Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

June 14, 1989

VISTA

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 Polymers facility in Aberdeen, Mississippi. The reporting forms have been completed per 40 CFR Part 370.

If you have any questions or comments, please contact Frank Jeanson at 601-369-3637.

Sincerely,

R. W. Seymour
Plant Manager

rah

attachment

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

Form Approved OMB No.: 2070-0093

Approval Expires: 01/91

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 88

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: RW Seymour

Date signed: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730
3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (Include area code): (601)369-3637
3.4	Public Contact: B. L. TREGO	Telephone Number (Include area code): (601)369-3618

3.5	SIC Code (4 digit)					
	a. 2821	b. 2869	c. NA	d.	e.	f.

3.6	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	33	48	49	88	33	34

3.7	Dun & Bradstreet Number(s) a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. MSD007031230	b. NA
3.9	NPDES Permit Number(s) a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box) a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA	b.

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions Appendix E)

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

A

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

277

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) NA
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Antimony Compounds
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [X] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	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 ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ] [ ] [ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies 5.3.1 [ ]	5.3.1a	[ ] [ ] [ ]	NA	5.3.1b [ ]	5.3.1c NA
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 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	[ ] [ ] [ ]	NA	5.4b [ ]	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ] [ ] [ ]		5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ] [ ] [ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ] [ ] [ ]		5.5.4b [ ]	

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

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EPA

EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1 .	[ ] [ ] [ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2 . 1	[ ] [ ] [ ]	867	6.2.1b M	6.2.1c M 7 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2 . 2	[ ] [ ] [ ]	864	6.2.2b M	6.2.2c M 7 2
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ] [ ] [ ]	NA	6.2.3b	6.2.3c M

[ ] (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 [ ] [ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M			%	.	R

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EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A.Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

Approval Expires: 01/91

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 88

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: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730
3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (include area code): (601)369-3637
3.4	Public Contact: R. L. TREGO	Telephone Number (include area code): (601)369-3618

3.5 SIC Code (4 digit)					
a. 2821	b. 2869	c. NA	d.	e.	f.

3.6	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	33	48	49	88	33	34

3.7	Dun & Bradstreet Number(s): a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.): a. MSD007031230	b. NA
3.9	NPDES Permit Number(s): a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s): a. NA	b.

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions Appendix E)

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

VAB 0001140281

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.5 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) NA
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Barium Compounds
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity	
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [X] As a formulation component	c. [ ] As an article component	
3.3	Otherwise use the chemical:	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][3] (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1-499 / 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code)	
5.1 Fugitive or non-point air emissions	5.1a	[ ] [ ] [ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies 5.3.1 [ ]	5.3.1a	[ ] [ ] [ ]	NA	5.3.1b [ ]	C. % From Stormwater 5.3.1c NA
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 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	[ ] [ ] [ ]	NA	5.4b [ ]	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ] [ ] [ ]		5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ] [ ] [ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ] [ ] [ ]		5.5.4b [ ]	

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

VAB.0001140283

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1 .	[ ] [ ] [ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2 . 1	[ ] [ ] [ ]	327	6.2.1b M	6.2.1c M 7 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2 . 2	[ ] [ ] [ ]	61	6.2.2b M	6.2.2c M 7 2
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ] [ ] [ ]	NA	6.2.3b	6.2.3c M

[ ] (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 [ ] [ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M 6	388	1223	68 %	1 . 0	R 5

VAB.0001140284

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

EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 88

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: RW Seymour

Date signed: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730
3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (include area code): (601)369-3637
3.4	Public Contact: B. L. TREGO	Telephone Number (include area code): (601)369-3618

3.5 SIC Code (4 digit)					
a. 2821	b. 2869	c. NA	d.	e.	f.

3.6	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	33	48	49	88	33	34

3.7	Dun & Bradstreet Number(s): a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.): a. MSD007031230	b. NA
3.9	NPDES Permit Number(s): a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s): a. NA	b.

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions Appendix E)

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

286

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 000117-84-0
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) N-DIOCTYL PHTHALATE
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [X] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [X] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	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 ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ] [ ] [ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies 5.3.1 [ ]	5.3.1a	[ ] [ ] [ ]	17	5.3.1b [M]	5.3.1c NA
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 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	[ ] [ ] [ ]	NA	5.4b [ ]	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ] [ ] [ ]		5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ] [ ] [ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ] [ ] [ ]		5.5.4b [ ]	

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

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1 .	[ ] [ ] [ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2 . 1	[ ] [ ] [ ]	6786	6.2.1b M	6.2.1c M 7 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2 . 3	[ ] [ ] [ ]	72184	6.2.2b M	6.2.2c M 2 0
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ] [ ] [ ]	NA	6.2.3b	6.2.3c M

[ ] (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 B 1 1	7.1c 3	7.1d [ ]	7.1e 99.9 %	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 [ ] [ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M			%	.	R

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EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM R	PART I. FACILITY IDENTIFICATION INFORMATION	(This space for your optional use.)

