Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

A

VISTA

June 22, 1988

U. S. Environmental Protection Agency
P. O. Box 70266
Washington, D. C. 20024-0266
Attention: Toxic Chemical Release Inventory

Dear Sir:

Attached are the Section 313 reporting requirements for the Vista Chemical facility in Aberdeen, MS. The reporting forms have been completed per 40 CFR Part 370.

If you have any questions or comments, please contact R. A. Frohreich at 369-3609 or F. G. Jeanson at 369-3637.

Sincerely,

R. W. Seymour
Plant Manager

slh

cc: Mr. J. E. Maher
Mississippi Emergency Response Commission
P. O. Box 4501 Fondren Station
Jackson, MS 39216-0501

Form Approved OMB No.: 2070-0093A

Approval Expires: 01/91

(Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

EPA FORM R

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)

1.2 Is this a sanitized copy? ☐ Yes ☒ No

1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/21/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers

Street Address: P. O. Box 91, HWY 25

City: Aberdeen

County: Monroe

State: Mississippi

Zip Code: 39730-

3.2 This report contains information for: (check one)

a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2821 b. 2869 c.

3.6

Latitude			Longitude		
Deg.	Min.	Sec.	Deg.	Min.	Sec.
33	48	49	88	33	34

3.7 Dun & Bradstreet Number(s) a. 11-527-0654 b.

3.8 EPA Identification Number (RCRA I.D. No.) a. MSD007031230 b.

3.9 NPDES Permit Number(s) a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s) a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

VAB.0001126049

This space for EPA use only: A

EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Check if additional pages of Part II are attached.

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

(This space for EPA use only)

A

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # 0 0 7 6 6 4 - 4 1 - 7 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name
Ammonia

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. ☐ Produce	b. ☐ Import	c. ☐ For on-site use/processing
		d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☐ As a reactant	b. ☐ As a formulation component	c. ☐ As an article component
		d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☒ Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

0 4 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a		X			5.1b E	
5.2 Stack or point air emissions	5.2a	X				5.2b ☐	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 a	5.3.1a				1466	5.3.1b M	5.3.1c N/D
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code) A
6.1 Discharge to POTW	X				6.1b ☐	
6.2 ☐ Other off-site location (Enter block number from Part II, Section 2.)	X				6.2b ☐	6.2c
6.3 ☐ Other off-site location (Enter block number from Part II, Section 2.)					6.3b ☐	6.3c
6.4 ☐ Other off-site location (Enter block number from Part II, Section 2.)					6.4b ☐	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

	A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1	a W	b B 1 1	c 3	d ☐	e 91.0 %	f X	☐
7.2	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.3	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.4	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.5	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.6	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.7	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.8	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.9	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.10	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.11	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.12	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.13	a ☐	b	c ☐	d ☐	e %	f ☐	☐
7.14	a ☐	b	c ☐	d ☐	e %	f ☐	☐

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

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EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D.E. F. or 5.54, 5.55).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land		A. Total Release (lbs/yr)				B. Basis of Estimate (enter code)
		A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

		A. Total Transfers (lbs/yr)				B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code
		A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate		
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

VAB.0001126053

Form Approved OMB No.: 2070-0093 A

Approval Expires: 01/91

(Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

EPA FORM R

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? [ ] Yes (Answer 1.2) [X] No (Do not answer 1.2)

1.2 Is this a sanitized copy? [ ] Yes [X] No

1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/21/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers

Street Address: P. O. Box 91, HWY 25

City: Aberdeen

County: Monroe

State: Mississippi

Zip Code: 39730-

3.2 This report contains information for: (check one)

a. [X] An entire covered facility.

b. [ ] Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2869 b. c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49 — Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-527-0654 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.:

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

VAB.0001126054

This space for EPA use only A

EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

[1] **Other off-site location**

EPA Identification Number (RCRA ID. No.) A L D 0 0 0 6 2 2 4 6 4

Facility Name: Chemical Waste Management

Street Address: Highway 17 North

City: Emelle | County: Sumter

State: Alabama | Zip: 3 5 4 5 9 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[2] **Other off-site location**

EPA Identification Number (RCRA ID. No.)

Facility Name: Monroe County Landfill

Street Address: Highway 8 East

City: Aberdeen | County: Monroe

State: Mississippi | Zip: 3 9 7 3 0 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[ ] **Other off-site location**

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

[ ] Check if additional pages of Part II are attached.

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

This space for EPA use only

A

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # | | | N | / | A | | - | | | - | | (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name
Antimony Compounds

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. ☐ Produce	b. ☐ Import	c. ☐ For on-site use/processing
		d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☐ As a reactant	b. ☒ As a formulation component	c. ☐ As an article component
		d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☐ Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

