



PPG INDUSTRIES, INC. INDUSTRIAL CHEMICAL DIVISION P. O. BOX 1000 LAKE CHARLES, LA. 70602

July 21, 1982

Mr. Dick Whittington
Administrator
U. S. EPA, Region VI
1201 Elm Street
Dallas, TX 75270

Re: Permit No. LA0000761
Discharge Monitoring Report

Dear Mr. Whittington:

Enclosed are the Discharge Monitoring Reports for April, May, and June, 1982. Incidents of excursions during the quarter were reported to your office as they occurred. The treatment systems performed well during this reporting period, except TOC at Outfall 018 during April and May. This situation was resolved and the treatment system operated well in June.

To summarize the DMRs in brief, the number of excursions reported for the toxic pollutants (chlorinated hydrocarbons, mercury, and lead) were 1, 0, and 1, respectively, with a 98.3% overall compliance level. The level of pH compliance averaged 99% for the continuous-monitored Outfall 001 during the second quarter. On the other hand, compliance for TSS at combined Outfalls 011/017/019 (five excursions) and TOC at Outfall 018 (six excursions) averaged only 84%; the problems associated with these excursions (high flow to the Lead Treatment ponds/insufficient bleach addition) have been corrected.

Should you have any questions regarding this report, please call J. E. Wyche at (318) 491-4830.

Respectfully,

A handwritten signature in black ink, appearing to read 'William J. Peard', written over a horizontal line.

WILLIAM J. PEARD
Manager Environmental Control

WJP/ap
Enclosures

Control Division

1cl)

SL 046532

pH CONTROL (OUTFALL 001). There were four excursions this quarter reported as follows:

May 8, 1982 @ 4:20 a.m. for 1 hr. 1 min. - pH +0.2. Operational problems in the Plant A Caustic unit resulted in the release of high pH material into the pH control system. Neutralization capacity of pH control was exceeded. Operations personnel responded promptly to take corrective action.

May 9, 1982 @ 1:15 p.m. for 1 hr. 9 min. - pH +0.1. Instrumentation failure at the pH control system resulted in the addition of an excess of high pH reagent. The instrument was repaired.

May 30, 1982 @ 5:03 a.m. for 1 hr. 20 min. - pH +0.6. High pH material entered the pH control system from an undetermined source in Plant A. The neutralization capacity of pH control was exceeded.

June 30, 1982 @ 1:15 p.m. for 1 hr. 15 min. - pH +0.3. The violation was due to an operational problem which resulted in the neutralization capacity of pH control being exceeded.

pH CONTROL (OUTFALL 005). There was only one excursion during this quarter which was reported as follows:

June 27, 1982. Investigation by Plant personnel failed to determine the reason for this violation. Subsequent samples taken have all been within the NPDES permit limits.

TOTAL SUSPENDED SOLIDS (OUTFALLS 011/017/019). The maximum limit of 2236 lbs/day was exceeded five times during this reporting period and reported as follows:

April 7, 1982. Idled chlorine circuits have caused an increased flow to the Lead Treatment ponds thereby reducing the retention time allowed for sedimentation of suspended solids. Subsequent samples taken at Outfalls 011/017/019 are all below the limit for TSS.

April 23, 1982. As above.

April 27, 1982. As above.

June 3, 1982. As above.

June 6, 1982. As above.

CHLORINATED HYDROCARBONS (OUTFALL 010/018/118). The maximum limit of 1368 lbs/day was exceeded once during the quarter and was reported as follows:

May 13, 1982. See letter of May 19, 1982, to Mr. Dick Whittington.

LEAD (OUTFALL 017). The maximum limit of 10.1 lbs/day was exceeded once during the quarter and reported as follows:

May 18, 1982. See letter of May 27, 1982 to Mr. Dick Whittington.

ATTACHMENT VI

TOTAL SUSPENDED SOLIDS (OUTFALL 018/118). The maximum limit of 8700 lbs/day was exceeded once during the quarter and reported as follows:

April 25, 1982. Plugged feed trough caused a reduction in retention time for settling of silica solids. Immediate corrective action was taken to unplug the feed trough.

TOTAL ORGANIC CARBON (OUTFALL 018/118). The maximum limit of 2600 lbs/day was exceeded six times during the quarter and reported as follows:

April 13, 1982. The cause for this violation was insufficient bleach addition to destruct oxygenated organics; a process effort was made during the quarter to correct the problem; the June TOC levels indicate the problem has been corrected.

April 14, 1982. As above.

April 22, 1982. As above.

May 6, 1982. As above

May 11, 1982. As above.

May 13, 1982. As above.