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

1.	1.1 Are you claiming the chemical identity on page 3 trade secret?	1.2 If "Yes" in 1.1, is this copy:	1.3 Reporting Year
	[ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	[ ] Sanitized [ ] Unsanitized	19 88

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: RW Seymour Date signed: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730
3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (include area code): (601)369-3637
3.4	Public Contact: B. L. TREGO	Telephone Number (include area code): (601)369-3618

3.5 SIC Code (4 digit)					
a. 2821	b. 2869	c. NA	d.	e.	f.

3.6	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	33	48	49	88	33	34

3.7	Dun & Bradstreet Number(s): a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.): a. MSD007031230	b. NA
3.9	NPDES Permit Number(s): a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s): a. NA	b.

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions Appendix E)

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

[redacted]

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) NA
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Lead Compounds -
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [X] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	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 ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ]	[ ]	[ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ]	[ ]	[ ]	7	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies 5.3.1 [ ]	5.3.1a	[ ]	[ ]	[ ]	NA	5.3.1b [ ]	5.3.1c NA
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 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	[ ]	[ ]	[ ]	NA	5.4b [ ]	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ]	[ ]	[ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ]	[ ]	[ ]		5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ]	[ ]	[ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ]	[ ]	[ ]		5.5.4b [ ]	

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

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1 .	[ ]	[ ]	[ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2 . 1	[ ]	[ ]	[ ]	3052	6.2.1b M	6.2.1c M 7 2
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2 . 2	[ ]	[ ]	[ ]	3018	6.2.2b M	6.2.2c M 7 2
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]	NA	6.2.3b	6.2.3c M

[ ] (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 [ ]	[ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M 2	6070	13545	55 %	1 . 0	R 2

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EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1. 1.1 Are you claiming the chemical identity on page 3 trade secret?
[ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)

1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized

1.3 Reporting Year 19 88

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: 6/23/89

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: VISTA POLYMERS

Street Address: P. O. BOX 91, HIGHWAY 25

City: ABERDEEN

County: MONROE

State: MISSISSIPPI

Zip Code: 39730

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions Appendix E)

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

3.3 Technical Contact: F. G. JEANSON — Telephone Number (Include area code): (601)369-3637

3.4 Public Contact: B. L. TREGO — Telephone Number (Include area code): (601)369-3618

3.5 SIC Code (4 digit): a. 2821 b. 2869 c. NA d. e. f.

3.6

Latitude			Longitude		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
33	48	49	88	33	34

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

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

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

3.10 Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK b. NA c. d. e. f.

3.11 Underground Injection Well Code (UIC) Identification Number(s): a. NA b.

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: VISTA CHEMICAL COMPANY

4.2 Parent Company's Dun & Bradstreet Number: 10-266-6872

40296

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	[Reserved]
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 67-56-1
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Methanol
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity	
3.2	Process the chemical:	a. [X] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component	
3.3	Otherwise use the chemical:	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][3] (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)

		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	[ ]	[ ]	[ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3.1 [a]	5.3.1a	[X]	[ ]	[ ]		5.3.1b [0]	5.3.1c NA
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	[ ]	[ ]	[ ]	NA	5.4b [ ]	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ]	[ ]	[ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ]	[ ]	[ ]		5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ]	[ ]	[ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ]	[ ]	[ ]		5.5.4b [ ]	

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

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1 .	[ ]	[ ]	[ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]	NA	6.2.1b	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]		6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2 .	[ ]	[ ]	[ ]		6.2.3b	6.2.3c M

[ ] (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 B 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 [ ]	[ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M			%	.	R

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

EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2: Attach substantiation forms.) [X] No (Do not answer 1.2: Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 88

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: RW Seymour — Date signed: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730
3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (include area code): (601)369-3637
3.4	Public Contact: B. L. TREGO	Telephone Number (include area code): (601)369-3618

3.5	a.	b.	c.	d.	e.	f.
SIC Code (4 digit)	2821	2869	NA			

3.6	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	33	48	49	88	33	34

3.7	Dun & Bradstreet Number(s): a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.): a. MSD007031230	b. NA
3.9	NPDES Permit Number(s): a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s): a. NA	b.

