****		0	THREE/GRAB
060 2 0 0 1 ADMIN ELUENT NET VALUE	PERMIT REQUIREMENT	22.9 DAILY AV	37.7 DAILY MX	BS/DY	*****	*****	*****	****		THREE/GRAB
LORINATED HYDRO- RBONS, GENERAL	SAMPLE MEASUREMENT	20	50		*****	*****	*****		0	THREE/COMP24
052 2 0 0 1 ADMIN ELUENT NET VALUE	PERMIT REQUIREMENT	58 DAILY AV	198 DAILY MX	BS/DY	*****	*****	*****	****		THREE/COMP24
ICHLOROETHENE	SAMPLE MEASUREMENT	0.3	2.0		*****	*****	*****		NA	THREE/CO 24
780 2 0 0 LUENT NET VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	BS/DY	*****	*****	*****	****		THREE/COMP24
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

4E/TITLE PRINCIPAL EXECUTIVE OFFICER

T.G. BROWN
WORKS MANAGER

TYPED OR PRINTED

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

8/8/89

YEAR MO DAY

SL 024577

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

NAME PEL, INC.
ADDRESS P.O. BOX 1000
LAKE CHARLES, LA. 70602

CITY _____
LOCATION _____

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

(2-16)

(17-19)

LA00000761
PERMIT NUMBER

001
DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

SILICA PIGMENTS DITCH

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
1989	07	01	1989	07	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR IRU TREATMENT PLANT 050 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	0.47		*****	*****	*****		NA	THREE/ESTIMATE WEEK
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		THREE/ESTIMATE WEEK
CHLORINATED HYDRO- CARBONS. GENERAL 052 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	140		NA	THREE/GRAB WEEK
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	****		THREE/GRAB WEEK
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
SL 024578	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.G. BROWN
WORKS MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

89 8 14

YEAR MO DAY

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

MITTEE NAME/ADDRESS (Include city, Name/Location if different)

NAME EEG LTD.

ADDRESS P. O. BOX 1000

LAKE CHARLES, LA. 70602

CITY

CATION

LOU G. BROWN, WORKS MANAGER

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

(12-16)

(17-19)

180000751

PERMIT NUMBER

301 41

DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

EEG CANAL PLE B AND FLUSH

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
1989 07 01 1989 07 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-64)	FREQUENCY OF ANALYSIS (65-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
OW, IN CONDUIT OR IRU TREATMENT PLANT 1050 2 0 0 FLUENT NET VALUE CHLORINATED HYDRO- CARBONS. GENERAL 1052 2 0 0 FLUENT NET VALUE	SAMPLE MEASUREMENT	*****	8.64		*****	*****	*****		NA	DAILY	INSTANT
	PERMIT REQUIREMENT	***** *****	REPORT DAILY MX	MGD	*****	*****	*****	**** ****		DAILY	INSTANT
	SAMPLE MEASUREMENT	*****	*****		*****	*****	69720		NA	DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	UG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 024579

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.G. BROWN
WORKS MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

89 8 14

YEAR MO DAY

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