04 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a	X				5.1b ☐	
5.2 Stack or point air emissions	5.2a	X				5.2b ☐	
5.3 Discharges to water 5.3.1 a (Enter letter code from Part I Section 3.10 for streams(s).)	5.3.1a	X				5.3.1b ☐	5.3.1c NZD
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground Injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1		A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code) A
6.1	Discharge to POTW	X				6.1b	
6.2	Other off-site location (Enter block number from Part II, Section 2.) 1				32	6.2b M	6.2c M 7 2
6.3	Other off-site location (Enter block number from Part II, Section 2.) 2				1223	6.3b M	6.3c M 7 2
6.4	Other off-site location (Enter block number from Part II, Section 2.)					6.4b	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1a	7.1b	7.1c	7.1d	7.1e %	7.1f	
7.2a	7.2b	7.2c	7.2d	7.2e %	7.2f	
7.3a	7.3b	7.3c	7.3d	7.3e %	7.3f	
7.4a	7.4b	7.4c	7.4d	7.4e %	7.4f	
7.5a	7.5b	7.5c	7.5d	7.5e %	7.5f	
7.6a	7.6b	7.6c	7.6d	7.6e %	7.6f	
7.7a	7.7b	7.7c	7.7d	7.7e %	7.7f	
7.8a	7.8b	7.8c	7.8d	7.8e %	7.8f	
7.9a	7.9b	7.9c	7.9d	7.9e %	7.9f	
7.10a	7.10b	7.10c	7.10d	7.10e %	7.10f	
7.11a	7.11b	7.11c	7.11d	7.11e %	7.11f	
7.12a	7.12b	7.12c	7.12d	7.12e %	7.12f	
7.13a	7.13b	7.13c	7.13d	7.13e %	7.13f	
7.14a	7.14b	7.14c	7.14d	7.14e %	7.14f	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal			C. Index	D. Reason for action (enter code)
	Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change		
	_____	_____	_____ %		

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EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

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ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land		A. Total Release (lbs/yr)				B. Basis of Estimate (enter code)
		A.1 Reporting Ranges			A.2 Enter Estimate	
		0	1-499	500-999		
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

		A. Total Transfers (lbs/yr)				B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code
		A.1 Reporting Ranges			A.2 Enter Estimate		
		0	1-499	500-999			
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	N
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

VAB.0001126058

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Form Approved OMB No.: 2070-0093

Approval Expires: 01/91

(Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

EPA FORM R

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1.2 Is this a sanitized copy? ☐ Yes ☒ No

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Signature: R W Seymour

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Zip Code: 39730

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a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2869 b. c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49 — Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-512-7106-54 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.:

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

VAB.0001126059

This space for EPA use only: A

EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

[1] Other off-site location

EPA Identification Number (RCRA ID. No.) A L D 0 0 0 6 2 2 4 6 4

Facility Name: CHEMICAL WASTE MANAGEMENT

Street Address: HIGHWAY 17 NORTH

City: EMELLE | County: SUMTER

State: ALABAMA | Zip: 3 5 4 5 9 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[2] Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name: MONROE COUNTY LANDFILL

Street Address: HIGHWAY 8 EAST

City: ABERDEEN | County: MONROE

State: MISSISSIPPI | Zip: 3 9 7 3 0 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[ ] Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

[ ] Check if additional pages of Part II are attached.

This space for EPA use only

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EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # | | | N | / | A | | - | | | - | | (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: BARIUM COMPOUNDS

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. ☐ Produce	b. ☐ Import	c. ☐ For on-site use/processing
		d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☐ As a reactant	b. ☒ As a formulation component	c. ☐ As an article component
		d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☐ Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

☐☐ (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a	X				5.1b ☐	
5.2 Stack or point air emissions	5.2a	X				5.2b ☐	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 ☐	5.3.1a	X				5.3.1b ☐	5.3.1c N/D
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a	X				5.4b ☐	
5.5 Releases to land							
5.5.1 ☐☐☐ (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 ☐☐☐ (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 ☐☐☐ (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

VAB.0001126061

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
6.1 Discharge to POTW	X				6.1b	
6.2 Other off-site location (Enter block number from Part II, Section 2.) 1				583	6.2b O	6.2c M 7 2
6.3 Other off-site location (Enter block number from Part II, Section 2.) 2				640	6.3b M	6.3c M 7 2
6.4 Other off-site location (Enter block number from Part II, Section 2.)					6.4b	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1a	7.1b	7.1c	7.1d	7.1e %	7.1f	
7.2a	7.2b	7.2c	7.2d	7.2e %	7.2f	
7.3a	7.3b	7.3c	7.3d	7.3e %	7.3f	
7.4a	7.4b	7.4c	7.4d	7.4e %	7.4f	
7.5a	7.5b	7.5c	7.5d	7.5e %	7.5f	
7.6a	7.6b	7.6c	7.6d	7.6e %	7.6f	
7.7a	7.7b	7.7c	7.7d	7.7e %	7.7f	
7.8a	7.8b	7.8c	7.8d	7.8e %	7.8f	
7.9a	7.9b	7.9c	7.9d	7.9e %	7.9f	
7.10a	7.10b	7.10c	7.10d	7.10e %	7.10f	
7.11a	7.11b	7.11c	7.11d	7.11e %	7.11f	
7.12a	7.12b	7.12c	7.12d	7.12e %	7.12f	
7.13a	7.13b	7.13c	7.13d	7.13e %	7.13f	
7.14a	7.14b	7.14c	7.14d	7.14e %	7.14f	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
			%		

A

EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D.E. F. or 5.54, 5.55).

(This space for EPA use only.)