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions Appendix E)

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

VAP 0001140301

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		**2.6 Off-site location name**	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

140302

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 000085-44-9
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Phthalic Anhydride
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [X] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	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 ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ]	[ ]	[ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ]	[ ]	[ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies	5.3.1 [ ]	5.3.1a	[ ]	[ ]	[ ]	NA	5.3.1b [ ]	5.3.1c NA
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	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	[ ]	[ ]	[ ]	NA	5.4b [ ]	
5.5 Releases to land							
5.5.1 On-site landfill		5.5.1a	[ ]	[ ]	[ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming		5.5.2a	[ ]	[ ]	[ ]		5.5.2b [ ]	
5.5.3 Surface impoundment		5.5.3a	[ ]	[ ]	[ ]		5.5.3b [ ]	
5.5.4 Other disposal		5.5.4a	[ ]	[ ]	[ ]		5.5.4b [ ]	

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

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II. Section 1.) 1 .	[ ] [ ] [ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II. Section 2.) 2 . 1	[ ] [ ] [ ]	1932	6.2.1b M	6.2.1c M 7 2
6.2.2 Other off-site location (enter location number from Part II. Section 2.) 2 .	[ ] [ ] [ ]	NA	6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II. Section 2.) 2 .	[ ] [ ] [ ]		6.2.3b	6.2.3c M

[ ] (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 [ ] [ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M			%	.	R

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EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

Approval Expires: 01/91

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 88

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: RW Seymour

Date signed: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730
3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (include area code): (601)369-3637
3.4	Public Contact: R. L. TREGO	Telephone Number (include area code): (601)369-3618

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions Appendix E)

3.5 SIC Code (4 digit)	a. 2821	b. 2869	c. NA	d.	e.	f.

	Latitude			Longitude		
3.6	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	33	48	49	88	33	34

3.7	Dun & Bradstreet Number(s): a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.): a. MSD007031230	b. NA
3.9	NPDES Permit Number(s): a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s): a. NA	b.

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

40306

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		**2.6 Off-site location name**	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 001310-73-2
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Sodium Hydroxide
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	a. [ ] As a chemical processing aid	b. [ ] As a manufacturing aid	c. [X] 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 ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ] [ ] [ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies 5.3.1 [ ]	5.3.1a	[ ] [ ] [ ]	NA	5.3.1b [ ]	5.3.1c NA
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 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	[ ] [ ] [ ]	NA	5.4b [ ]	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ] [ ] [ ]		5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ] [ ] [ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ] [ ] [ ]		5.5.4b [ ]	

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

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

EPA

EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]	NA	6.2.1b	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.3b	6.2.3c M

[ ] (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 [ ] [ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M			%	.	R

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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 Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget-Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 88

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: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions Appendix E)

3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (include area code): (601)369-3637
3.4	Public Contact: R. L. TREGO	Telephone Number (include area code): (601)369-3618

3.5 SIC Code (4 digit)					
a. 2821	b. 2869	c. NA	d.	e.	f.

3.6	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	33	48	49	88	33	34

3.7	Dun & Bradstreet Number(s): a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.): a. MSD007031230	b. NA
3.9	NPDES Permit Number(s): a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s): a. NA	b.

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

[redacted] 40311

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

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 7757-82-6
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Sodium Sulfate
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [X] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [X] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	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][3] (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ] [ ] [ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ] [ ] [ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3.1 [a]	5.3.1a	[ ] [ ] [ ]	148,246	5.3.1b [c]	5.3.1c NA
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 On-site landfill	5.5.1a	[ ] [ ] [ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ] [ ] [ ]	NA	5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ] [ ] [ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ] [ ] [ ]		5.5.4b [ ]	

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

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ]	[ ]	[ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2	[ ]	[ ]	[ ]	NA	6.2.1b	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2	[ ]	[ ]	[ ]		6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2	[ ]	[ ]	[ ]		6.2.3b	6.2.3c M

[ ] (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 [ ]	[ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M			%	.	R

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EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1.	1.1 Are you claiming the chemical identity on page 3 trade secret? [ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)	1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized	1.3 Reporting Year 19 88