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

NAME PPG INDUSTRIES INC
 ADDRESS NR J R FARST - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

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

(2-16) LA0000761
 PERMIT NUMBER
 (17-19) 001
 DISCHARGE NUMBER

PAGE 2237

Form Approved
 OMB No. 2000-0011

MONITORING PERIOD
 FROM YEAR MO DAY TH YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
82 04 01 TH 82 04 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
RII

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			
FLOW	SAMPLE MEASUREMENT	<u>202617</u>	<u>234500</u>	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
TEMPERATURE	SAMPLE MEASUREMENT				<u>61</u>	<u>79</u>	<u>88</u>	°F	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA			CONT	RECORD
pH	SAMPLE MEASUREMENT		<u>265</u>	MIN/MO	<u>5.2*</u>	<u>7.1</u>	<u>10.3*</u>	pH UNITS	L=() H=()	CONT	RECORD
	PERMIT REQUIREMENT	NA	432		6.0		9.0			CONT	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
G. C. STRICKLER WORKS MANAGER					318 491-4500		82	04	30
TYPED OR PRINTED					AREA CODE	NUMBER	YEAR	MO	DAY

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

*Duration of excursions below pH 6.0 and above pH 9.0 were within allowed time period of 60 minutes, and thus, did not constitute a permit violation.

SL 046546

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

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

PAGE 2249

Form Approved
OMB No. 2000-0015

NAME PPG INDUSTRIES INC
ADDRESS MR J R FARST - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY
LOCATION

LA0000761
PERMIT NUMBER

005
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY YEAR MO DAY
82 04 01 TH 82 04 30
(12-21) (12-21) (12-25) RU (12-27) (12-29) (10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	603	660	GPM				NA	3/7	GRAB
	PERMIT REQUIREMENT	NA	NA						3/7	GRAB
TEMPERATURE	SAMPLE MEASUREMENT				82	83	84	NA	3/7	GRAB
	PERMIT REQUIREMENT				NA		NA		3/7	GRAB
pH	SAMPLE MEASUREMENT				7.2	7.3	7.6	L=0 H=0	3/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0	pH UNITS	3/7	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA CODE

NUMBER

DATE

82 04 30

YEAR MO DAY

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

SL 046541

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

NAME PPG INDUSTRIES I.C.
 ADDRESS MR J R FARST - WORKS MANAGER
 P O BOX 1000
 LAKE CHARLES LA 71602 R
 FACILITY
 LOCATION

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

(2-16) LA0000761 (17-19) 010
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2221

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR 82 MO 04 DAY 01 TH 82 MO 04 DAY 30
 (20-21) (22-23) (24-25) RU (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	SAMPLE MEASUREMENT	725	1226	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
Cr	SAMPLE MEASUREMENT	0.21	1.3	LBS/D				0	3/7	24
	PERMIT REQUIREMENT	8	16						3/7	24 HC
CIHC	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	*	*							
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. C. STRICKLER 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT G. C. Strickler	TELEPHONE		DATE		
			318	491-4500	82	04	30

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

*See Outfall 018

SL 046542

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

NAME PPG INDUSTRIES INC
 ADDRESS RR J R FARST-WORKS MANAGER
 P O BOX 1000
 LAKE CHARLES LA 70602 R
 FACILITY
 LOCATION

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

(2-16) LA0000761 (17-19) 011
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2224

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY TH YEAR MO DAY
 82 04 01 TH 82 04 30
 (10-21) (12-21) (14-21) RII (16-27) (18-29) (10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	240	302	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
MERCURY*	SAMPLE MEASUREMENT	0.02	0.04	LBS/D				0	3/7	24
	PERMIT REQUIREMENT	0.21	0.42						3/7	24 HC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA CODE

NUMBER

DATE

82 04 30

YEAR MO DAY

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

*Sum of Outfall 011 + 111

SL 046543

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

NAME PPG INDUSTRIES I.C.
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

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

(2-16) LA0000761
 PERMIT NUMBER
 (17-19) 111
 DISCHARGE NUMBER

PAGE 2279

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY TH YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
82 04 01 TH 82 04 30
 RU

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			
FLOW	SAMPLE MEASUREMENT	477	570	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
MERCURY	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*	*								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. C. STRICKLER 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>G. C. Strickler</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	M	DAY
			318	491-4500	82	04	30

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

*See Outfall 011

SL 046544

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

PAGE 2263

Form Approved
 OMB No. 2000-0015

LA0000761
 PERMIT NUMBER

011/017/019
 DISCHARGE NUMBER

MONITORING PERIOD								
YEAR	MO	DAY	TH	YEAR	MO	DAY		
82	04	01	TH	82	04	30		
(10-21)	(22-23)	(24-25)	RU	(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	717	871	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
TSS	SAMPLE MEASUREMENT	1937	3407	LBS/D				2	3/7	24 HC
	PERMIT REQUIREMENT	1118	2236						3/7	24 HC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED A ENT

TELEPHONE

318 491-4500
 AREA CODE NUMBER

DATE

82 04 30
 YEAR MO DAY

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

For TSS -- See Attachment III, letter of 7/21/82

SL 046545

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (DMR)

(2-16)
 LA00000761
 PERMIT NUMBER

(17-19)
 012
 DISCHARGE NUMBER

PAGE 2227

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD								
YEAR	MO	DAY		YEAR	MO	DAY		
82	04	01	TH	82	04	30		
(20-21)	(22-24)	(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	SAMPLE MEASUREMENT	48	93	GPM				NA	7/7	24 HT
	PERMIT REQUIREMENT	NA	NA						3/7	CALC
MERCURY	SAMPLE MEASUREMENT	0.001	0.004	LBS/D				NA	3/7	24
	PERMIT REQUIREMENT	NA	NA						3/7	24 HC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 WORKS MANAGER
 TYPED R 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 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Brie P...