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land	A. Total Release (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

	A. Total Transfers (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

Form Approved OMB No.: 2070-0093 A

Approval Expires: 01/91

(Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM **R**

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)

1.2 Is this a sanitized copy? ☐ Yes ☒ No

1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/21/89

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers

Street Address: P. O. Box 91, HWY 25

City: Aberdeen

County: Monroe

State: Mississippi

Zip Code: 39730-

3.2 This report contains information for: (check one)

a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson

Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg

Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2821 b. 2869 c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49 Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-527-0654 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

VAB.0001126064

EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

This space for EPA use only

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you use

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Check if additional pages of Part II are attached.

(This space for EPA use only)

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # 0 0 1 3 1 0 - 7 3 - 2 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: SODIUM HYDROXIDE

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. ☐ Produce	b. ☐ Import	c. ☐ For on-site use/processing	d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☐ As a reactant	b. ☐ As a formulation component	c. ☐ As an article component	d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☒ Ancillary or other use			

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

0 5 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a	X				5.1b ☐	
5.2 Stack or point air emissions	5.2a	X				5.2b ☐	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 a	5.3.1a	X				5.3.1b ☐	5.3.1c N/D
5.3.2	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

VAB.0001126066

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1	A. Total Transfers (lbs/yr) A.1 Reporting Ranges: 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code) A
6.1 Discharge to POTW	X				6.1b	
6.2 Other off-site location (Enter block number from Part II, Section 2.) ☐	X				6.2b ☐	6.2c
6.3 Other off-site location (Enter block number from Part II, Section 2.) ☐					6.3b ☐	6.3c
6.4 Other off-site location (Enter block number from Part II, Section 2.) ☐					6.4b ☐	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1a W	7.1b C 1 1	7.1c 3	7.1d ☐	7.1e 100 %	7.1f ☐	X
7.2a ☐	7.2b	7.2c ☐	7.2d ☐	7.2e %	7.2f ☐	☐
7.3a ☐	7.3b	7.3c ☐	7.3d ☐	7.3e %	7.3f ☐	☐
7.4a ☐	7.4b	7.4c ☐	7.4d ☐	7.4e %	7.4f ☐	☐
7.5a ☐	7.5b	7.5c ☐	7.5d ☐	7.5e %	7.5f ☐	☐
7.6a ☐	7.6b	7.6c ☐	7.6d ☐	7.6e %	7.6f ☐	☐
7.7a ☐	7.7b	7.7c ☐	7.7d ☐	7.7e %	7.7f ☐	☐
7.8a ☐	7.8b	7.8c ☐	7.8d ☐	7.8e %	7.8f ☐	☐
7.9a ☐	7.9b	7.9c ☐	7.9d ☐	7.9e %	7.9f ☐	☐
7.10a ☐	7.10b	7.10c ☐	7.10d ☐	7.10e %	7.10f ☐	☐
7.11a ☐	7.11b	7.11c ☐	7.11d ☐	7.11e %	7.11f ☐	☐
7.12a ☐	7.12b	7.12c ☐	7.12d ☐	7.12e %	7.12f ☐	☐
7.13a ☐	7.13b	7.13c ☐	7.13d ☐	7.13e %	7.13f ☐	☐
7.14a ☐	7.14b	7.14c ☐	7.14d ☐	7.14e %	7.14f ☐	☐

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

A

This space for EPA use only

EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D.E. F. or 5.54, 5.55).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land	A. Total Release (lbs/yr)					B. Basis of Estimate (enter code)
		A.1 Reporting Ranges			A.2 Enter Estimate	
		0	1-499	500-999		
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

	A. Total Transfers (lbs/yr)					B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code
		A.1 Reporting Ranges			A.2 Enter Estimate		
		0	1-499	500-999			
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

VAB.0001126068

Form Approved OMB No.: 2070-0093 A

Approval Expires: 01/91

(Important.: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM **R**

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)

1.2 Is this a sanitized copy? ☐ Yes ☒ No

1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/21/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers

Street Address: P. O. Box 91, HWY 25

City: Aberdeen

County: Monroe

State: Mississippi

Zip Code: 39730-

3.2 This report contains information for: (check one)

a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2821 b. 2869 c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49 — Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-527-0654 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.:

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

VAB.0001126069

This space for EPA use only

EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Check if additional pages of Part II are attached.

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

This space for EPA use only

A

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # 0 0 7 7 8 2 - 5 0 - 5 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: CHLORINE

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. ☐ Produce	b. ☐ Import	c. ☐ For on-site use/processing	d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☐ As a reactant	b. ☐ As a formulation component	c. ☐ As an article component	d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☒ Ancillary or other use			