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: 6/14/89

3. FACILITY IDENTIFICATION

3.1	Facility or Establishment Name: VISTA POLYMERS	
	Street Address: P. O. BOX 91, HIGHWAY 25	
	City: ABERDEEN	County: MONROE
	State: MISSISSIPPI	Zip Code: 39730
3.2	This report contains information for (Check one): a. [X] An entire facility b. [ ] Part of a facility.	
3.3	Technical Contact: F. G. JEANSON	Telephone Number (Include area code): (601)369-3637
3.4	Public Contact: B. L. TREGO	Telephone Number (Include area code): (601)369-3618
3.5	SIC Code (4 digit) a. 2821 b. 2869 c. NA d. e. f.	
3.6	Latitude: Degrees 33, Minutes 48, Seconds 49	Longitude: Degrees 88, Minutes 33, Seconds 34
3.7	Dun & Bradstreet Number(s) a. 11-527-0654	b. NA
3.8	EPA Identification Number(s) (RCRA I.D. No.) a. MSD007031230	b. NA
3.9	NPDES Permit Number(s) a. MS0001970	b. NA
3.10	Receiving Streams or Water Bodies (enter one name per box) a. JAMES CREEK	b. NA
	c.	d.
	e.	f.
3.11	Underground Injection Well Code (UIC) Identification Number(s) a. NA	b.

WHERE TO SEND COMPLETED FORMS:

1. U.S. ENVIRONMENTAL PROTECTION AGENCY
   P.O. BOX 70266
   WASHINGTON, DC 20024-0266
   ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions Appendix E)

4. PARENT COMPANY INFORMATION

4.1	Name of Parent Company: VISTA CHEMICAL COMPANY
4.2	Parent Company's Dun & Bradstreet Number: 10-266-6872

316

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 007664-93-9
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Sulfuric Acid
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [ ] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	a. [ ] As a chemical processing aid	b. [ ] As a manufacturing aid	c. [X] 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 ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ]	[ ]	[ ]	NA	5.1b [ ]	
5.2 Stack or point air emissions	5.2a	[ ]	[ ]	[ ]	NA	5.2b [ ]	
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3.1 [a]	5.3.1a	[X]	[ ]	[ ]		5.3.1b [0]	5.3.1c NA
5.3.2 [ ]	5.3.2a	[ ]	[ ]	[ ]	NA	5.3.2b [ ]	5.3.2c
5.3.3 [ ]	5.3.3a	[ ]	[ ]	[ ]		5.3.3b [ ]	5.3.3c
5.4 Underground injection	5.4a	[ ]	[ ]	[ ]	NA	5.4b [ ]	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ]	[ ]	[ ]	NA	5.5.1b [ ]	
5.5.2 Land treatment/application farming	5.5.2a	[ ]	[ ]	[ ]		5.5.2b [ ]	
5.5.3 Surface impoundment	5.5.3a	[ ]	[ ]	[ ]		5.5.3b [ ]	
5.5.4 Other disposal	5.5.4a	[ ]	[ ]	[ ]		5.5.4b [ ]	

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

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II. Section 1.) 1	[ ] [ ] [ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II. Section 2.) 2	[ ] [ ] [ ]	NA	6.2.1b	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II. Section 2.) 2	[ ] [ ] [ ]		6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II. Section 2.) 2	[ ] [ ] [ ]		6.2.3b	6.2.3c M

[ ] (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 [ ] [ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M			%	.	R

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

EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)			A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a	[ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1–499 / 500–999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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

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

EPA U.S. Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per response, with an average of 32 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (PM-223), US EPA, 401 M St., SW, Washington, D.C. 20460 Attn: TRI Burden and to the Office of Information and Regulatory Affairs, Office of Management and Budget Paperwork Reduction Project (2070-0093), Washington, D.C. 20503.

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION

(This space for your optional use.)

1. 1.1 Are you claiming the chemical identity on page 3 trade secret?
[ ] Yes (Answer question 1.2; Attach substantiation forms.) [X] No (Do not answer 1.2; Go to question 1.3.)

1.2 If "Yes" in 1.1, is this copy: [ ] Sanitized [ ] Unsanitized

1.3 Reporting Year 19 88

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: 6/14/89

3. FACILITY IDENTIFICATION

3.1 Facility or Establishment Name: VISTA POLYMERS
Street Address: P. O. BOX 91, HIGHWAY 25
City: ABERDEEN
County: MONROE
State: MISSISSIPPI
Zip Code: 39730

WHERE TO SEND COMPLETED FORMS:
1. U.S. ENVIRONMENTAL PROTECTION AGENCY
P.O. BOX 70266
WASHINGTON, DC 20024-0266
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See Instructions Appendix E)