TELEPHONE		DATE		
318	491-4500	82	04	30
AREA CODE	NUMBER	YEAR	MO	DAY

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

SL 046546

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LA0000761
 PERMIT NUMBER
 (17-19) 013
 DISCHARGE NUMBER

PAGE 2231

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY TH YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
82 04 01 TH 82 04 30
RU

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			
FLOW	SAMPLE MEASUREMENT	26.277	30.203	GPM					NA	CONT	CALC
	PERMIT REQUIREMENT	NA	NA							CONT	CALC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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

82 04 30

YEAR MO DAY

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

SL 046547

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

PAGE 2285

Form Approved
 OMB No. 2000-0015

LA0000761
 PERMIT NUMBER

015/016
 DISCHARGE NUMBER

MONITORING PERIOD								
YEAR	MO	DAY	FROM	YEAR	MO	DAY		
82	04	01	18	82	04	30		
(20-21)	(22-23)	(24-25)	R11	(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	SAMPLE MEASUREMENT	87282	117290	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	CALC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 WORKS MANAGER

TYPED & 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
 CODE

NUMBER

DATE

82 04 30

YEAR MO DAY

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

SL 046548

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J P FARST-WORKS - A TAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

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

(2-16) LA0000761	(17-19) 017
PERMIT NUMBER	DISCHARGE NUMBER

PAGE 2233

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	04	01	82	04	30
(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	UNITS			
FLOW	SAMPLE MEASUREMENT	377	451	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
LEAD	SAMPLE MEASUREMENT	3.2	7.4	LBS/D					0	3/7	24 ...
	PERMIT REQUIREMENT	5.1	10.1							3/7	24 HC
TSS	SAMPLE MEASUREMENT	1152	1353	LBS/D					NA	3/7	24 HC
	PERMIT REQUIREMENT	NA	NA							3/7	24 HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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

82 04 30

YEAR MO DAY

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

SL 046549

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

NAME PPG INDUSTRIES I.C.
ADDRESS MR J R FARST - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

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

PAGE 2281

Form Approved
OMB No. 2000-0015

(216) LA0000761 (1719) 018
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TH YEAR MO DAY
(20-21) (22-23) (24-25) p/j (26-27) (28-29) (30-31)
82 04 01 82 04 30

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			
FLOW	SAMPLE MEASUREMENT	4238	7704	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
BOD ₅	SAMPLE MEASUREMENT	338	427	LBS/D						1/7	24 HC
	PERMIT REQUIREMENT	774	1298							1/7	24 HC
TOC	SAMPLE MEASUREMENT	1778	3584	LBS/D					3	3/7	24 HC
	PERMIT REQUIREMENT	1300	2600							3/7	24 HC
TSS	SAMPLE MEASUREMENT	3778	16273	LBS/D					1	3/7	24 HC
	PERMIT REQUIREMENT	4500	8700							3/7	24 HC
CIHC*	SAMPLE MEASUREMENT	338	722	LBS/D					0	3/7	24 HC
	PERMIT REQUIREMENT	684	1368							3/7	24 HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE NUMBER

DATE

82 04 30

YEAR MO DAY

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

*Sum of Outfall 010 + 018

For TOC -- See Attachment VII, letter of 7/21/82

For TSS -- See Attachment VI, letter of 7/21/82

SL 046550

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 PPG INDUSTRIES LLC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

PAGE 2291

140000761 021
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY YEAR MO DAY
82 04 01 82 04 30
(20-21) (22-23) (24-25) RU (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 (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	101.0	215.0	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA								CONT
TEMPERATURE	SAMPLE MEASUREMENT				64	80	97	°F	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA				CONT
pH	SAMPLE MEASUREMENT				5.9	7.4	11.6	pH UNITS	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA				CONT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
WORKS MANAGER

TYPED R 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 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

318 491-4500

AREA CODE NUMBER

DATE

82 04 30

YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

John R. Strickler

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

SL 046551

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 PPG INDUSTRIES INC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

PAGE 2295

(2-16)
LA0000761
PERMIT NUMBER

(17-19)
024
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY YEAR MO DAY
82 04 01 To 82 04 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
RII

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	Flow indicated two (2) times during month							NA	5/7*	INDIC
	PERMIT REQUIREMENT	NA	NA							5/7*	INDIC
pH	SAMPLE MEASUREMENT				9.4	9.9	10.4	pH UNITS	U=0 H=2	5/7*	GRA
	PERMIT REQUIREMENT				6.0		11.0			5/7*	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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.)