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

☐☐ (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a		X			5.1b O	
5.2 Stack or point air emissions	5.2a		X			5.2b O	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 ☐	5.3.1a	X				5.3.1b M	5.3.1c 0
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 ☐☐☐ (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 ☐☐☐ (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 ☐☐☐ (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV–Supplemental Information.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code) A
6.1 Discharge to POTW	X				6.1b	
6.2 Other off-site location (Enter block number from Part II, Section 2.) ☐	X				6.2b ☐	6.2c
6.3 Other off-site location (Enter block number from Part II, Section 2.) ☐					6.3b ☐	6.3c
6.4 Other off-site location (Enter block number from Part II, Section 2.) ☐					6.4b ☐	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1a W	7.1b C 9 9	7.1c 4	7.1d ☐	7.1e 100 %	7.1f X	☐
7.2a ☐	7.2b	7.2c ☐	7.2d ☐	7.2e %	7.2f ☐	☐
7.3a ☐	7.3b	7.3c ☐	7.3d ☐	7.3e %	7.3f ☐	☐
7.4a ☐	7.4b	7.4c ☐	7.4d ☐	7.4e %	7.4f ☐	☐
7.5a ☐	7.5b	7.5c ☐	7.5d ☐	7.5e %	7.5f ☐	☐
7.6a ☐	7.6b	7.6c ☐	7.6d ☐	7.6e %	7.6f ☐	☐
7.7a ☐	7.7b	7.7c ☐	7.7d ☐	7.7e %	7.7f ☐	☐
7.8a ☐	7.8b	7.8c ☐	7.8d ☐	7.8e %	7.8f ☐	☐
7.9a ☐	7.9b	7.9c ☐	7.9d ☐	7.9e %	7.9f ☐	☐
7.10a ☐	7.10b	7.10c ☐	7.10d ☐	7.10e %	7.10f ☐	☐
7.11a ☐	7.11b	7.11c ☐	7.11d ☐	7.11e %	7.11f ☐	☐
7.12a ☐	7.12b	7.12c ☐	7.12d ☐	7.12e %	7.12f ☐	☐
7.13a ☐	7.13b	7.13c ☐	7.13d ☐	7.13e %	7.13f ☐	☐
7.14a ☐	7.14b	7.14c ☐	7.14d ☐	7.14e %	7.14f ☐	☐

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

(Important: Type or print; read instructions before completing form.)

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EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D, E, F, or 5.54, 5.55).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land		A. Total Release (lbs/yr)				B. Basis of Estimate (enter code)
		A.1 Reporting Ranges			A.2 Enter Estimate	
		0	1-499	500-999		
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

		A. Total Transfers (lbs/yr)				B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
		A.1 Reporting Ranges			A.2 Enter Estimate		
		0	1-499	500-999			
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

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Form Approved OMB No.: 2070-0093
Approval Expires: 01/91
Page 1 of 5

(Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM **R**

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)
1.2 Is this a sanitized copy? ☐ Yes ☒ No
1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/24/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers
Street Address: P. O. Box 91, HWY 25
City: Aberdeen
County: Monroe
State: Mississippi
Zip Code: 39730-

3.2 This report contains information for: (check one)
a. ☒ An entire covered facility.
b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2821 b. 2869 c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49 — Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-527-1654 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

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EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

This space for EPA use only

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

[1] Other off-site location

EPA Identification Number (RCRA ID. No.) A L D 0 0 0 6 2 2 4 6 4

Facility Name: CHEMICAL WASTE MANAGEMENT

Street Address: HIGHWAY 17 NORTH

City: EMELLE | County: SUMTER

State: ALABAMA | Zip: 3 5 4 5 9 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[2] Other off-site location

EPA Identification Number (RCRA ID. No.) L A 0 0 0 3 1 6 1 2 3 4

Facility Name: STAUFFER CHEMICAL COMPANY

Street Address: AIRLINE HIGHWAY

City: BATON ROUGE | County: EAST BATON ROUGE

State: LOUISIANA | Zip: 7 0 8 2 1 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[ ] Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

[ ] Check if additional pages of Part II are attached.

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

This space for EPA use only

A

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # 0 0 0 1 1 7 - 8 4 - 0 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: N-DIOCTYL PHTHALATE

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. [X] Produce	b. ☐ Import	c. ☐ For on-site use/processing	d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☐ As a reactant	b. [X] As a formulation component	c. ☐ As an article component	d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☐ Ancillary or other use			

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

0 5 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a	X				5.1b ☐	
5.2 Stack or point air emissions	5.2a	X				5.2b ☐	
5.3 Discharges to water 5.3.1 [a] (Enter letter code from Part I Section 3.10 for streams(s).)	5.3.1a				50	5.3.1b [M]	5.3.1c N/D
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 ☐☐☐ (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 ☐☐☐ (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 ☐☐☐ (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV–Supplemental Information.)

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6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

		A. Total Transfers (lbs/yr)				B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
You may report transfers of less than 1,000 lbs. by checking ranges under A.1		A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate		
6.1	Discharge to POTW	X				6.1b	
6.2	Other off-site location (Enter block number from Part II, Section 2.) 1				6880	6.2b M	6.2c M 7 2
6.3	Other off-site location (Enter block number from Part II, Section 2.) 2				64967	6.3b M	6.3c M 2 0
6.4	Other off-site location (Enter block number from Part II, Section 2.)					6.4b	6.4c

(Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

	A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1	a W	b B 1 1	c 3	d	e 99 %	f X	
7.2	a	b	c	d	e %	f	
7.3	a	b	c	d	e %	f	
7.4	a	b	c	d	e %	f	
7.5	a	b	c	d	e %	f	
7.6	a	b	c	d	e %	f	
7.7	a	b	c	d	e %	f	
7.8	a	b	c	d	e %	f	
7.9	a	b	c	d	e %	f	
7.10	a	b	c	d	e %	f	
7.11	a	b	c	d	e %	f	
7.12	a	b	c	d	e %	f	
7.13	a	b	c	d	e %	f	
7.14	a	b	c	d	e %	f	

(Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal			C. Index	D. Reason for action (enter code)
	Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change		
			%		

A

EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D, E, F, or 5.54, 5.55).