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

3.3 Technical Contact: F. G. JEANSON — Telephone Number (include area code): (601)369-3637

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

3.5 SIC Code (4 digit): a. 2821 b. 2869 c. NA d. e. f.

3.6 Latitude: Degrees 33, Minutes 48, Seconds 49 — Longitude: Degrees 88, Minutes 33, Seconds 34

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

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

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

3.10 Receiving Streams or Water Bodies (enter one name per box): a. JAMES CREEK b. NA c. d. e. f.

3.11 Underground Injection Well Code (UIC) Identification Number(s): a. NA b.

4. PARENT COMPANY INFORMATION

4.1 Name of Parent Company: VISTA CHEMICAL COMPANY

4.2 Parent Company's Dun & Bradstreet Number: 10-266-6872

[redacted]

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

EPA

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

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWs)

1.1 POTW name		1.2 POTW name	
NA			
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE).

2.1 Off-site location name		2.2 Off-site location name	
CHEMICAL WASTE MANAGEMENT		MONROE COUNTY LANDFILL	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
ALD000622464		NA	
Street Address		Street Address	
HIGHWAY 17 NORTH		HIGHWAY 8 EAST	
City	County	City	County
EMELLE	SUMTER	ABERDEEN	MONROE
State	Zip	State	Zip
ALABAMA	35459	MISSISSIPPI	39730
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [X] No	

2.3 Off-site location name		2.4 Off-site location name	
STAUFFER CHEMICAL COMPANY		NA	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
LA0003161234			
Street Address		Street Address	
AIRLINE HIGHWAY			
City	County	City	County
BATON ROUGE	EAST BATON ROUGE		
State	Zip	State	Zip
LOUISIANA	70821		
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [X] No		[ ] Yes [ ] No	
2.5 Off-site location name		2.6 Off-site location name	
EPA Identification Number (RCRA ID. No.)		EPA Identification Number (RCRA ID. No.)	
Street Address		Street Address	
City	County	City	County
State	Zip	State	Zip
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?	
[ ] Yes [ ] No		[ ] Yes [ ] No	

[ ] Check if additional pages of Part II are attached. How many? _____

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your optional use.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1	(Reserved)
1.2	CAS Number (Enter the number exactly as it appears on the 313 list. Enter NA if reporting a chemical category.) 000075-01-4
1.3	Chemical or Chemical Category Name (Enter the name exactly as it appears on the 313 list.) Vinyl Chloride Monomer
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete 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 the chemical:	a. [ ] Produce b. [ ] Import	If produce or import: c. [ ] For on-site use/processing e. [ ] As a byproduct	d. [ ] For sale/distribution f. [ ] As an impurity
3.2	Process the chemical:	a. [X] As a reactant d. [ ] Repackaging only	b. [ ] As a formulation component	c. [ ] As an article component
3.3	Otherwise use the chemical:	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 ON-SITE

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		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	[ ]	[ ]	[ ]	3008	5.1b M	
5.2 Stack or point air emissions	5.2a	[ ]	[ ]	[ ]	73554	5.2b M	
5.3 Discharges to receiving streams or water bodies (Enter letter code from Part I Section 3.10 for stream(s) in the box provided.) 5.3.1 a	5.3.1a	[X]	[ ]	[ ]		5.3.1b M	5.3.1c NA
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	[ ]	[ ]	[ ]	NA	5.4b	
5.5 Releases to land 5.5.1 On-site landfill	5.5.1a	[ ]	[ ]	[ ]	NA	5.5.1b	
5.5.2 Land treatment/application farming	5.5.2a	[ ]	[ ]	[ ]		5.5.2b	
5.5.3 Surface impoundment	5.5.3a	[ ]	[ ]	[ ]		5.5.3b	
5.5.4 Other disposal	5.5.4a	[ ]	[ ]	[ ]		5.5.4b	

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

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

EPA

EPA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION (continued)

(This space for your optional use.)

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. (Do not use both A.1 and A.2)	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)
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]	NA	6.1.1b	
6.2.1 Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]	NA	6.2.1b	6.2.1c M
6.2.2 Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.2b	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.3b	6.2.3c M

[ ] (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 B 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 [ ] [ ]

[ ] (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 Wastes Prior to Treatment or Disposal: Current reporting year (lbs/yr)	Prior year (lbs/yr)	Or percent change	C. Index	D. Reason for Action (enter code)
M 4	73,554	90,480	19 %	1.0	R 4

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EPA

EPA FORM R
PART IV. SUPPLEMENTAL INFORMATION

Use this section if you need additional space for answers to questions in Part III. Number the lines used sequentially from lines in prior sections (e.g., 5.3.4, 6.1.2, 7.11)

(This space for your optional use.)

ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE (Part III, Section 5.3)

You may report releases of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)		A. Total Release (lbs/yr) A.1 Reporting Ranges 0 / 1-499 / 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C.% From Stormwater
5.3 Discharges to receiving streams or water bodies	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
(Enter letter code from Part I Section 3.10 for stream(s) in the box provided.)	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c
	5.3.___	5.3.___a [ ] [ ] [ ]		5.3.___b	5.3.___c

ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS (Part III, Section 6)

You may report transfers of less than 1,000 lbs. by checking ranges under A.1. (Do not use both A.1 and A.2)	A. Total Transfers (lbs/yr) A.1 Reporting Ranges 0 / 1-499 / 500-999	A.2 Enter Estimate	B. Basis of Estimate (enter code in box provided)	C. Type of Treatment/ Disposal (enter code in box provided)
6.1.___ Discharge to POTW (enter location number from Part II, Section 1.) 1	[ ] [ ] [ ]		6.1.___b	
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M
6.2.___ Other off-site location (enter location number from Part II, Section 2.) 2	[ ] [ ] [ ]		6.2.___b	6.2.___c M

ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY (Part III, Section 7)

A. General Wastestream (enter code in box provided)	B. Treatment Method (enter code in box provided)	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 [ ] [ ]
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 [ ] [ ]

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557284-7-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET? 1.2 IF YES IN 1.1, IS THIS COPY: 1.3 REPORTING YEAR

1. < > YES < X > NO < > SANITIZED < > UNSANITIZED 1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
COUNTY
MONROE
STATE
MS
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY
3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637
3.4 PUBLIC CONTACT
B. I. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

RECEIVING STREAMS OR WATER BODIES
3.10 A. JAMES CREEK
B. NA
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557284-7-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY | COUNTY

STATE | ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY | COUNTY

STATE | ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH

CITY	COUNTY
EMELLE	SUMTER
STATE	ZIP
AL	35459

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST

CITY	COUNTY
ABERDEEN	MONROE
STATE	ZIP
MS	39730

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE HWY.

CITY	COUNTY
BATON ROUGE	EAST BATON ROUGE
STATE	ZIP
LA	70821

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME
NA
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557284-7-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
NA - -
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
ANTIMONY COMPOUNDS
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1 MANUFACTURE THE CHEMICAL:	A. <	> PRODUCE	C. <	> FOR ON-SITE USE/PROCESSING	D. <	> FOR SALE/ DISTRUBUTION
	B. <	> IMPORT	E. <	> AS A BYPRODUCT	F. <	> AS AN IMPURITY
3.2 PROCESS THE CHEMICAL:	A. <	> AS A REACTANT	B. < X	> AS A FORMULATION COMPONENT	C. <	> AS AN ARTICLE COMPONENT
	D. <	> REPACKAGING ONLY				
3.3 OTHERWISE USE THE CHEMICAL:	A. <	> AS A CHEMICAL PROCESSING AID	B. <	> MANUFACTURING AID	C. <	> ANCILLARY OR OTHER USE

---

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
04

---

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

			A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	BASIS OF ESTIMATE	C.% STORMWATER	
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS		5.1A				NA	5.1B		
5.2 STACK OR POINT AIR EMISSIONS		5.2A				NA	5.2B		
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A				NA	5.3.1B	5.3.1C	NA
	5.3.2B	5.3.2A					5.3.2B	5.3.2C	
	5.3.3C	5.3.3A					5.3.3B	5.3.3C	
5.4 UNDERGROUND INJECTION		5.4A				NA	5.4B		
5.5 RELEASES TO LAND									
5.5.1 ON-SITE LANDFILL		5.5.1A				NA	5.5.1B		
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A					5.5.2B		
5.5.3 SURFACE IMPOUNDMENT		5.5.3A					5.5.3B		
5.5.4 OTHER DISPOSAL		5.5.4A					5.5.4B		

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557284-7-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE		C. TYPE OF TREATMENT/ DISPOSAL	
6.1.1 DISCHARGE TO POTW	1.1				NA	6.1.1B			
6.1.2 DISCHARGE TO POTW	1.2					6.1.2B			
6.2.1 OTHER OFF-SITE	2.1				867	6.2.1B	M	6.2.1C	M72
6.2.2 OTHER OFF-SITE	2.2				864	6.2.2B	M	6.2.2C	M72
6.2.3 OTHER OFF-SITE	2.3				NA	6.2.3B		6.2.3C	
6.2.4 OTHER OFF-SITE	2.4					6.2.4B		6.2.4C	
6.2.5 OTHER OFF-SITE	2.5					6.2.5B		6.2.5C	
6.2.6 OTHER OFF-SITE	2.6					6.2.6B		6.2.6C	

