PPG Industries, Inc. Chemicals P O. Box 1000 Lake Charles, Louisiana 70602

May 14, 1991

Ms. Diana Gamble
U.S. Environmental Protection Agency
Water Management Division
Enforcement Branch (6WE)
1445 Ross Avenue
Dallas, TX 75202-2733

RE: April DMR - LA0000761

Dear Ms. Buck:

Enclosed is the DMR for April, 1991. There were two daily maximum permit limitation exceedances of TSS at Outfall 201. Also, the maximum pH Limit at Outfall 003 was exceeded this reporting period. Explanations are attached.

If you have any questions concerning this report, please contact Mark W. Wood at (318)491-4450.

Respectfully,

William J. Peard
Manager, Laboratory Services/
Environmental Control

WJP/mm

SL 025002

ATTACHMENT I
EXPLANATION OF EXCURSIONS

DATE	OUTFALL	PARAMETER	LIMIT	EXCURSION
4/21/91	201	TSS,24 hr. comp.	114651b/day	+1407 lb.
4/22/91	201	TSS,24 hr. comp.	114651b/day	+12339 lb.

EXPLANATION

Both daily maximum excursion values in these two composites resulted from re-precipitation of calcium and magnesium salts in the 201 Outfall composite. Composition of the wastewater downstream of the comingling of chlor-alkali with other streams was insufficient in acidity to prevent the re-precipitation prior to discharge.

The typical combination of these streams was internally re-routed necessitated by sewerline maintenance. Due to the temporary arrangement, pH monitors were ineffective indicators of the condition. To reverse the solids formation, additional acid was added at Plant C chlor-alkali and other wastewaster streams comprising Outfall 201 until the repairs were completed and normal patterns were established.

Subsequent compliance monitoring discharge measurements were within limitations.

ATTACHMENT II
EXPLANATION OF EXCURSIONS

DATE	OUTFALL	PARAMETER	LIMIT	EXCURSION
4/29/91	003	pH Grab	6-9 SU	+0.1 SU

EXPLANATION

The grab sample taken at 6:00 AM for permit compliance on this date measured 9.1 SU. The sampling occurred immediately after a hard rain. Subsequent investigative samples in streams comprising 003 were at normal pH values in the range of approximately 7 SU. No source was found. Clam shell deposited on surfaces draining to the outfall are the suspected source of the pH reading during the storm run off condition.

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

NAME

ADDRESS

FACILITY

LOCATION

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

Form Approved
OMB 2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	******									
	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX			CONTI NUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			CONTI NUOUS	RECORDR
	SAMPLE MEASUREMENT	192	247								
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX		******	******	******			CONTI NUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

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

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ADDRESS ____________________

FACILITY ____________________

LOCATION ____________________

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	SAMPLE MEASUREMENT	******	******			******					
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	11.0 MAXIMUM			ONCE/ DISCHRG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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SL 025006	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years*)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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[illegible]	SAMPLE MEASUREMENT	******	[illegible]		[illegible]	[illegible]	[illegible]		1	[illegible]	[illegible]
[illegible] PERMIT [illegible]	PERMIT REQUIREMENT	******	******	[illegible]	6.0 MINIMUM	******	9.0 MAXIMUM			THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	[illegible]	[illegible]								
SL 025007	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		[illegible]								[illegible]
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	PERMIT REQUIREMENT		[illegible]								[illegible]
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	PERMIT REQUIREMENT		[illegible]								[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		[illegible]								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		[illegible]								

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	SAMPLE MEASUREMENT	******	******			******					
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT	39.1	42.5		******	******	******			CONTINUOUS	
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******			CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025008

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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1431 DAILY AV	3021 DAILY MX		******	******	******			THREE/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	9.8 DAILY AV	23.9 DAILY MX		******	******	******			THREE/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	7.4 DAILY AV	19.3 DAILY MX		******	******	******			THREE/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	18.2 DAILY AV	30.1 DAILY MAX		******	******	******			THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	0.13 DAILY AV	0.30 DAILY MX		******	******	******			THREE/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

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SL 025009

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

(2-16)	(17-19)
[illegible]	[illegible]
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	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
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[illegible]	SAMPLE MEASUREMENT	▼	▼		******	******	******		▼	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	774 DAILY AV	1298 DAILY MX	[illegible]	******	******	******	[illegible]		WEEKLY	COMP24
[illegible]	SAMPLE MEASUREMENT	4077	[illegible] ▼▼		******	******	******			[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	4270 DAILY AV	11465 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		******	******	******			[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	18.2 DAILY AV	49.3 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		******	******	******		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	10.2 DAILY AV	26.8 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		******	******	******		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		******	******	******		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	[illegible]
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		******	******	******		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		THREE WEEK	[illegible]

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

SL 025010

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

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ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB [illegible]2040-0004
Approval expires 12-31-87

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[illegible]	SAMPLE MEASUREMENT	0.1									
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*****	*****	*****			WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	0.5	2.1								
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*****	*****	*****			WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	0.2	0.6								
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*****	*****	*****			WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	0.1	0.2								
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*****	*****	*****			WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	0.2	0.6								
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*****	*****	*****			WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	0.4	1.0								
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*****	*****	*****			THREE WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	2.0	6.2								
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*****	*****	*****			THREE WEEK	COMP24

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SL 025011

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

NAME

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHAR E M TORING REPORT (*DMR*)

Fo proved
OMB No. 2040-0004
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	SAMPLE MEASUREMENT	0.1	0.2		*****	*****	******		N	THREE/WEEK	COMP
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	******	MG/L		THREE/WEEK	COMP24
TRTL ORG CARBON	SAMPLE MEASUREMENT	0.0	0.2		*****	*****	******		0A	THREE/WEEK	COMP
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	******	MG/L		THREE/WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	10.28	13.22		*****	*****	******		0	CONTI NUOUS	RECORD
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	******	MG/L		CONTI NUOUS	RECORD
	SAMPLE MEASUREMENT	1	3		*****	*****	******		0	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	22.9 DAILY AV	87.7 DAILY MX	LBS/DY	*****	*****	******	MG/L		THREE/WEEK	GRAB
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	17	37		*****	*****	******		0	THREE/WEEK	COMP
	PERMIT REQUIREMENT	58 DAILY AV	198 DAILY MX	LBS/DY	*****	*****	******	MG/L		THREE/WEEK	COMP24
	SAMPLE MEASUREMENT	0.4	0.6		*****	*****	******		0	THREE/WEEK	COMP
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*****	*****	******	MG/L		THREE/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	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 USC § 1001 AND 33 USC § 1319 (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years*)		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

SL 025012

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME

ADDRESS

FACILITY

LOCATION

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

Form Approved
OMB 2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
	SAMPLE MEASUREMENT	******			******	******	******		NO	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	****** ******	REPORT DAILY MX	MGD	******	******	******			THREE/WEEK	ESTIMA
	SAMPLE MEASUREMENT	******	******		******	******			NO	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	****		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025013

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE — NUMBER

DATE — YEAR — MO — DAY

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

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

NAME

ADDRESS

FACILITY

LOCATION

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

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	******			******	******	******		NA		
	PERMIT REQUIREMENT	****** ******	REPORT DAILY MX	MGD	******	******	******			DAILY	INSTAN
	SAMPLE MEASUREMENT	******	******		******	******			NA		
	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX			DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	M	DAY

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