TELEPHONE

318 491-4500

AREA CODE NUMBER

DATE

82 04 30

YEAR M DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

G. C. Strickler

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

*When flowing

SL 046552

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 PPG INDUSTRIES LLC
ADDRESS MP J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

LA0000761
PERMIT NUMBER

025
DISCHARGE NUMBER

PAGE 2273

FACILITY
LOCATION

MONITORING PERIOD								
FROM	YEAR	MO	DAY	TH	YEAR	MO	DAY	
	82	04	01	TH	82	04	30	
	(20-21)	(22-23)	(24-25)	RU	(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	SAMPLE MEASUREMENT	<100	237	GPM				NA	5/7*	GRAB
	PERMIT REQUIREMENT	NA	NA						5/7*	GRAB
pH	SAMPLE MEASUREMENT				8.3	8.1	7.4	NA	5/7*	GRAB
	PERMIT REQUIREMENT				NA		NA		5/7*	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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

82 04 30

YEAR MO DAY

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

*When flowing

SL 046553

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LA0000761 (17-19) 026
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2275

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY TH YEAR MO DAY
 (12-11) (12-21) (12-21) RU (12-27) (12-29) (10-31)
82 04 01 82 04 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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			
FLOW	SAMPLE MEASUREMENT	92	330	GPM					NA	5/7*	GRAB
	PERMIT REQUIREMENT	NA	NA							5/7*	GRAB
pH	SAMPLE MEASUREMENT				2.6	1.1	8.8	pH UNITS	NA	5/7*	GRAB
	PERMIT REQUIREMENT				NA		NA			5/7*	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 491-4500 82 04 30
 AREA CODE NUMBER YEAR MO DAY

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

*When flowing

SL 046554

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

NAME PPG INDUSTRIES INC
 ADDRESS MR T R FARST - CORES MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) DA0000761 (17-19) 001
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2312

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY TH YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
82 05 01 Th 82 05 31
RU

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			
FLOW	SAMPLE MEASUREMENT	203710	238500	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
TEMPERATURE	SAMPLE MEASUREMENT				62	88	99	°F	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA			CONT	RECORD
pH	SAMPLE MEASUREMENT		866	MIN/MO	5.6*	7.1	10.2	pH UNITS	L=0 H=3	CONT	RECORD
	PERMIT REQUIREMENT	NA	432		6.0		9.0			CONT	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. C. STRICKLER WORKS MANAGER TYPED R 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Bruce Rand</i>	TELEPHONE		DATE		
			318	491-4500	82	05	31
			AREA CODE	NUMBER	YEAR	MO	DAY

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

*Duration of excursions below pH 6.0 were within allowed time period of 60 minutes and, thus, did not constitute a permit violation.

For pH -- See Attachment I. Letter of 7/21/82

SL 046555

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY

LOCATION

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

(2-16) LA0000761	(17-19) 005
PERMIT NUMBER	DISCHARGE NUMBER

PAGE 2324

Approved
 OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM RU

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-43) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	473	680	GPM					NA	3/7	GRAB
	PERMIT REQUIREMENT	NA	NA							3/7	GRAB
TEMPERATURE	SAMPLE MEASUREMENT				75	92	115		NA	3/7	GRAB
	PERMIT REQUIREMENT				NA		NA	°F		3/7	GRAB
PH	SAMPLE MEASUREMENT				7.3	7.4	7.7		7.0	3/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0	pH UNITS		3/7	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
 CODE

NUMBER

DATE

82 05 31

YEAR MO DAY

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

SL 046556

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

NAME PPG INDUSTRIES I/C
ADDRESS DR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY
LOCATION

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

(2-16) LA00000761 (17-19) 010
PERMIT NUMBER DISCHARGE NUMBER

PAGE 2297

Form Approved
OMB No. 2000-0015

MONITORING PERIOD							
FROM	YEAR	MO	DAY	THRU	YEAR	MO	DAY
	82	05	01		82	05	31
	(12-21)	(12-21)	(12-25)		(12-27)	(12-29)	(10-11)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 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	UNITS			
FLOW	SAMPLE MEASUREMENT	575	1276	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
Cr	SAMPLE MEASUREMENT	3.20	1.1	LBS/D					0	3/7	24 ...
	PERMIT REQUIREMENT	8	16							3/7	24 HC
CIHC	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*	*								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

82 05 31

YEAR MO DAY

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

*See Outfall 018

SL 046557

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LA0000761
 PERMIT NUMBER
 (17-19) 011
 DISCHARGE NUMBER

PAGE 2300

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	82	05	01	To	82	05	31	
	(20-21)	(22-24)	(24-25)	RU	(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			
FLOW	SAMPLE MEASUREMENT	211	213	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
MERCURY*	SAMPLE MEASUREMENT	0.04	0.13	LBS/D					3/7	24 HL	
	PERMIT REQUIREMENT	0.21	0.42						3/7	24 HC	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
 CODE

NUMBER

DATE

82 05 31

YEAR MO DAY

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

*Sum of Outfall 011 + 111

SL 046558

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 PPG INDUSTRIES INC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