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM	B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF 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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE	C. INDEX	D. REASON FOR ACTION

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557285-0-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET? 1.2 IF YES IN 1.1, IS THIS COPY: 1.3 REPORTING YEAR

1. < > YES < X > NO < > SANITIZED < > UNSANITIZED 1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
COUNTY
MONROE
STATE
MS
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY
3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637
3.4 PUBLIC CONTACT
B. L. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

RECEIVING STREAMS OR WATER BODIES
3.10 A. JAMES CREEK
B. NA
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557285-0-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY COUNTY
EMELLE SUMTER
STATE ZIP
AL 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY COUNTY
ABERDEEN MONROE
STATE ZIP
MS 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE WHY.
CITY COUNTY
BATON ROUGE EAST BATON ROUGE
STATE ZIP
LA 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME
NA
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557285-0-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
NA - -
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
BARIUM COMPOUNDS
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1	MANUFACTURE THE CHEMICAL:	A. <	> PRODUCE	C. <	> FOR ON-SITE USE/PROCESSING	D. <	> FOR SALE/ DISTRUBUTION
		B. <	> IMPORT	E. <	> AS A BYPRODUCT	F. <	> AS AN IMPURITY
3.2	PROCESS THE CHEMICAL:	A. <	> AS A REACTANT	B. < X	> AS A FORMULATION COMPONENT	C. <	> AS AN ARTICLE COMPONENT
		D. <	> REPACKAGING ONLY				
3.3	OTHERWISE USE THE CHEMICAL:	A. <	> AS A CHEMICAL PROCESSING AID	B. <	> MANUFACTURING AID	C. <	> ANCILLARY OR OTHER USE

---

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
03

---

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	BASIS OF ESTIMATE	C.% STORMWATER	
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS	5.1A				NA	5.1B		
5.2 STACK OR POINT AIR EMISSIONS	5.2A				NA	5.2B		
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A			NA	5.3.1B	5.3.1C	NA
	5.3.2B	5.3.2A				5.3.2B	5.3.2C	
	5.3.3C	5.3.3A				5.3.3B	5.3.3C	
5.4 UNDERGROUND INJECTION	5.4A				NA	5.4B		
5.5 RELEASES TO LAND								
5.5.1 ON-SITE LANDFILL	5.5.1A				NA	5.5.1B		
5.5.2 LAND TREATMENT/APPLICATION FARMING	5.5.2A					5.5.2B		
5.5.3 SURFACE IMPOUNDMENT	5.5.3A					5.5.3B		
5.5.4 OTHER DISPOSAL	5.5.4A					5.5.4B		

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557285-0-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE		C. TYPE OF TREATMENT/ DISPOSAL	
6.1.1 DISCHARGE TO POTW	1.1				NA	6.1.1B			
6.1.2 DISCHARGE TO POTW	1.2					6.1.2B			
6.2.1 OTHER OFF-SITE	2.1				327	6.2.1B	M	6.2.1C	M72
6.2.2 OTHER OFF-SITE	2.2				61	6.2.2B	M	6.2.2C	M72
6.2.3 OTHER OFF-SITE	2.3				NA	6.2.3B		6.2.3C	
6.2.4 OTHER OFF-SITE	2.4					6.2.4B		6.2.4C	
6.2.5 OTHER OFF-SITE	2.5					6.2.5B		6.2.5C	
6.2.6 OTHER OFF-SITE	2.6					6.2.6B		6.2.6C	

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM	B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF 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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE	C. INDEX	D. REASON FOR ACTION
M6	388	1223	68.00	1.0	R5

TRR09BF1 PAGE 1
02/06/90

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557287-4-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET?