This space for EPA use only.

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land	A. Total Release (lbs/yr)					B. Basis of Estimate (enter code)
		A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

	A. Total Transfers (lbs/yr)					B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
		A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate		
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

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Form Approved OMB No.: 2070-0093

Approval Expires: 01/91

(Importan.: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

EPA FORM R

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)

1.2 Is this a sanitized copy? ☐ Yes ☒ No

1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is tru and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/24/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers

Street Address: P. O. Box 91, HWY 25

City: Aberdeen

County: Monroe

State: Mississippi

Zip Code: 39730-

3.2 This report contains information for: (check one)

a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2869 b. c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49 — Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-527-0654 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.:

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

VAB.0001126079

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EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

[1] **Other off-site location**

EPA Identification Number (RCRA ID. No.) A L D 0 0 0 6 2 2 4 6 4

Facility Name: CHEMICAL WASTE MANAGEMENT

Street Address: HIGHWAY 17 NORTH

City: EMELLE | County: SUMTER

State: ALABAMA | Zip: 3 5 4 5 9 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[2] **Other off-site location**

EPA Identification Number (RCRA ID. No.)

Facility Name: MONROE COUNTY LANDFILL

Street Address: HIGHWAY 8 EAST

City: ABERDEEN | County: MONROE

State: MISSISSIPPI | Zip: 3 9 7 3 0 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[ ] **Other off-site location**

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

[ ] Check if additional pages of Part II are attached.

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

This space for EPA use only: A

1. CHEMICAL IDENTITY

1.1	☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)
1.2	CAS # [ ][ ]N/A[ ] - [ ][ ] - [ ] (Use leading zeros if CAS number does not fill space provided.)
1.3	Chemical or Chemical Category Name: LEAD COMPOUNDS
1.4	Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

2. Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. ☐ Produce	b. ☐ Import	c. ☐ For on-site use/processing	d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☐ As a reactant	b. ☒ As a formulation component	c. ☐ As an article component	d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☐ Ancillary or other use			

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

[0][4] (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a	X				5.1b ☐	
5.2 Stack or point air emissions	5.2a				7	5.2b 0	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 ☐	5.3.1a	X				5.3.1b ☐	5.3.1c N/D
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 [ ][ ][ ] (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 [ ][ ][ ] (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 [ ][ ][ ] (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

5. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

	You may report transfers of less than 1,000 lbs. by checking ranges under A.1.	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code) A
6.1	Discharge to POTW	X				6.1b	
6.2	Other off-site location (Enter block number from Part II, Section 2.) 1				7741	6.2b M	6.2c M 7 2
6.3	Other off-site location (Enter block number from Part II, Section 2.) 2				5804	6.3b M	6.3c M 7 2
6.4	Other off-site location (Enter block number from Part II, Section 2.)					6.4b	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

	A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1	7.1a ☐	7.1b ☐☐☐	7.1c ☐	7.1d ☐	7.1e %	7.1f ☐	☐
7.2	7.2a ☐	7.2b ☐☐☐	7.2c ☐	7.2d ☐	7.2e %	7.2f ☐	☐
7.3	7.3a ☐	7.3b ☐☐☐	7.3c ☐	7.3d ☐	7.3e %	7.3f ☐	☐
7.4	7.4a ☐	7.4b ☐☐☐	7.4c ☐	7.4d ☐	7.4e %	7.4f ☐	☐
7.5	7.5a ☐	7.5b ☐☐☐	7.5c ☐	7.5d ☐	7.5e %	7.5f ☐	☐
7.6	7.6a ☐	7.6b ☐☐☐	7.6c ☐	7.6d ☐	7.6e %	7.6f ☐	☐
7.7	7.7a ☐	7.7b ☐☐☐	7.7c ☐	7.7d ☐	7.7e %	7.7f ☐	☐
7.8	7.8a ☐	7.8b ☐☐☐	7.8c ☐	7.8d ☐	7.8e %	7.8f ☐	☐
7.9	7.9a ☐	7.9b ☐☐☐	7.9c ☐	7.9d ☐	7.9e %	7.9f ☐	☐
7.10	7.10a ☐	7.10b ☐☐☐	7.10c ☐	7.10d ☐	7.10e %	7.10f ☐	☐
7.11	7.11a ☐	7.11b ☐☐☐	7.11c ☐	7.11d ☐	7.11e %	7.11f ☐	☐
7.12	7.12a ☐	7.12b ☐☐☐	7.12c ☐	7.12d ☐	7.12e %	7.12f ☐	☐
7.13	7.13a ☐	7.13b ☐☐☐	7.13c ☐	7.13d ☐	7.13e %	7.13f ☐	☐
7.14	7.14a ☐	7.14b ☐☐☐	7.14c ☐	7.14d ☐	7.14e %	7.14f ☐	☐

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

(Important: Type or print; read instructions before completing form.)

