Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730-0091
Phone (601) 369-8111

December 8, 1993

VISTA

Mr. John Taylor
Industrial Wastewater Control Section
Mississippi Department of Environmental Quality
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Taylor:

Enclosed please find effluent monitoring results for the month of November, 1993. These results are submitted per the requirement of NPDES permit MS0001970.

Please direct any questions concerning this report to Kenny Akins at 601-369-3637.

Sincerely,

R. W. Seymour
Plant Manager

tjm

enclosure

cc: KGA
Houston: JCL

VAB.0001152497

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME VISTA CHEMICAL CO
ADDRESS P BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 004 — DISCHARGE NUMBER
MAJOR
(SUBR NO)
E - FINAL
ONCE THRU PUMP SEAL WATER

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	11	01	TO	93	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		8.0	******	8.3	(12)	0	TWICE MONTH	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.011	0.013	(03)	******	******	******		0	TWICE MONTH	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	****** ****	****		TWICE/MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
ROBERT W. SEYMOUR/Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.*)	Robert W. Seymour	601	369-8111	93	12	03
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

NO CHEMICALS, SUCH AS CHLORINE, ZINC, OR CHROMIUM, SHALL BE ADDED TO THE COOLING WATER WITHOUT THE PRIOR WRITTEN APPROVAL BY THE DMC IN ACCORDANCE WITH PART III.C., PAGE 16 OF 16.

VAB.0001152498

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VISTA CHEMICAL CO
ADDRESS P BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER	MAJOR (SUBR NO) P - FINAL STORM WATER
MS0001970	003 N	

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	11	01	TO	93	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.7	******	7.9	(12)	0	TWICE MONTH	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	9	9*	(19)	0	Twice Month	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	30 DAILY AV	45 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.005	0.009	(3)	******	******	******		0	TWICE MONTH	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	****** **** ****			TWICE/MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ROBERT W. SEYMOUR/Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	Rw Seymour	601	369-8111	93	12	03
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152499

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16)	(17-19)	
MS0001970	002 N	MAJOR (SUBS NO) JCT
PERMIT NUMBER	DISCHARGE NUMBER	F - FINAL

NON-CONTACT COOLING WATER

*** NO DISCHARGE | | ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.3	******	8.3	(12)	0	TWICE MONTH	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	16	22	(19)	0	TWICE MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	30 DAILY AV	45 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.009	(03)	******	******	******		0	TWICE MONTH	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	****** ****	****		TWICE/MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152500

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 31
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 001 M — DISCHARGE NUMBER
MAJOR (SUBF 00) T - FINAL

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MONITORING PERIOD

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	BDL	BDL	(19)	0	TWICE	COMP 24
	PERMIT REQUIREMENT	*******	******* *****	*****	*******	0.011 DAILY AV	0.019 DAILY MX	MG/L		TWICE/MONTH	COMP24
CHEMICAL OXYGEN DEMAND (COD) 1017 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	342	398	(26)	*******	*******	*******		0	WEEKLY	COMP24
	PERMIT REQUIREMENT	428 DAILY AV	856 DAILY MX	LBS/DY	*******	*******	*******	*****		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152501