Facility Name/Location if different

NAME C[illegible]CC 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) 01910 PERMIT NUMBER

(17-19) 001 DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	01	01	TO	83	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved
OMB No. 2000-0015

MAJOR

IND

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	******	******	******	50	53	57		0	1/7	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRA
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.2	6.3	6.4		0	1/7	GRAB
000300	PERMIT REQUIREMENT	******	******	******	6	******	******	MG/L	***	1/7	GRA
BOD, 5-DAY, 20 DEG C	SAMPLE MEASUREMENT	194	268		12	19	26		0	1/7	24 HR C
PLANT EFFLUENT	PERMIT REQUIREMENT	431	800	LBS/DA	******	32	43	MG/L	***	1/7	24HR
000310											
CHEM. OXYGEN DEMAND	SAMPLE MEASUREMENT	478	526		40	45	51		0	1/7	24 HR CC
000340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	24HR
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.8		***	1/7	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRA
NITROGEN AMMONIA	SAMPLE MEASUREMENT	6.2	10.8		0.1	0.6	1.0		0	1/7	24 HR C
000610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRA
FLOW RATE	SAMPLE MEASUREMENT	1.18	1.80		******	******	******	******		CONT	RECORDE
074060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	****	CONT	RECORD

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 (AREA CODE)	369-8111 (NUMBER)	YEAR	MO	DAY
TYPED OR PRINTED							

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

VAB.0001096065

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

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

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

Form Approved
3 No. 2000-0015

MAJOR

IND

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	01	01	TO	83	02	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	105	185		6	10	18		0	1/7	24 HR C
099000	PERMIT REQUIREMENT	674	1396	LBS/DA	******	******	******	MG/L	**	*1/7	24HR
VINYL CHLORIDE	SAMPLE MEASUREMENT	1.28	1.28		0.17	0.17	0.17		**	1/90	GRAB
099036	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	*1/90	GRA
BIS(2-ETHYL-HEXYL) PHTHALATE	SAMPLE MEASUREMENT	<0.08	<0.08		<0.01	<0.01	<0.01		**	1/90	GRAB
099037	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	*1/90	GRA
DI-N-OCTYL PHTHALATE	SAMPLE MEASUREMENT	<0.08	<0.08		<0.01	<0.01	<0.01		**	1/90	GRAB
099038	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	*1/90	GRA
******************** ********************	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			
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096066