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

NAME CONC CHEM-CONT.CIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840
FACILITY
LOCATION

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

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER: 01970
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	82	04	01	TO	82	05	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	75	75	76		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
XYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.8	6.8	6.9		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	******	******	6	******	******	MG/L	***	1/7	GRAB
OD, 5-DAY, 20 DEG C N STREAM	SAMPLE MEASUREMENT	80	120		5	7	10		0	1/7	24HR COMP
00310	PERMIT REQUIREMENT	431	800	LBS/DA	******	32	43	MG/L	***	1/7	24HR COM
HEM. OXYGEN DEMAND	SAMPLE MEASUREMENT	348	539		19	31	45		0	1/7	24HR COMP
00340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	24HR COM
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.9		***	1/7	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
ITROGEN AMMONIA	SAMPLE MEASUREMENT	<1.4	2.4		<0.1	<0.1	0.2		0	1/7	24HR COMP
00610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
LOW RATE	SAMPLE MEASUREMENT	1.3	1.6		******	******	******	******	---	CONT	RECORDER
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	CONT	RECORDER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
AREA CODE	NUMBER	YEAR	MO	DAY
601	269-8111	7	26	82

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

VAB.0001096125

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

NAME CONO CHEM-CONT.OIL

ADDRESS P O BOX 51

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	001

MONITORING PERIOD	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	82	04	01	TO	82	05	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	129	167		10	12	14		0	1/7	24HR COMP
99000	PERMIT REQUIREMENT	674	1396	LBS/DA	******	******	******	MG/L	***	1/7	24HR COMP
~~INYL-CHLORIDE~~	SAMPLE MEASUREMENT	------	------	-----	-------	----------	---------			-----	-----
~~99036~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~IS(2-ETHYL-HEXYL) HTHALATE~~	SAMPLE MEASUREMENT	---------	---------	-----	-------	----------	---------			-----	------
~~99037~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~I-N-OCTYL HTHALATE-~~	SAMPLE MEASUREMENT	----------	--------	-----	-------	----------	--------			-----	------
~~99038~~-----	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	*********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	*********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	*********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	*********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	*********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	*********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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 AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	369-8111	7	26	82

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

VAB.0001096126

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

NAME CONE CHEM-CONI.OIL

ADDRESS P O BOX 51

ABERDEEN MD 21730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	82	05	01	TO	82	06	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	78	87	90		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
XYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.4	6.5	6.7		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	******	******	6	******	******	MG/L	***	1/7	GRAB
OD, 5-DAY, 20 DEG C N STREAM	SAMPLE MEASUREMENT	98	136		6	9	12		0	1/7	24HR COMP
00310	PERMIT REQUIREMENT	431	800	LBS/DA	******	32	43	MG/L	***	1/7	24HR COMP
HEM. OXYGEN DEMAND	SAMPLE MEASUREMENT	375	452		29	36	43		0	1/7	24HR COMP
00340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	24HR COMP
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.8		***	1/7	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
ITROGEN AMMONIA	SAMPLE MEASUREMENT	< 1.7	< 3.5		<0.1	<0.2	<0.4		0	1/7	24HR COMP
00610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
LOW RATE	SAMPLE MEASUREMENT	1.2	1.4		******	******	******	******	---	CONT	RECORDER
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	CONT	RECORDER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	7	26	82
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096127

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

NAME CONO CHEM-CONI.OIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16)	(17-19)
01570	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	05	01	TO	82	06	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	150	210		12	15	20		0	1/7	24HR COMP
99000	PERMIT REQUIREMENT	674	1396	LBS/DA	******	******	******	MG/L	***	1/7	24HR COMP
~~INYL CHLORIDE~~	SAMPLE MEASUREMENT	---------	---------	------	---------	---------	---------		---	------	------
~~39435~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~IS(2-ETHYL-HEXYL) HTHALATE~~	SAMPLE MEASUREMENT	---------	---------	------	---------	---------	---------		---	------	------
~~39637~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~I-N-OCTYL HTHALATE~~	SAMPLE MEASUREMENT	---------	---------	------	---------	---------	---------		---	------	------
~~39638~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	*********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	*********
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	*********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	*********
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	*********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	*********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
601	369-8111	7	26	82
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096128

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

NAME CONC CHEM-CONI.OIL

ADDRESS P O BOX 91

A=ERDELN MS 39730

1910

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82 (20-21)	06 (22-23)	01 (24-25)	TO	82 (26-27)	07 (28-29)	01 (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	90	90	90		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
XYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.2	6.4	6.7		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	******	******	6	******	******	MG/L	***	1/7	GRAB
OD, 5-DAY, 20 DEG C N STREAM	SAMPLE MEASUREMENT	121	207		4	10.6	14		0	1/7	24HR COMP
00310	PERMIT REQUIREMENT	431	800	LBS/DA	******	32	43	MG/L	***	1/7	24HR COMP
HEM. OXYGEN DEMAND	SAMPLE MEASUREMENT	406	581		27	37	53		0	1/7	24HR COMP
00340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	24HR COMP
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.8		***	1/7	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
ITROGEN AMMONIA	SAMPLE MEASUREMENT	≤ 1.1	≤ 1.5		< 0.1	< 0.1	< 0.1		0	1/7	24HR COMP
00610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
LOW RATE	SAMPLE MEASUREMENT	1.3	1.7		******	******	******	******	---	CONT	RECORDER
74060	PERMIT REQUIREMENT	******	******	G/DAY	******	******	******	******	***	CONT	RECORDER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
AREA CODE	NUMBER	YEAR	MO	DAY
601	369-8111	7	26	82

