



STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
JAMES I. PALMER, JR.
EXECUTIVE DIRECTOR

January 3, 1994

Mr. Ken Akins
Vista Chemical Company
P.O. Box 91
Aberdeen, Mississippi 39730

Dear Mr. Akins:

Re: NPDES Permit No. MS0001970
Monroe County

Enclosed is a copy of the compliance monitoring inspection report and sampling that was performed at the Vista facility on November 17, 1993. The sampling results indicate that the effluent was not in compliance with your NPDES permit limits. The results of this inspection should be used by you as a guide for complying with requirements and limitations as stated by your NPDES permit.

The following violation was noted:

<u>Parameter</u>	<u>Permit Requirement</u>	<u>Sample Results</u>	<u>Deviation</u>
Residual Chlorine	0.019 mg/l (Max)	0.1 mg/l	426%

Please notify us by January 14, 1994 of the actions to be taken to correct these deficiencies.

If you have any questions concerning this matter, please contact us at 961-5171.

Respectfully,

A handwritten signature in cursive script that reads "John C. Taylor".

John C. Taylor
Industrial Wastewater Control Branch

JCT:ap
Enclosures
cc: Mr. Al Herndon, EPA (w/enclosures)
NRO
Mr. Paul Zetterholm (w/attachment)

United States Environmental Protection Agency
Washington, D. C. 20460

NPDES Compliance Inspection Report

Form Approved A
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Math Ineq

Transaction Code 1N 25 NPDES 3M5000019701 11 1293111717 Inspection Type 1SM Inspector 1S Fac Type 202 Sched W01

Remarks

21

Reserved Facility Evaluation Rating BI OA Reserved
67 69 70 71 M 72 M 73 74 75 80

66

Section B: Facility Data

Name and Location of Facility Inspected
Vista Chemical Company
Aberdeen, MsEntry Time ☐ AM ☐ PM
11-17-93Permit Effective Date
4-9-91Exit Time/Date
11-18-93Permit Expiration Date
4-8-96Name(s) of On-Site Representative(s)
Ken AkinsTitle(s)
Environmental EngineerPhone No(s)
369 8111Name, Address of Responsible Official
R. W. Seymour
P.O. Box 91
Aberdeen, Ms 39730Title
Plant ManagerPhone No.
369 8111Contacted
☐ Yes ☐ No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>N</u>	Permit	<u>S</u>	Flow Measurement	<u>N</u>	Pretreatment	<u>N</u>	Operations & Maintenance
<u>N</u>	Records/Reports	<u>N</u>	Laboratory	<u>N</u>	Compliance Schedules	<u>N</u>	Sludge Disposal
<u>N</u>	Facility Site Review	<u>U</u>	Effluent/Receiving Waters	<u>N</u>	Self-Monitoring Program	<u>N</u>	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

001/ Flow = 0.75 mgd

Residual Chlorine

Permit Requirement
0.019 mg/l (max)Sample Result
0.1 mg/lDeviation
426 %Name(s) and Signature(s) of Inspector(s)
Cliff JeterAgency/Office/Telephone
Ms DEQ/Pollution ControlDate
12-29-93Signature of Reviewer
John C. TaylorAgency/Office
Ms DEQ/Pollution ControlDate
12-29-93

Regulatory Office Use Only

Action Taken

Date

Compliance Status
☐ Noncompliance
☐ Compliance

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number. *(Use the Remarks columns to record the State permit number, if necessary.)*

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 82/06/30 = June 30, 1982).

Column 18: Inspection Type. Use one of the codes listed below to describe the type of inspection:

- | | | |
|---------------------------|-------------------------------|-------------------------|
| A — Performance Audit | E — Corps of Engrs Inspection | S — Compliance Sampling |
| B — Biomonitoring | L — Enforcement Case Support | X — Toxic Sampling |
| C — Compliance Evaluation | P — Pretreatment | |
| D — Diagnostic | R — Reconnaissance Inspection | |

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

- | | |
|--|---|
| C — Contractor or Other Inspectors <i>(Specify in Remarks columns)</i> | N — NEIC Inspectors |
| E — Corps of Engineers | R — EPA Regional Inspector |
| J — Joint EPA/State Inspectors—EPA lead | S — State Inspector |
| | T — Joint State/EPA Inspectors—State lead |

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1972 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1972 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

**** Month that inspection was to be performed is a three letter abbreviation:**
(JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC)

Inspection type should be one of the following combinations

INSPECTION TYPE	FIRST BOX	SECOND BOX
CSI	S	blank
CSI-T	X	blank
CSI-7500	S	7
CBI	C	blank
CBI-7500	C	7
CMI	S	M