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EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D, E, F, or 5.54, 5.55).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land		A. Total Release (lbs/yr)				B. Basis of Estimate (enter code)
		A.1 Reporting Ranges			A.2 Enter Estimate	
		0	1-499	500-999		
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

		A.Total Transfers (lbs/yr)				B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
		A.1 Reporting Ranges			A.2 Enter Estimate		
		0	1-499	500-999			
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

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Form Approved OMB No.: 2070-0093

Approval Expires: 01/91

(Importan.: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

EPA FORM R

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)

1.2 Is this a sanitized copy? ☐ Yes ☒ No

1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is tru and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/24/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers

Street Address: P. O. Box 91, HWY 25

City: Aberdeen

County: Monroe

State: Mississippi

Zip Code: 39730-

3.2 This report contains information for: (check one)

a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2869 b. c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49 — Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-527-0654 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.:

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

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EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

[1] Other off-site location

EPA Identification Number (RCRA ID. No.) A L D 0 0 0 6 2 2 4 6 4

Facility Name: CHEMICAL WASTE MANAGEMENT

Street Address: HIGHWAY 17 NORTH

City: EMELLE | County: SUMTER

State: ALABAMA | Zip: 3 5 4 5 9 -

Is location under control of reporting facility or parent company? [ ] Yes [X] No

[ ] Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip -

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

[ ] Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip -

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

[ ] Check if additional pages of Part II are attached.

This space for EPA use only

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # 0 0 0 0 8 5 - 4 4 - 9 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: PHTHALIC ANHYDRIDE

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1 Manufacture: a. ☐ Produce b. ☐ Import c. ☐ For on-site use/processing d. ☐ For sale/ distribution e. ☐ As a byproduct f. ☐ As an impurity

3.2 Process: a. ☒ As a reactant b. ☐ As a formulation component c. ☐ As an article component d. ☐ Repackaging only

3.3 Otherwise Used: a. ☐ As a chemical processing aid b. ☐ As a manufacturing aid c. ☐ Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

0 5 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a	X				5.1b ☐	
5.2 Stack or point air emissions	5.2a	X				5.2b ☐	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 ☐	5.3.1a	X				5.3.1b ☐	5.3.1c N/D
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground Injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 ☐☐☐ (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 ☐☐☐ (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 ☐☐☐ (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs by checking ranges under A.1.		A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code) A
6.1	Discharge to POTW	X				6.1b	
6.2	Other off-site location (Enter block number from Part II, Section 2.) 1				1012	6.2b M	6.2c M 7 2
6.3	Other off-site location (Enter block number from Part II, Section 2.)					6.3b	6.3c
6.4	Other off-site location (Enter block number from Part II, Section 2.)					6.4b	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1a ☐	7.1b ☐☐☐	7.1c ☐	7.1d ☐	7.1e %	7.1f ☐	☐
7.2a ☐	7.2b ☐☐☐	7.2c ☐	7.2d ☐	7.2e %	7.2f ☐	☐
7.3a ☐	7.3b ☐☐☐	7.3c ☐	7.3d ☐	7.3e %	7.3f ☐	☐
7.4a ☐	7.4b ☐☐☐	7.4c ☐	7.4d ☐	7.4e %	7.4f ☐	☐
7.5a ☐	7.5b ☐☐☐	7.5c ☐	7.5d ☐	7.5e %	7.5f ☐	☐
7.6a ☐	7.6b ☐☐☐	7.6c ☐	7.6d ☐	7.6e %	7.6f ☐	☐
7.7a ☐	7.7b ☐☐☐	7.7c ☐	7.7d ☐	7.7e %	7.7f ☐	☐
7.8a ☐	7.8b ☐☐☐	7.8c ☐	7.8d ☐	7.8e %	7.8f ☐	☐
7.9a ☐	7.9b ☐☐☐	7.9c ☐	7.9d ☐	7.9e %	7.9f ☐	☐
7.10a ☐	7.10b ☐☐☐	7.10c ☐	7.10d ☐	7.10e %	7.10f ☐	☐
7.11a ☐	7.11b ☐☐☐	7.11c ☐	7.11d ☐	7.11e %	7.11f ☐	☐
7.12a ☐	7.12b ☐☐☐	7.12c ☐	7.12d ☐	7.12e %	7.12f ☐	☐
7.13a ☐	7.13b ☐☐☐	7.13c ☐	7.13d ☐	7.13e %	7.13f ☐	☐
7.14a ☐	7.14b ☐☐☐	7.14c ☐	7.14d ☐	7.14e %	7.14f ☐	☐

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

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EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D.E.F. or 5.54, 5.55).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land	A. Total Release (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

	A. Total Transfers (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

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Form Approved OMB No.: 2070-0093
Approval Expires: 01/91
Page 1 of 5

(Important: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM **R**

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

(This space for EPA use only.)

PART I. FACILITY IDENTIFICATION INFORMATION

1. 1.1 Does this report contain trade secret information? [ ] Yes (Answer 1.2) [X] No (Do not answer 1.2)
1.2 Is this a sanitized copy? [ ] Yes [X] No
1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/21/89

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers
Street Address: P. O. Box 91, HWY 25
City: Aberdeen
County: Monroe
State: Mississippi
Zip Code: 39730-

3.2 This report contains information for: (check one)
a. [X] An entire covered facility.
b. [ ] Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson
Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg
Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2821 b. 2869 c.

