Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

A

VISTA

May 9, 1990

Mr. Taher Diab
Industrial Wastewater Control Section
Mississippi Department of Natural Resources
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39209

Dear Mr. Diab:

Enclosed please find effluent monitoring results for the month of April, 1990. These results are submitted per the requirements of NPDES permit MS0001970.

Please direct any questions concerning this report to Frank Jeanson at 601-369-3637.

Sincerely,

R. W. Seymour
Plant Manager

tjs

enclosure

cc: FGJ, JCL

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible] PLYWOOD INC
ADDRESS [illegible]
[illegible] MS 39730

FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

PERMIT NUMBER *(2-16)*: MS0001170
DISCHARGE NUMBER *(17-19)*: 001

F - FINAL

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
90	04	01	90	04	30
(20-21)	*(22-23)*	*(24-25)*	*(26-27)*	*(28-29)*	*(30-31)*

MAJOR (SUBR NO) TRC

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	68	72		0	4 WEEKLY	Grab
	PERMIT REQUIREMENT	*****	*****		*****	ORIGINAL DAILY AV	95 DAILY MX	DEG. F			GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.7	*****	*****		0	4 WEEKLY	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 INSTANT MN	*****	*****	MG/L			GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	122	147		*****	8.5	10		0	4 WEEKLY	Comp. COMP24
	PERMIT REQUIREMENT	431 DAILY AV	800 DAILY MX	LBS/DY	*****	30.0 DAILY AV	45 DAILY MX	MG/L			
CHEMICAL OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	581	657		*****	*****	*****		0	4 WEEKLY	Comp. COMP24
	PERMIT REQUIREMENT	1461 DAILY AV	2712 DAILY MX	LBS/DY	*****	*****	*****	*****			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.7		0	4 WEEKLY	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	214	233		*****	*****	*****		0	4 WEEKLY	Comp. COMP24
	PERMIT REQUIREMENT	674 DAILY AV	1396 DAILY MX	LBS/DY	*****	*****	*****	*****			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.7	11.9		*****	*****	*****		0	4 WEEKLY	Comp. COMP24
	PERMIT REQUIREMENT	13.5 DAILY AV	27.0 DAILY MX	LBS/DY	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour, 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.)*	R W Seymour	601	369-8311	90	5	9
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)*

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

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(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 *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT					68	72		0	4	Grab
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	95 DAILY MX			WEEKLY	GRAB
	SAMPLE MEASUREMENT				7.7				0	4	Grab
	PERMIT REQUIREMENT	******	******		6.0 INST MN	******	******			WEEKLY	GRAB
	SAMPLE MEASUREMENT	122	147			8.5	10		0	4	Comp.
	PERMIT REQUIREMENT	431 DAILY AV	800 DAILY MX		******	32.0 DAILY AV	48 DAILY MX			WEEKLY	COMP24
	SAMPLE MEASUREMENT	581	657						0	4	Comp.
	PERMIT REQUIREMENT	1461 DAILY AV	2712 DAILY MX		******	******	******			WEEKLY	COMP24
	SAMPLE MEASUREMENT				7.3		7.7		0	4	Grab
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			WEEKLY	GRAB
	SAMPLE MEASUREMENT	214	233						0	4	Comp.
	PERMIT REQUIREMENT	674 DAILY AV	1392 DAILY MX		******	******	******			WEEKLY	COMP24
	SAMPLE MEASUREMENT	5.7	11.5						0	4	Comp.
	PERMIT REQUIREMENT	7.0 DAILY AV	17.0 DAILY MX		******	******	******			WEEKLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
E. W. Seymour, 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.)*	E. W. Seymour SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	90	5	9
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Lighter Copy of Previous Page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN MS 39730

FACILITY
LOCATION
TO: R. W. SEYMOUR

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

F - FINAL

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
MS0001970	001 N

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
90	04	01	90	04	30

MAJOR (SUBR NO) TFD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.71	1.97		*****	*****	*****		0	4	Cont.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	**** ****		CONTINUOUS	RECORDR
	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			TELEPHONE		DATE		
R. W. Seymour, 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.)*	R W Seymour SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	90	5	9
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152916

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

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
VA0001970	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	04	01	TO	90	04	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 *(54-61)* AVERAGE	MAXIMUM	UNITS	(4 Card Only) *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE *(54-61)*	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
[illegible]	SAMPLE MEASUREMENT	1.71	1.97						0	4	Cont.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******	****		CONTINUOUS	CORGR
	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			TELEPHONE		DATE		
E. W. Seymour, 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.)*	E W Seymour	601	369-8111	90	5	9
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)*

Lighter Copy
of
Previous Page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001970	002 N

