

SEE NAME/ADDRESS (Include Name/Location if different)

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

FORM APPROVED 2-18 No. 2000-0015

000000 CHEM-CONT.OIL
P BOX 91
ABERDEEN MS 39730
1840
TY
ION

019.0
PERMIT NUMBER
001
DISCHARGE NUMBER

MAJOR
IND

MONITORING PERIOD
FROM 83 03 01 TO 83 04 01
(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 (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE 010	SAMPLE MEASUREMENT	*****	*****	*****	58	63	70	DEG.	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95		***	1/7	GRAB
GEN, DISSOLVED 300	SAMPLE MEASUREMENT	*****	*****	*****	6.2	7.4	8.8		0	1/7*	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	MG/L	***	1/7	GRAB
5-DAY, 20 DEG NT EFFLUENT 310	SAMPLE MEASUREMENT	93	158		5	8	15		0	1/7	24 HR C
	PERMIT REQUIREMENT	431	800	LBS/DA	*****	32	43	MG/L	***	1/7	24HR
M. OXYGEN DEMAND 340	SAMPLE MEASUREMENT	267	364		22	31	41		0	1/7	24 HR C
	PERMIT REQUIREMENT	1462	2713	LBS/DA	*****	*****	*****	MG/L	***	1/7	24HR
EFFLUENT 400	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8		***	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6	*****	8.5	SU	***	1/7	GRAB
ROGEN AMMONIA 0610	SAMPLE MEASUREMENT	3.5	12.7		<0.1	0.3	1.0		0	1/7	24 HR C
	PERMIT REQUIREMENT	*****	*****	LPS/DA	*****	*****	*****	MG/L	***	1/90	GRAB
W RATE 060	SAMPLE MEASUREMENT	1.35	3.23		*****	*****	*****	*****		CONT	RECORDE
	PERMIT REQUIREMENT	*****	*****	MG/DAY	*****	*****	*****	*****	***	CONT	RECORDE
E/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
ohn Friend lant Manager						601 369-8111					
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

*Dissolved oxygen reading not taken the week of March 6; see attached letter for explanation.

VAB.0001096069

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

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

Form Approved
EPA No. 2000-0015

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

(2-1)	(17-19)
01970	001
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

IND

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
83	03	01	83	04	01
(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) (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			
SOLIDS, SUSPENDED 099000	SAMPLE MEASUREMENT	111	190		4	10	18		0	1/7	24 HR
	PERMIT REQUIREMENT	674	1396	LBS/DA	*****	*****	*****	MG/L	**	1/7	24HR
VINYL CHLORIDE 099036	SAMPLE MEASUREMENT	1.28	1.28		0.17	0.17	0.17		**	1/90	GRAB
	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	*****	MG/L	**	1/90	GRAB
BIS(2-ETHYL-HEXYL) PHTHALATE 099037	SAMPLE MEASUREMENT	<0.08	<0.08		<0.01	<0.01	<0.01		**	1/90	GRAB
	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	*****	MG/L	**	1/90	GRAB
DI-N-OCTYL PHTHALATE 099038	SAMPLE MEASUREMENT	<0.08	<0.08		<0.01	<0.01	<0.01		**	1/90	GRAB
	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	*****	MG/L	**	1/90	GRAB
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
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John Friend Plant Manager											
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.001096070