3.6 Latitude: Deg. 33 Min. 48 Sec. 49
Longitude: Deg. 88 Min. 33 Sec. 34

3.7 Dun & Bradstreet Number(s): a. 11-527-0654 b.

3.8 EPA Identification Number (RCRA I.D. No.): a. MSD007031230 b.

3.9 NPDES Permit Number(s): a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s): a. James Creek b. c.

3.11 Underground Injection Well Code (UIC) Identification No.

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

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EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Check if additional pages of Part II are attached.

This space for EPA use only: A

EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # 0 0 7 6 6 4 - 9 3 - 9 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: SULFURIC ACID

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1 Manufacture: a. ☐ Produce b. ☐ Import c. ☐ For on-site use/processing d. ☐ For sale/ distribution e. ☐ As a byproduct f. ☐ As an impurity

3.2 Process: a. ☐ As a reactant b. ☐ As a formulation component c. ☐ As an article component d. ☐ Repackaging only

3.3 Otherwise Used: a. ☐ As a chemical processing aid b. ☐ As a manufacturing aid c. ☒ Ancillary or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

0 4 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwat
5.1 Fugitive or non-point air emissions	5.1a	X				5.1b ☐	
5.2 Stack or point air emissions	5.2a	X				5.2b ☐	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 ☐	5.3.1a	X				5.3.1b ☐	5.3.1c N/D
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground Injection	5.4a	X				5.4b ☐	
5.5 Releases to land 5.5.1 ☐☐☐ (enter code)	5.5.1a	X				5.5.1b ☐	
5.5.2 ☐☐☐ (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 ☐☐☐ (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV–Supplemental Information.)

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6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

You may report transfers of less than 1,000 lbs. by checking ranges under A.1	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
6.1 Discharge to POTW	X				6.1b	
6.2 Other off-site location (Enter block number from Part II, Section 2.)	X				6.2b	6.2c
6.3 Other off-site location (Enter block number from Part II, Section 2.)					6.3b	6.3c
6.4 Other off-site location (Enter block number from Part II, Section 2.)					6.4b	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

	A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1	a. W	b. C 1 1	c. 2	d. ☐	e. 100 %	f. ☐	X
7.2	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.3	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.4	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.5	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.6	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.7	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.8	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.9	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.10	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.11	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.12	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.13	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐
7.14	a. ☐	b.	c. ☐	d. ☐	e. %	f. ☐	☐

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐☐	☐☐

A

(This space for EPA use only)

EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Parts I and III. Number or letter this information sequentially from prior sections (e.g., D.E. F. or 5.54. 5.55).

ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land	A. Total Release (lbs/yr)				B. Basis of Estimate (enter code)
	A.1 Reporting Ranges			A.2 Enter Estimate	
	0	1-499	500-999		
5.5___ (enter code)	5.5___a				5.5___b
5.5___ (enter code)	5.5___a				5.5___b
5.5___ (enter code)	5.5___a				5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

	A. Total Transfers (lbs/yr)				B. Basis of Estimate (enter code)	C. Type of Treatment/ Disposal (enter code)
	A.1 Reporting Ranges			A.2 Enter Estimate		
	0	1-499	500-999			
6.___ Discharge to POTW	6.___a				6.___b	
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a				6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II, Section 2.)	6.___a				6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

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A

Form Approved OMB No.: 2070-0093

Approval Expires: 01/91

(Importan.: Type or print; read instructions before completing form.)

U.S. Environmental Protection Agency

EPA TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

EPA FORM **R**

Section 313, Title III of The Superfund Amendments and Reauthorization Act of 1986

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for EPA use only.)

1. 1.1 Does this report contain trade secret information? ☐ Yes (Answer 1.2) ☒ No (Do not answer 1.2)

1.2 Is this a sanitized copy? ☐ Yes ☒ No

1.3 Reporting Year: 1987

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: R. W. Seymour/Plant Manager

Signature: R W Seymour

Date signed: 6/21/88

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: Vista Polymers

Street Address: P. O. Box 91, HWY 25

City: Aberdeen

County: Monroe

State: Mississippi

Zip Code: 39730-

3.2 This report contains information for: (check one)

a. ☒ An entire covered facility.

b. ☐ Part of a covered facility.

3.3 Technical Contact: R. A. Frohreich / F. G. Jeanson — Telephone Number (include area code): (601) 369 - 3609

3.4 Public Contact: K. L. Fogg — Telephone Number (include area code): (601) 369 - 3618

3.5 a. SIC Code: 2821 b. c.

3.6

Latitude			Longitude		
Deg.	Min.	Sec.	Deg.	Min.	Sec.
33	48	49	88	33	34

3.7 Dun & Bradstreet Number(s) a. 11-527-1654 b.

3.8 EPA Identification Number (RCRA I.D. No.) a. MSD007031230 b.

3.9 NPDES Permit Number(s) a. MS0001970 b.

3.10 Name of Receiving Stream(s) or Water Body(s)
a. James Creek
b.
c.

3.11 Underground Injection Well Code (UIC) Identification No.

Where to send completed forms:

U.S. Environmental Protection Agency
P.O. Box 70266
Washington, DC 20024-0266
Attn: Toxic Chemical Release Inventory

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: Vista Chemical Company

4.2 Parent Company's Dun & Bradstreet No.: 10-266-6872

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EPA FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

This space for EPA use only.