E - FINAL
NON-CONTACT COOLING WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	04	01	TO	90	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only (46-53) QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	4 Card Only (38-45) QUALITY OR CONCENTRATION MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	69	69		0	2	Grab
	PERMIT REQUIREMENT	*******	*******	********	*******	OPTIONAL DAILY AV	95 DAILY MX	DEG.F		TWICE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.6	*******	7.9		0	2	Grab
	PERMIT REQUIREMENT	*******	*******	********	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	6.5	7		0	2	Comp.
	PERMIT REQUIREMENT	*******	*******	********	*******	100 DAILY AV	200 DAILY MX	MG/L		TWICE/MONTH	COMPOS
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******						
	PERMIT REQUIREMENT	*******	*******	********	*******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******						
	PERMIT REQUIREMENT	*******	*******	********	*******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.0016	.0016		*******	*******	*******		0	2	Inst.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*******	*******	*******	********		TWICE/MONTH	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0	0		0	1	Grab
	PERMIT REQUIREMENT	*******	*******	********	*******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
R. W. Seymour, Plant Manager		601	369-8111	90	5	9
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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.)*

R W Seymour
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

NON-CONTACT COOLING WATER

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

MAJOR (DISCHARGE) TYPE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	69	69		0	2	Grab
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	95 DAILY MX	DEG.		TWICE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		7.6	[illegible]	7.9		0	2	Grab
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	6.0 MINIMUM	[illegible]	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	6.5	7		0	2	Comp.
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	100 DAILY AV	200 DAILY MX	MG/L		TWICE/MONTH	COMPOS
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]						
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX	UG/L		ONCE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]						
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX	[illegible]/L		ONCE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	.0016	.0016		[illegible]	[illegible]	[illegible]		0	2	Inst.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		[illegible]	[illegible]	[illegible]	[illegible]		TWICE/MONTH	INSTAN
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	0	0		0	1	Grab
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX	[illegible]/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour, 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.)*	R. W. Seymour	601	369-8111	90	5	9
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)*

Lighter Copy of Previous Page

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

NAME VISTA POLYMERS INC

ADDRESS PO BOX 91

ABERDEEN MS 39730

FACILITY

LOCATION

ATTN: R. W. SEYMOUR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) MS0001970 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

F - FINAL

STORM WATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	04	01	TO	90	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR MOD TPD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	NO. EX.	FREQUENCY OF ANALYSIS (62-65)	SAMPLE TYPE (66-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	66	68	0	2	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	OPTIONAL				
pH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.6	*******	7.8	0	2	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	6.0 MINIMUM					
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	3	3	0	2	Comp.
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	OPTIONAL				
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******					
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	OPTIONAL				
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******					
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	OPTIONAL				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.031	.035		*******	*******	*******			
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*******					
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0	0			Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	OPTIONAL				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
R. W. Seymour, 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.)*	R W Seymour
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

EPA Form 3320-1 (Rev. 9-88) ***Previous editions may be used.*** (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

00153/900212/1049

VAB.0001152920

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible] INC
ADDRESS [illegible]
[illegible] VA 39750
FACILITY
LOCATION

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]	[illegible]

[illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

[illegible] (CODE NO.) TEO

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)
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	66	68		0	2	Grab
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	95 DAILY MX	[illegible]		TWICE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		7.6	[illegible]	7.8		0	2	Grab
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	6.0 MINIMUM	[illegible]	9.0 MAXIMUM	S.U.		ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	3	3		0	2	Comp.
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	100 DAILY AV	200 DAILY MX	G/L		TWICE/ MONTH	COMPOS
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]						
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]						
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	.031	.035		[illegible]	[illegible]	[illegible]		0	2	Inst.
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		TWICE/ MONTH	INSTAN
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	0	0		0	1	Grab
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour, 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.)*	R W Seymour	601	369-8111	90	5	9
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)*

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN MS 39730

FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

(2-16) MS0001970 — PERMIT NUMBER

(17-19) 024 Y — DISCHARGE NUMBER

FINAL
ONCE THRU PUMP SEAL WATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
90	04	01	90	04	30

MAJOR (SUBR NOT REQ)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (54-61) AVERAGE (3 Card Only) (46-53)	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (46-53) MINIMUM (4 Card Only) (38-45)	AVERAGE	MAXIMUM (54-61)	UNITS	NO. EX. (62-65)	FREQUENCY OF ANALYSIS (66-69)	SAMPLE TYPE (70-73)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	67	68	DEG.F	0	2	Grab
	PERMIT REQUIREMENT	******	******	*****	******	OPTIONAL DAILY AV	95 DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.7	******	7.9		0	2	Grab
	PERMIT REQUIREMENT	******	******	*****	6.0 MINIMUM	******	9.0 MAXIMUM	SU			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.027	.030		******	******	******		0	2	Calc
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R. W. Seymour, 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 601 NUMBER 369-8111

DATE: YEAR 90 MO 5 DAY 9

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

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

00165/900212-1049

PAGE 1 OF

VAB.0001152922

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

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM			01	TO			
	(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 *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE *(54-61)*	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT					67	68		0	2	Grab
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	95 DAILY MX			TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT				7.7		7.9		0	2	Grab
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT	.027	.030						0	2	Inst.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour, 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.)*	R W Seymour	601	369-8111	90	5	9
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)*

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