(2-16) LA0000761
PERMIT NUMBER
(17-19) 111
DISCHARGE NUMBER

PAGE 2354

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	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) (46-51) QUANTITY OR LOADING			(4 Card Only) (38-45) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	536	617	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
MERCURY	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*	*								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
G. C. STRICKLER WORKS MANAGER TYPED R PRINTED			318	491-4500	82	5	31

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

*See Outfall 011

SL 046559

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1200
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

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

(2-16) LA0000761 (17-19) 011/017/019
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2338

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY YEAR MO DAY
82 05 01 TH 82 05 31
 (20-21) (22-23) (24-25) RU (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 (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	<u>701</u>	<u>1290</u>	GPM					<u>NA</u>	<u>CONT</u>
	PERMIT REQUIREMENT	<u>NA</u>	<u>NA</u>						<u>CONT</u>	<u>RECORD</u>
TSS	SAMPLE MEASUREMENT	<u>1540</u>	<u>2220</u>	LBS/D					<u>0</u>	<u>3/7</u>
	PERMIT REQUIREMENT	<u>1118</u>	<u>2236</u>						<u>3/7</u>	<u>24 HC</u>
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Brie Conrad

TELEPHONE

318 491-4500
 AREA CODE NUMBER

DATE

82 5 31
 YEAR MO DAY

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

SL 046560

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

NAME PPG INDUSTRIES INC
 ADDRESS HR J R FARSE - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) 1A0000761 (17-19) 012
 PERMIT NUMBER DISCHARGE NUMBER

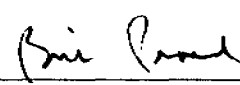
PAGE 2302

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD						
YEAR	MO	DAY	TH	YEAR	MO	DAY
92	05	01	TH	82	05	31
(10-11)	(12-13)	(14-15)	RU	(16-17)	(18-19)	(20-21)

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			
FLOW	SAMPLE MEASUREMENT	23	62	GPM					NA	7/7	24 HT
	PERMIT REQUIREMENT	NA	NA							3/7	CALC
MERCURY	SAMPLE MEASUREMENT	0.001	0.004	LBS/D					NA	3/7	24
	PERMIT REQUIREMENT	NA	NA							3/7	24 HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. C. STRICKLER 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		DATE		
			318	491-4500	82	05	31
			AREA CODE	NUMBER	YEAR	MO	DAY

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

SL 046561

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

PAGE 2306

NAME PPG INDUSTRIES I C
ADDRESS MR J R PARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

(2-16)		(17-19)	
640000761		013	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	31
(12-11)	(12-23)	(12-24)	(12-27)	(12-28)	(10-11)

FROM TH RU

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	24457	32417	GPM					NA	CONT	CALC
	PERMIT REQUIREMENT	NA	NA							CONT	CALC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
G. C. STRICKLER WORKS MANAGER		<i>Eric Conrad</i>	318	491-4500	82	05	31
TYPED R PRINTED							

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

SL 046562

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 PPG INDUSTRIES INC
ADDRESS MR J R FARST - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

(2-16) 1A00000761
PERMIT NUMBER
(17-19) 015/016
DISCHARGE NUMBER

PAGE 2360

FACILITY
LOCATION

MONITORING PERIOD								
YEAR	MO	DAY		YEAR	MO	DAY		
82	05	01	TH	82	05	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 (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	71466	118.166	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	CALC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318
AREA
CODE

491-4500
NUMBER

82 05 31
YEAR M DAY

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

SL 046563

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PAGE 2308

Form Approved OMB No. 2000-0015

NAME PPG INDUSTRIES INC
 ADDRESS PPG INDUSTRIES INC
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

(2-16)
 1A0000761
 PERMIT NUMBER

(17-19)
 017
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	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	SAMPLE MEASUREMENT	814	532	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
LEAD	SAMPLE MEASUREMENT	4.4	25.3	LBS/D				/	3/7	24
	PERMIT REQUIREMENT	5.1	10.1						3/7	24 HC
TSS	SAMPLE MEASUREMENT	260	1503	LBS/D				NA	3/7	24 HC
	PERMIT REQUIREMENT	NA	NA						3/7	24 HC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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.)

TELEPHONE

318 491-4500

DATE

82 05 31

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

G. C. Strickler

AREA CODE

NUMBER

YEAR

MO

DAY

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

For lead -- See Attachment V, letter of 7/21/82

SL 046564

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-PLANS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

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

(2-16) LA0000761 (17-19) 018
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2356

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD							
FROM	YEAR	MO	DAY	THRU	YEAR	MO	DAY
	82	05	01		82	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)
			RU				

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			
FLOW	SAMPLE MEASUREMENT	3420	4120	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
BOD ₅	SAMPLE MEASUREMENT	425	564	LBS/D					0	1/7	24 HC
	PERMIT REQUIREMENT	774	1298							1/7	24 HC
TOC	SAMPLE MEASUREMENT	1110	3070	LBS/D					2	3/7	24 HC
	PERMIT REQUIREMENT	1300	2600							3/7	24 HC
TSS	SAMPLE MEASUREMENT	2311	3884	LBS/D					0	3/7	24 HC
	PERMIT REQUIREMENT	4500	8700							3/7	24 HC
CIHC*	SAMPLE MEASUREMENT	351	1784	LBS/D					1	3/7	24 HC
	PERMIT REQUIREMENT	684	1368							3/7	24 HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
 CODE