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

VAB.0001096129

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME CONC CHEM-CONT.OIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840
FACILITY
LOCATION

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

OMB No. 2000-0015

MAJOR

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
01970	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	06	01	TO	82	07	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	69	119		4	6	8		0	1/7	24HR COMP
99000	PERMIT REQUIREMENT	674	1396	LBS/DA	******	******	******	MG/L	***	1/7	24HR COMP
~~INYL CHLORIDE~~	SAMPLE MEASUREMENT	----------	----------		----------	----------	----------		---	------	------
~~99036~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~IS(2-ETHYL-HEXYL-) HTHALATE~~	SAMPLE MEASUREMENT	----------	----------		----------	----------	----------		---	------	------
~~99037~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~I-N-OCTYL HTHALATE~~	SAMPLE MEASUREMENT	----------	----------		----------	----------	----------		---	------	------
~~99038~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
601	369-8111	7	26	82
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME CONO CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATIO.. SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OI No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER: 01970

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	82	04	01	TO	82	07	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE-	SAMPLE MEASUREMENT	******	******	******	---------	----------	---------		---	------	------
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
XYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	---------	----------	---------		---	-----	-----
00300	PERMIT REQUIREMENT	******	******	******	6	******	******	MG/L	***	1/7	GRAB
OD, 5-DAY, 20 DEG C	SAMPLE MEASUREMENT	---------	---------		---------	----------	---------		--	-----	----
N-STREAM											
00310	PERMIT REQUIREMENT	431	600	LBS/DA	******	32	43	MG/L	***	1/7	24HR COM
HEM--OXYGEN DEMAND	SAMPLE MEASUREMENT	---------	---------		---------	----------	---------		---	------	-----
00340	PERMIT REQUIREMENT	1462	2.13	LBS/DA	******	******	******	MG/L	***	1/7	24HR COM
Hg-EFFLUENT	SAMPLE MEASUREMENT	******	******	******	---------	****** -----	---------		***	-----	------
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
ITROGEN--AMMONIA	SAMPLE MEASUREMENT	---------	---------		---------	----------	---------		---	-----	------
00610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
LOW RATE	SAMPLE MEASUREMENT	1.97	1.97		******	******	******	******	---	CONT	RECORDER
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	CONT	RECORDER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
AREA CODE	NUMBER	YEAR	MO	DAY
601	369-8111	7	26	82

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

VAB.0001096131

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

NAME CONC CHEM-CONT.OIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840

FACILITY
LOCATION

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

(2-16)	(17-19)
01970	001
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

Form Approved
OMB No. 2000-0015

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	04	01	TO	82	07	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
~~SOLIDS, SUSPENDED~~	SAMPLE MEASUREMENT	----------	----------		----------	----------	----------		---	------	------
[illegible]	PERMIT REQUIREMENT	674	1.96	LBS/DA	******	******	******	MG/L	***	1/7	24HR COM
VINYL CHLORIDE	SAMPLE MEASUREMENT	5.76	5.76		0.35	0.35	0.35			1/90	GRAB
99036	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
BIS(2-ETHYL-HEXYL) PHTHALATE	SAMPLE MEASUREMENT	< 0.16	< 0.16		< 0.01	< 0.01	< 0.01			1/90	GRAB
99037	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
DI-N-OCTYL PHTHALATE	SAMPLE MEASUREMENT	< 0.16	< 0.16		< 0.01	< 0.01	< 0.01			1/90	GRAB
99038	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
601	369-8111	7	26	82
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096132

Facility Name/Location if different

NAME CONC CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

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

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	002

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	82	04	01	TO	82	05	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	66	72	78		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.9		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
HROMIUM, TOTAL	SAMPLE MEASUREMENT	----------	----------		---------	---------	---------		---	------	------
01034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
INC, TOTAL	SAMPLE MEASUREMENT	----------	----------		---------	---------	---------		---	------	------
01092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
~~HENINE, TOTAL~~ ESIDUAL ~~50660~~	SAMPLE MEASUREMENT	----------	----------		---------	---------	---------		---	------	------
	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
LOW RATE	SAMPLE MEASUREMENT	0.01	0.01		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	33	35		33	34	35		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
AREA CODE	NUMBER	YEAR	MO	DAY
601	369-8111	7	26	82