INSPECTION TYPE	FIRST BOX	SECOND BOX
PAI	A	blank
REC-R	R	R
REC-J	R	J
BIO-A	B	A
BIO-C	B	C

form last updated 03/13/90

WAB.0001153471

BUREAU OF POLLUTION CONTROL
SAMPLE REQUEST FORM

Lab Bench No. 1636

I. GENERAL INFORMATION: Facility Name Vista Polymers
County Code Monroe 095 NPDES Permit No. 01970
Discharge No. 001 Date Requested Nov. 1993
Sample Point Identification process WW
Requested By Compliance Monitoring Data To J. Taylor
Type of Sample: Grab (☒) Composite (Flow) (Time ☒) Other (☐)

II. SAMPLE IDENTIFICATION:
 Environment Condition cloudy, cool
 Where Taken effluent cascade Collected By Clift Jeter

Type	Parameters	Preservative	Date	Time
1. Composite	BOD, SS	Cool 4°	11/17/93	1100
2. Composite	COD	5 ml H ₂ SO ₄	11/17/93	1100
3. Composite	NH ₄	5 ml H ₂ SO ₄	11/17/93	1100
4. Grab	Vinyl Chloride	4 HCL Drops	11/17/93	1100
5. Grab	Di-N-Octyl Phthalate	Cool 4°	11/17/93	1100

III. FIELD:

<u>Analysis</u>	<u>Computer Code</u>	<u>Request</u>	<u>Results</u>	<u>Analyst</u>	<u>Date</u>
pH	(000400)	(X)	7.4	CJ	11/17/93
D.O.	(000300)	(X)	8.6	CJ	11/17/93
Temperature	(000010)	()			
Residual Chlorine Total	(050060)	(X)	0.1	CJ	11/17/93
Flow	(074060)	(X)	.75	CJ	11/17/93

IV. TRANSPORTATION OF SAMPLE: Bus () RO Vehicle () Other (☒) Sun Belt

V. LABORATORY: Received By Kathy Farris Date 11/18/93 Time 0915
Recorded By Sandy Hammons Date Sent to State Office _____

[illegible]

Remarks See Attached.

Lab Bench No. 1637

II. SAMPLE IDENTIFICATION:

	<u>Type</u>	<u>Parameters</u>	<u>Preservative</u>	<u>Date</u>	<u>Time</u>
1.	Grab	SS	cool 4°	11/17/93	1115
2.					
3.					
4.					
5.					

<u>Analysis</u>	<u>Computer Code</u>	<u>Request</u>	<u>Results</u>	<u>Analyst</u>	<u>Date</u>
pH	(000400)	(X)	8.2	CJ	11/17/93
D.O.	(000300)	()			
Temperature	(000010)	()			
Residual Chlorine	(050060)	()			
Flow	(074060)	(X)	.0183	CJ	11/17/93

[illegible]

~~VAB.0001153473~~

Lab Bench No. 1638

II. SAMPLE IDENTIFICATION:
 Environment Condition cloudy, cool Collected By Clift Jeter
 Where Taken effluent weir

	<u>Type</u>	<u>Parameters</u>	<u>Preservative</u>	<u>Date</u>	<u>Time</u>
1.	Grab	SS	cool 4°	11/17/93	1120
2.					
3.					
4.					
5.					

<u>Analysis</u>	<u>Computer Code</u>	<u>Request</u>	<u>Results</u>	<u>Analyst</u>	<u>Date</u>
pH	(000400)	(X)	8.0	CJ	11/17/93
D.O.	(000300)	()			
Temperature	(000010)	()			
Residual Chlorine	(050060)	()			
Flow	(074060)	(X)	.0057	CJ	11/17/93

IV. TRANSPORTATION OF SAMPLE: Bus () RO Vehicle () Other (X) Sun Belt

V. LABORATORY: Received By Kathy Farris Date 11/18/93 Time 0915

Recorded By Sandy Hammons Date Sent to State Office 11/20/93

[illegible]

Remarks

***Date of Test Initiation**

~~VAB.0001153474~~

Lab Bench No. 1639

II. SAMPLE IDENTIFICATION:
 Environment Condition cloudy, cool Collected By Clift Jeter
 Where Taken effluent weir

IV. TRANSPORTATION OF SAMPLE: Bus () RO Vehicle () Other (☒) Field Analysis

V. LABORATORY: Received By Kathy Farris Date 11/18/93 Time 0915

Recorded By Sandy Hammons Date Sent to State Office 11/18/93

Remarks	No Sample.
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VAB.0001153475