NUMBER

DATE

82 05 31

YEAR MO DAY

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

*Sum of Outfall 010 + 018

For TOC -- See Attachment VII, letter of 7/21/82
 For CIHC -- See Attachment IV, letter of 7/21/82

SL 046565

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 PPG INDUSTRIES LLC
ADDRESS MR J R FARST-WORRES MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

LAG000761
PERMIT NUMBER

021
DISCHARGE NUMBER

PAGE 2366

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	16143	32400	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
TEMPERATURE	SAMPLE MEASUREMENT				72	75	76	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA		CONT	RECORD
pH	SAMPLE MEASUREMENT				6.0	6.7	10.3	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA		CONT	RECORD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA CODE

NUMBER

DATE

82 05 31

YEAR MO DAY

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

SL 046566

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

NAME PPG INDUSTRIES I C
 ADDRESS HR J R FARSEWORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

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

(2-16)
LA00000761
 PERMIT NUMBER

(17-19)
024
 DISCHARGE NUMBER

PAGE 2368

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	31
(10-21)	(12-21)	(24-24)	(24-27)	(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	Flow indicated three times during month						NA	5/7*	INDIC
	PERMIT REQUIREMENT	NA	NA						5/7*	INDIC
pH	SAMPLE MEASUREMENT				8.5	9.4	10.9	L=0 H=0	5/7*	GRAB
	PERMIT REQUIREMENT				6.0		11.0	pH UNITS	5/7*	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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

82 05 31
 YEAR MO DAY

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

*When flowing

SL 046567

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LA00000761 (17-19) 025
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2348

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY YEAR MO DAY
82 05 01 19 82 05 31
 (10-21) (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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	<101	314	GPM				NA	5/7*	GRAB
	PERMIT REQUIREMENT	NA	NA						5/7*	GRAB
pH	SAMPLE MEASUREMENT				7.2	8.9	10.4	NA	5/7*	GRAB
	PERMIT REQUIREMENT				NA		NA		5/7*	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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.)

SI NATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 491-4500 82 05 31
 AREA CODE NUMBER YEAR MO DAY

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

*When flowing

SL 046568

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 PPG INDUSTRIES INC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

PAGE 2350

(2-16) L40000761 PERMIT NUMBER			(17-19) 026 DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	51	50%						NA	5/7*	GRAB
	PERMIT REQUIREMENT	NA	NA	GPM						5/7*	GRAB
pH	SAMPLE MEASUREMENT				6.5	7.1	3.1		NA	5/7*	GRAB
	PERMIT REQUIREMENT				NA		NA	pH UNITS		5/7*	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
G. C. STRICKLER WORKS MANAGER TYPED OR PRINTED			318 491-4500	82	05	31	

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

*When flowing

SL 046569

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

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

PAGE 2388

Form Approved
OMB No. 2000-0015

NAME PPG INDUSTRIES INC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

LA0000761
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	06	01	82	06	30
(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	230500	245000	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
TEMPERATURE	SAMPLE MEASUREMENT				76	94	103	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA	NA	NA		CONT	RECORD
pH	SAMPLE MEASUREMENT		243	MIN/MO	5.6*	7.1	9.6	L=0 H=1	CONT	RECORD
	PERMIT REQUIREMENT	NA	432		6.0		9.0		CONT	RECORD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
CODE

NUMBER

DATE

82 06 30

YEAR MO DAY

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

*Duration of excursions below pH 6.0 were within allowed time period of 60 minutes, and thus, did not constitute a permit violation.

For pH -- See Attachment I. letter of 7/21/82.

SL 046570

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

NAME PPG INDUSTRIES INC
 ADDRESS RR 1 R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LAC000761 (17-19) 005
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2400

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 82 06 01 TO 82 06 30
 (12-21) (12-21) (12-25) (12-27) (12-29) (12-31)
 RU

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			
FLOW	SAMPLE MEASUREMENT	433	1600	GPM					NA	3/7	GRAB
	PERMIT REQUIREMENT	NA	NA							3/7	GRAB
TEMPERATURE	SAMPLE MEASUREMENT				77	86	133		NA	3/7	GRAB
	PERMIT REQUIREMENT				NA		NA	°F		3/7	GRAB
pH	SAMPLE MEASUREMENT				7.1	7.4	9.2		L = () H = 1	3/7	GRAB
	PERMIT REQUIREMENT				6.0		9.0	pH UNITS		3/7	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 491-4500 82 06 30
 AREA CODE NUMBER YEAR MO DAY

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

For pH -- See Attachment II, letter of 7/21/82.