1. PUBLICLY OWNED TREATMENT WORKS (POTW)

Facility Name

Street Address

City | County

State | Zip

2. OTHER OFF-SITE LOCATIONS - Number these locations sequentially on this and any additional page of this form you us

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Other off-site location

EPA Identification Number (RCRA ID. No.)

Facility Name

Street Address

City | County

State | Zip

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

☐ Check if additional pages of Part II are attached.

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EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION

1. CHEMICAL IDENTITY

1.1 ☐ Trade Secret (Provide a generic name in 1.4 below. Attach substantiation form to this submission.)

1.2 CAS # 0 0 0 0 7 5 - 0 1 - 4 (Use leading zeros if CAS number does not fill space provided.)

1.3 Chemical or Chemical Category Name: VINYL CHLORIDE MONOMER

1.4 Generic Chemical Name (Complete only if 1.1 is checked.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you have completed Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, spaces, punctuation)).

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

3.1	Manufacture:	a. ☐ Produce	b. ☐ Import	c. ☐ For on-site use/processing	d. ☐ For sale/ distribution	e. ☐ As a byproduct	f. ☐ As an impurity
3.2	Process:	a. ☒ As a reactant	b. ☐ As a formulation component	c. ☐ As an article component	d. ☐ Repackaging only		
3.3	Otherwise Used:	a. ☐ As a chemical processing aid	b. ☐ As a manufacturing aid	c. ☐ Ancillary or other use			

4. MAXIMUM AMOUNT OF THE CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

0 7 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT

You may report releases of less than 1,000 lbs. by checking ranges under A.1.

		A. Total Release (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	5.1a				29,521	5.1b E	
5.2 Stack or point air emissions	5.2a				90,480	5.2b M	
5.3 Discharges to water (Enter letter code from Part I Section 3.10 for streams(s).) 5.3.1 a	5.3.1a				57	5.3.1b M	5.3.1c N/D
5.3.2 ☐	5.3.2a					5.3.2b ☐	5.3.2c
5.3.3 ☐	5.3.3a					5.3.3b ☐	5.3.3c
5.4 Underground injection	5.4a					5.4b ☐	
5.5 Releases to land 5.5.1 (enter code)	5.5.1a					5.5.1b ☐	
5.5.2 (enter code)	5.5.2a					5.5.2b ☐	
5.5.3 (enter code)	5.5.3a					5.5.3b ☐	

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

	You may report transfers of less than 1,000 lbs. by checking ranges under A.1	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0	1–499	500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment Disposal (enter code)
6.1	Discharge to POTW	X				6.1b	
6.2	Other off-site location (Enter block number from Part II, Section 2.)	X				6.2b	6.2c
6.3	Other off-site location (Enter block number from Part II, Section 2.)					6.3b	6.3c
6.4	Other off-site location (Enter block number from Part II, Section 2.)					6.4b	6.4c

☐ (Check if additional information is provided on Part IV-Supplemental Information)

7. WASTE TREATMENT METHODS AND EFFICIENCY

	A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.1	a: W	b: B 1 1	c: 3	d: ☐	e: 99.7 %	f: X	☐
7.2	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.3	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.4	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.5	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.6	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.7	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.8	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.9	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.10	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.11	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.12	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.13	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐
7.14	a: ☐	b:	c: ☐	d: ☐	e: %	f: ☐	☐

☐ (Check if additional information is provided on Part IV-Supplemental Information.)

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of modification (enter code)	B. Quantity of the chemical in the wastestream prior to treatment/disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for action (enter code)
☐☐	_____	_____	_____ %	☐.☐	☐☐

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EPA FORM R

PART IV. SUPPLEMENTAL INFORMATION

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ADDITIONAL INFORMATION ON FACILITY IDENTIFICATION (Part I - Section 3)

3.5	SIC Code		
3.7	Dun & Bradstreet Number(s)		
3.8	EPA Identification Number(s) RCRA I.D. No.)		
3.9	NPDES Permit Number(s)		
3.10	Name of Receiving Stream(s) or Water Body(s)		

ADDITIONAL INFORMATION ON RELEASES TO LAND (Part III - Section 5.5)

Releases to Land	A. Total Release (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b
5.5___ (enter code)	5.5___a					5.5___b

ADDITIONAL INFORMATION ON OFF-SITE TRANSFER (Part III - Section 6)

	A. Total Transfers (lbs/yr)	A.1 Reporting Ranges 0	1-499	500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	C. Type of Treatment Disposal (enter code)
6.___ Discharge to POTW	6.___a					6.___b	
6.___ Other off-site location (Enter block number from Part II. Section 2.)	6.___a					6.___b	6.___c.
6.___ Other off-site location (Enter block number from Part II. Section 2.)	6.___a					6.___b	6.___c.

ADDITIONAL INFORMATION ON WASTE TREATMENT (Part III - Section 7)

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment? (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data? Yes	No
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	
7.___a	7.___b	7.___c	7.___d	7.___e %	7.___f	

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