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

VAB.0001096133

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME CONC CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	05	01	TO	82	06	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	77	78	80		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	6.9	******	8.0		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
~~CHROMIUM, TOTAL~~	SAMPLE MEASUREMENT	----------	----------	------	----------	----------	----------		---	------	------
~~01034~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
~~ZINC, TOTAL~~	SAMPLE MEASUREMENT	----------	----------		----------	---------	---------		--	------	-----
~~01092~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
~~CHLORINE, TOTAL RESIDUAL~~	SAMPLE MEASUREMENT	---------	---------		---------	---------	---------		---	------	------
~~50060~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
LOW RATE	SAMPLE MEASUREMENT	0.02	0.02		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	1.3	1.4		8	10	12		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 USC § 1319 *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 601	NUMBER 369-8111	YEAR 7	MO 26	DAY 82
TYPED OR PRINTED							

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

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

NAME CONTO CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
(No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER: 01970

(17-19) DISCHARGE NUMBER: 002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	06	01	TO	82	07	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	78	79	80		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.1		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
~~CHROMIUM, TOTAL~~	SAMPLE MEASUREMENT	--------	----------		--------	----------	----------		---	-----	-------
~~01034~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
~~COPPER, TOTAL~~	SAMPLE MEASUREMENT	--------	----------		--------	----------	----------		--	------	------
~~01042~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
~~CHLORINE, TOTAL RESIDUAL~~	SAMPLE MEASUREMENT	--------	----------		--------	----------	----------		---	-----	------
~~50060~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.05	0.05		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	13.0	13.7		28	33	38		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 601	NUMBER 369-8111	YEAR 7	MO 26	DAY 82
TYPED OR PRINTED							

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

VAB.0001096135

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

NAME CONC CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	003

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	82	04	01	TO	82	05	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	70	75	80		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.7		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	----------	---------		--------	--------	----------		---	------	-----
01034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	---------	---------		---------	---------	----------		---	------	------
01092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	----------	----------		---------	---------	---------		--	-----	------
50060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.08	0.10		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	2.0	3.3		2	3	4		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	601	369-8111	7	26	82
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096136

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

NAME CONC CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OI No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	05	01	TO	82	06	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	75	78	80		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
~~HROMIUM, -TOTAL~~	SAMPLE MEASUREMENT	--------	--------		----------	----------	--------		---	------	-------
~~01034~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
~~INC, -TOTAL~~	SAMPLE MEASUREMENT	--------	--------		----------	----------	---------		---	------	------
~~01052~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
~~HLORINE, -TOTAL~~ RESIDUAL ~~50060~~	SAMPLE MEASUREMENT	--------	--------		---------	----------	---------		---	------	-------
	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
LOW RATE	SAMPLE MEASUREMENT	0.12	0.12		******	******	******	******	--	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	1.5	2.1		1	1.5	2		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
AREA CODE	NUMBER	YEAR	MO	DAY
601	369-8111	7	26	82

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

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

NAME CONC CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
O' No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER: 01970

(17-19) DISCHARGE NUMBER: 003

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	82	06	01	TO	82	07	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	75	76	77		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
~~HROMIUM, TOTAL~~	SAMPLE MEASUREMENT	---------	---------		----------	--------	----------		--	------	-------
~~01034~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
~~INC, TOTAL~~	SAMPLE MEASUREMENT	---------	---------		----------	--------	---------		---	------	------
~~01092~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
~~HLORINE, TOTAL~~ ~~ESIDUAL~~ ~~50060~~	SAMPLE MEASUREMENT	---------	----------		----------	--------	---------		---	------	------
	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
LOW RATE	SAMPLE MEASUREMENT	0.13	0.14		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	18	35.0		1	18	35		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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		
AREA CODE	NUMBER	YEAR	MO	DAY
601	369-8111	7	26	82

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

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

NAME CONO CHEM-CONT.OIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840

FACILITY
LOCATION

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

MAJOR

Form Approved
O' No. 2000-0015

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
01970	004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	04	01	TO	82	05	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	84	84	84		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.7		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.014	0.014		******	******	******	******	--	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
******************** ********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
******************** ********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
******************** ********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
******************** ********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

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TELEPHONE		DATE		
601	369-8111	7	26	82
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096139

Facility Name/Location if different)

NAME CONC CHEM-CONT.OIL
ADDRESS P O BOX 91
AUBERDEEN MS 39730
1840
FACILITY
LOCATION

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

(2-16) 01970 PERMIT NUMBER

(17-19) 004 DISCHARGE NUMBER

MAJOR

Form Approved
OMB No. 2000-0015

	MONITORING PERIOD					
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	05	01	TO	82	06	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	90	93	95		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.8		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.02	0.02		******	******	******	******	0	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
~~Plant Manager~~
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TELEPHONE		DATE		
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AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096140

Facility Name/Location if different

NAME CONC CHEM-CONT.OIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840
FACILITY
LOCATION

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

MAJOR

Form Approved
OMB No. 2000-0015

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
01970	004

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	06	01	TO	82	07	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	90	92.5	95		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	8.0	******	8.1		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
LOW RATE	SAMPLE MEASUREMENT	0.02	0.02		******	******	******	******	--	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
****************** ******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
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VAB.0001096141