SL 046571

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LA0000761	(17-19) 010
PERMIT NUMBER	DISCHARGE NUMBER

PAGE 2372

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD						
YEAR	MO	DAY	TIME	YEAR	MO	DAY
82	06	01	TM	82	06	30
(20-21)	(22-23)	(24-25)	RU	(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			
FLOW	SAMPLE MEASUREMENT	6.61	1076	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
Cr	SAMPLE MEASUREMENT	0.25	0.18	LBS/D					0	3/7	24 HC
	PERMIT REQUIREMENT	8	16							3/7	24 HC
ClHC	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*	*								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. C. STRICKLER 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			318 491-4500	82	06	30	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

*See Outfall 018

SL 046572

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

NAME PPG INDUSTRIES INC
 ADDRESS HR J R FARST-30P-S ALABAMA
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

PAGE 2376

Form Approved
 OMB No. 2000-0015

(2-16) 00000761 (17-19) 011
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
82	06	01	TH	82	05	30
(20-21)	(22-23)	(24-25)	RII	(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			
FLOW	SAMPLE MEASUREMENT	242	221	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
MERCURY*	SAMPLE MEASUREMENT	0.035	0.128	LBS/D					1	3/7	24 ...
	PERMIT REQUIREMENT	0.21	0.42							3/7	24 HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
G. C. STRICKLER WORKS MANAGER TYPED OR PRINTED			318 491-4500	82	06	30	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

*Sum of Outfall 011 + 111

SL 046573

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

NAME PPG INDUSTRIES INC
 ADDRESS IN R J P FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

FACILITY _____
 LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PAGE 2430

Form Approved
 OMB No. 2000-0015

LA00000761
 PERMIT NUMBER

111
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
82	06	01	82	06	30

FROM (20-21) (22-23) (24-25) RU (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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	457	510	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
MERCURY	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*	*								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 491-4500

82 06 30

AREA
 CODE

NUMBER

YEAR

MO

DAY

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

*See Outfall 011

SL 046574

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LA0000761 (17-19) 011/017/019
 PERMIT NUMBER DISCHARGE NUMBER

PAGE 2373

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD							
YEAR				MO	DAY		
FROM	82	06	01	TH	82	06	30
	(20-21)	(22-23)	(24-25)	211	(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	787	860	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
TSS	SAMPLE MEASUREMENT	1651	2337	LBS/D				2	3/7	24 ...
	PERMIT REQUIREMENT	1118	2236						3/7	24 HC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500

AREA
 CODE

NUMBER

DATE

82 06 30

YEAR MO DAY

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

For TSS -- See Attachment III, letter of 7/21/82

SL 046575

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 PPG INDUSTRIES INC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70502 R
FACILITY _____
LOCATION _____

PAGE 2378

LA0000761
PERMIT NUMBER

012
DISCHARGE NUMBER

MONITORING PERIOD								
YEAR	MO	DAY		YEAR	MO	DAY		
82	06	01	TH	82	06	30		
(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	64	157	GPM				NA	7/7	24 HT
	PERMIT REQUIREMENT	NA	NA						3/7	CALC
MERCURY	SAMPLE MEASUREMENT	0.003	0.005	LBS/D				NA	3/7	24 HC
	PERMIT REQUIREMENT	NA	NA						3/7	24 HC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

318 491-4500
AREA CODE NUMBER

DATE

82 06 30
YEAR MO DAY

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

SL 046576

PERMITTEE NAME (Include Facility Name/Location if different)

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

PAGE 2382

Form Approved
OMB No. 2000-0015

NAME PPG INDUSTRIES INC
ADDRESS MR J R FAPST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R

(2-16)
000000761
PERMIT NUMBER

(17-19)
013
DISCHARGE NUMBER

FACILITY
LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	To RU	YEAR	MO	DAY
82	06	01		82	06	30
(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	SAMPLE MEASUREMENT	25603	29240	GPM				NA	CONT	CALC
	PERMIT REQUIREMENT	NA	NA						CONT	CALC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
G. C. STRICKLER
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 | 491-4500 | 82 | 06 | 30
AREA CODE | NUMBER | YEAR | MO | DAY

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

SL 046577

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16) LA0000761
 PERMIT NUMBER
 (17-19) 015/016
 DISCHARGE NUMBER

PAGE 2436

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR MO DAY YEAR MO DAY
82 06 01 TH 82 06 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
RU

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	<u>155902</u>	<u>171007</u>	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
G. C. STRICKLER WORKS MANAGER TYPED OR PRINTED			318 491-4500	82	06	30

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

SL 046578

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J P FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

PAGE 2384

Form Approved
 OMB No. 2000-0015

LA0000761 017
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD								
YEAR	MO	DAY	T+0	YEAR	MO	DAY		
82	06	01		82	06	30		
(10-31)	(12-31)	(14-24)	RU	(16-27)	(18-29)	(10-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	248	450	GPM				NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA						CONT	RECORD
LEAD	SAMPLE MEASUREMENT	2.9	5.3	LBS/D				0	3/7	24 HC
	PERMIT REQUIREMENT	5.1	10.1						3/7	24 HC
TSS	SAMPLE MEASUREMENT	958	1498	LBS/D				NA	3/7	24 HC
	PERMIT REQUIREMENT	NA	NA						3/7	24 HC
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

