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

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ABERDEEN MS 39730

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	01	01	TO	85	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

IND

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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BIS(2-ETHYL-HEXYL) PHTHALATE [illegible]	SAMPLE MEASUREMENT	< 0.10	< 0.10		< 0.01	< 0.01	< 0.01		0	1/90	24 HR COMP.
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	1/90	24HR
DI-N-OCTYL PHTHALATE 39938	SAMPLE MEASUREMENT	0.610	0.610		0.060	0.060	0.060		0	1/90	24 HR COMP.
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	1/90	24HR
BOD, 5-DAY, 20 DEG C EFFLUENT SUMMER [illegible]	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	[illegible]744	LBS/DA	******	26.[illegible]	40.0	MG/L	**	1/7	24HR
BOD, 5-DAY, 20 DEG C EFFLUENT WINTER [illegible]	SAMPLE MEASUREMENT	158	298		3	13	22		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	[illegible]	LBS/DA	******	[illegible]	[illegible]	MG/L	**	1/7	24HR
CHEM. OXYGEN DEMAND SUMMER 99063	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	[illegible]923	LBS/DA	******	******	******	MG/L	**	1/7	24HR
CHEM. OXYGEN DEMAND WINTER 99064	SAMPLE MEASUREMENT	352	474		22	30	36		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	[illegible]712	LBS/DA	******	******	******	MG/L	**	1/7	24HR
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
	PERMIT REQUIREMENT	******	******	******	******	******	******	******	**	******	******

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	369-3606	85	04	04
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 VISTA POLYMERS INC

ADDRESS P.O. BOX 70

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: 01970

(17-19) DISCHARGE NUMBER: 001

MAJOR

IND

XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	03	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) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	--	******	******	45	59	72		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG F	**	1/7	GRAB
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	7.2	9.1	11.2		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	******	******	7.0	******	******	MG/L	**	1/7	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.7	******	8.2		**	1/7	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	**	1/7	GRAB
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	1.2	1.4		<0.1	<0.1	<0.1		0	1/7	24 HR COMP.
00610	PERMIT REQUIREMENT	******	27.9	LBS/DA	******	******	******	MG/L	**	1/7	24 HR COMP.
FLOW RATE	SAMPLE MEASUREMENT	0.97	1.18		******	******	******	******	0	CONT.	RECORDER
74060	PERMIT REQUIREMENT	*	******	MGD AV	******	******	******	******	**	CONT.	RECORDER
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	133	195		8	12	18		0	1/7	24 HR COMP.
00530	PERMIT REQUIREMENT	******	1 MO	LBS/DA	******	******	******	MG/L	**	1/7	24 HR
OIL AND GREASE	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
00556	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	1/30	GR

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 369-3636	YEAR 85	MO 04	DAY 04
TYPED OR PRINTED						

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

MS0052278

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

NAME: V T POLYMERS INC

ADDRESS: P O BOX 21

ABERDEEN MS 39730

FACILITY: 1540

LOCATION:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

A

MAJOR

IND XXX

(2-16) PERMIT NUMBER: 01970

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	85	02	01	TO	85	03	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 (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BIS(2-ETHYLHEXYL) PHTHALATE 039067	SAMPLE MEASUREMENT	--	--		--	--	--		----	--	--
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR C
DI-N-OCTYL PHTHALATE 039038	SAMPLE MEASUREMENT	--	--		--	--	--		----	--	--
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR C
BOD, 5-DAY, 20 DEG C EFFLUENT SUMMER 00310	SAMPLE MEASUREMENT	--	--		--	--	--		---	--	--
	PERMIT REQUIREMENT	******	744	LBS/DA	******	26.0	40.0	MG/L	***	1/7	24 HR C
BOD, 5-DAY, 20 DEG C EFFLUENT WINTER 00310	SAMPLE MEASUREMENT	158	298		3	13	22		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	1500	LBS/DA	******	32.0	43.0	MG/L	***	1/7	24 HR C
CHEM. OXYGEN DEMAND SUMMER 00663	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	2523	LBS/DA	******	******	******	MG/L	***	1/7	24HR C
CHEM. OXYGEN DEMAND WINTER 00664	SAMPLE MEASUREMENT	328	444		17	29	39		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	2918	LBS/DA	******	******	******	MG/L	***	1/7	24HR C
**********	SAMPLE MEASUREMENT	******	******	******	******	******	******	******	*	**********	
**********	PERMIT REQUIREMENT	******	******	******	******	******	******	******	*	**********	

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: 369-3606	YEAR: 85	MO: 04	DAY: 04
TYPED OR PRINTED						

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

ABD000522?9

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.)

PAGE OF

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

NAME: [illegible] POLYMERS INC

ADDRESS: P.O. BOX [illegible]

[illegible] ABERDEEN NC 28373

[illegible] 1240

FACILITY: [illegible]

LOCATION: [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

MAJOR

IND. XXX

(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	85	03	01	TO	85	4	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(51-61) 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	--	******	******	64	67	70		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GR
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	8.3	8.9	9.5		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	******	******	7.0	******	******	MG/L	***	1/7	GR
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.7	******	8.2		***	1/7	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6	******	9.0	SU	***	1/7	GR
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	1.1	1.2		< 0.1	< 0.1	< 0.1		0	1/7	24 HR COMP.
00610	PERMIT REQUIREMENT	******	27.9	LBS/DA	******	******	******	MG/L	***	1/7	24HR
FLOW, RATE	SAMPLE MEASUREMENT	0.90	1.02		******	******	******	******		CONT.	RECORDER
074060	PERMIT REQUIREMENT	*	******	MG/DAY	******	******	******	******	***	CONT	RECORD
SOLIDS, SUSP. NON-FILT.	SAMPLE MEASUREMENT	144	204		10	13	19			1/7	24 HR COMP
00900	PERMIT REQUIREMENT	******	[illegible]	LBS/DA	******	******	******	MG/L	***	1/7	24HR
VINYL CHLORIDE	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
39506	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	UG/L	***	1/90	GR

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 369-3606	YEAR 85	MO 04	DAY 04
TYPED OR PRINTED						

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

NPDES0053280

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

NAME: VISTA POLYMERS INC

ADDRESS: P.O. BOX 91

ABERDEEN MS 39730

FACILITY: 1840

LOCATION:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: 01970

(17-19) DISCHARGE NUMBER: 001

MAJOR

IND

XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	03	01	TO	85	04	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)
BIS(2-ETHYL-HEXYL) PHTHALATE 39037	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR
DI-N-OCTYL PHTHALATE 39038	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	24HR
BOD, 5-DAY, 20 DEG C EFFLUENT SUMMER 00055	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	744	LBS/DA	******	26.5	40.0	MG/L	***	1/7	24HR
BOD, 5-DAY, 20 DEG C EFFLUENT WINTER 00556	SAMPLE MEASUREMENT	93	122		6	9	10		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	500	LBS/DA	******	32.2	43.0	MG/L	***	1/7	24HR
CHEM. OXYGEN DEMAND SUMMER 00335	SAMPLE MEASUREMENT	--	--		--	--	--		--	--	--
	PERMIT REQUIREMENT	******	2233	LBS/DA	******	******	******	MG/L	***	1/7	24HR
CHEM. OXYGEN DEMAND INTER 00904	SAMPLE MEASUREMENT	330	464		19	30	38		0	1/7	24 HR COMP.
	PERMIT REQUIREMENT	******	2713	LBS/DA	******	******	******	MG/L	***	1/7	24HR
**********	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
**********	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
**********	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******

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	601	369-3606	85	04	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO.	DAY

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

ABD00052281