318
 AREA
 CODE

491-4500
 NUMBER

DATE

82 06 30
 YEAR MO DAY

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

SL 046579

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

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

PAGE 2432

Form Approved
OMB No. 2000-0015

NAME PPG INDUSTRIES INC
ADDRESS MR J R FARST - WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

(2-16) 140000761	(17-19) 018
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	06	01	82	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (34-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	3423	4324	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
BOD5	SAMPLE MEASUREMENT	300	416	LBS/D					0	1/7	24 HC
	PERMIT REQUIREMENT	774	1298							1/7	24 HC
TOC	SAMPLE MEASUREMENT	1222	1922	LBS/D					0	3/7	24 HC
	PERMIT REQUIREMENT	1300	2600							3/7	24 HC
TSS	SAMPLE MEASUREMENT	2321	3130	LBS/D					0	3/7	24 HC
	PERMIT REQUIREMENT	4500	8700							3/7	24 HC
CTHC*	SAMPLE MEASUREMENT	206	374	LBS/D					0	3/7	24 HC
	PERMIT REQUIREMENT	684	1368							3/7	24 HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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. § 1365. (Violations under these statutes may be fined up to \$10,000 or imprisoned up to 5 years or both for 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

TELEPHONE

DATE

G. C. STRICKLER
WORKS MANAGER

G. C. Strickler

318/491-4500

82 06 30

*Sum of Outfall 010 + 018

SL 046580

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 PPG INDUSTRIES INC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

PAGE 2442

LA0000761
PERMIT NUMBER

021
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
82	06	01	82	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM T_W RI

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	15902	26200	GPM					NA	CONT	RECORD
	PERMIT REQUIREMENT	NA	NA							CONT	RECORD
TEMPERATURE	SAMPLE MEASUREMENT				79	91	107	°F	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA		CONT	RECORD	
pH	SAMPLE MEASUREMENT				6.0	7.3	9.4	pH UNITS	NA	CONT	RECORD
	PERMIT REQUIREMENT				NA		NA		CONT	RECORD	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 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

318 491-4500

AREA CODE NUMBER

DATE

82 06 30

YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

G. C. Strickler

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

SL 046581

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

NAME PPG INDUSTRIES INC
ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
FACILITY _____
LOCATION _____

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

(2-16)

(17-19)

PAGE 2444

Form Approved
OMB No. 2000-0015

040000761
PERMIT NUMBER

024
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TH YEAR MO DAY
(20-31) (22-31) (24-25) RU (26-27) (28-29) (30-31)
82 06 01 TH 82 06 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-51)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	Flow indicated four (4) times during the month							NA	5/7*	INDIC
	PERMIT REQUIREMENT	NA	NA							5/7*	INDIC
pH	SAMPLE MEASUREMENT				7.3	9.2	10.7		L=0 H=0	5/7*	GRAB
	PERMIT REQUIREMENT				6.0		11.0	pH UNITS		5/7*	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
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 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 491-4500 82 06 30
AREA CODE NUMBER YEAR MO DAY

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

*When flowing

SL 046582

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

NAME PPG INDUSTRIES INC
 ADDRESS MR J R FARST-WORKS MANAGER
P O BOX 1000
LAKE CHARLES LA 70602 R
 FACILITY _____
 LOCATION _____

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

(2-16)

(17-19)

PAGE 2424

Form Approved
 OMB No. 2000-0015

LA0000761
 PERMIT NUMBER

025
 DISCHARGE NUMBER

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	82	06	01	TH	82	06	30	
	(10-21)	(22-23)	(24-25)	R11	(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			
FLOW	SAMPLE MEASUREMENT	<100	<100	GPM					NA	5/7*	GRAB
	PERMIT REQUIREMENT	NA	NA							5/7*	GRAB
pH	SAMPLE MEASUREMENT			pH UNITS	8.1	8.8	9.1		NA	5/7*	GRAB
	PERMIT REQUIREMENT				NA		NA			5/7*	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 491-4500

82 06 30

AREA CODE NUMBER YEAR MO DAY

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

*When flowing

SL 046583

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 PPG INDUSTRIES INC

ADDRESS MR J R FARST-WORKS MANAGER

P O BOX 1000

LAKE CHARLES LA 70602 R

FACILITY

LOCATION

LA0000761
PERMIT NUMBER

026
DISCHARGE NUMBER

PAGE 2426

MONITORING PERIOD
FROM YEAR MO DAY YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
82 06 01 TH 82 06 30 RU

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			
FLOW	SAMPLE MEASUREMENT	18.1	63.7	GPM				NA	5/7*	GRAB
	PERMIT REQUIREMENT	NA	NA						5/7*	GRAB
pH	SAMPLE MEASUREMENT				6.6	7.3	7.8	NA	5/7*	GRAB
	PERMIT REQUIREMENT				NA		NA		5/7*	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. C. STRICKLER
WORKS MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED A ENT

TELEPHONE

318 491-4500
AREA CODE NUMBER

DATE

82 06 30
YEAR MO DAY

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

*When flowing

SL 046584