1. < > YES < X > NO

1.2 IF YES IN 1.1, IS THIS COPY:

< > SANITIZED < > UNSANITIZED

1.3 REPORTING YEAR

1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
COUNTY
MONROE
STATE
MS
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY

3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637

3.4 PUBLIC CONTACT
R. L. TREGO
TELEPHONE NUMBER
604-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

3.10 RECEIVING STREAMS OR WATER BODIES
A. JAMES CREEK
B.
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

VAB.0001140334

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557287-4-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY | COUNTY

STATE | ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY | COUNTY

STATE | ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY | COUNTY
EMELLE | SUMTER
STATE | ZIP
AL | 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY | COUNTY
ABERDEEN | MONROE
STATE | ZIP
MS | 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE HWY.
CITY | COUNTY
BATON ROUGE | EAST BATON ROUGE
STATE | ZIP
LA | 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557287-4-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
NA - -
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
LEAD COMPOUNDS
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1	MANUFACTURE THE CHEMICAL:	A. <	> PRODUCE	C. <	> FOR ON-SITE USE/PROCESSING	D. <	> FOR SALE/ DISTRUBUTION	
		B. <	> IMPORT	E. <	> AS A BYPRODUCT	F. <	> AS AN IMPURITY	
3.2	PROCESS THE CHEMICAL:	A. <	> AS A REACTANT	B. <	X > AS A FORMULATION COMPONENT	C. <	> AS AN ARTICLE COMPONENT	
		D. <	> REPACKAGING ONLY					
3.3	OTHERWISE USE THE CHEMICAL:	A. <	> AS A CHEMICAL PROCESSING AID	B. <	> MANUFACTURING AID	C. <	> ANCILLARY OR OTHER USE	

---

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
04

---

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE		BASIS OF ESTIMATE	
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS	5.1A				NA		5.1B	
5.2 STACK OR POINT AIR EMISSIONS		5.2A			7		5.2B	
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A			NA		5.3.1B	C.% STORMWATER 5.3.1C NA
	5.3.2B	5.3.2A					5.3.2B	5.3.2C
	5.3.3C	5.3.3A					5.3.3B	5.3.3C
5.4 UNDERGROUND INJECTION		5.4A			NA		5.4B	
5.5 RELEASES TO LAND								
5.5.1 ON-SITE LANDFILL		5.5.1A			NA		5.5.1B	
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A					5.5.2B	
5.5.3 SURFACE IMPOUNDMENT		5.5.3A					5.5.3B	
5.5.4 OTHER DISPOSAL		5.5.4A					5.5.4B	

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557287-4-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE		C. TYPE OF TREATMENT/ DISPOSAL	
6.1.1 DISCHARGE TO POTW	1.1				NA	6.1.1B			
6.1.2 DISCHARGE TO POTW	1.2					6.1.2B			
6.2.1 OTHER OFF-SITE	2.1				3052	6.2.1B	M	6.2.1C	M72
6.2.2 OTHER OFF-SITE	2.2				3018	6.2.2B	M	6.2.2C	M72
6.2.3 OTHER OFF-SITE	2.3				NA	6.2.3B		6.2.3C	
6.2.4 OTHER OFF-SITE	2.4					6.2.4B		6.2.4C	
6.2.5 OTHER OFF-SITE	2.5					6.2.5B		6.2.5C	
6.2.6 OTHER OFF-SITE	2.6					6.2.6B		6.2.6C	

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM	B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF 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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE	C. INDEX	D. REASON FOR ACTION
M2	6070	13545	55.00	1.0	R2

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557288-6-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET? 1.2 IF YES IN 1.1, IS THIS COPY: 1.3 REPORTING YEAR

1. < > YES < X > NO < > SANITIZED < > UNSANITIZED 1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/23/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
STATE
MS

COUNTY
MONROE
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY
3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637
3.4 PUBLIC CONTACT
R. L. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

3.10 RECEIVING STREAMS OR WATER BODIES
A. JAMES CREEK
B. NA
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557288-6-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY COUNTY
EMELLE SUMTER
STATE ZIP
AL 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY COUNTY
ABERDEEN MONROE
STATE ZIP
MS 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE HWY.
CITY COUNTY
BATON ROUGE EAST BATON ROUGE
STATE ZIP
LA 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
000067-56-1
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
METHANOL
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1	MANUFACTURE THE CHEMICAL:	A. <	> PRODUCE	C. <	> FOR ON-SITE USE/PROCESSING	D. <	> FOR SALE/ DISTRUBUTION
		B. <	> IMPORT	E. <	> AS A BYPRODUCT	F. <	> AS AN IMPURITY
3.2	PROCESS THE CHEMICAL:	A. < X	> AS A REACTANT	B. <	> AS A FORMULATION COMPONENT	C. <	> AS AN ARTICLE COMPONENT
		D. <	> REPACKAGING ONLY				
3.3	OTHERWISE USE THE CHEMICAL:	A. <	> AS A CHEMICAL PROCESSING AID	B. <	> MANUFACTURING AID	C. <	> ANCILLARY OR OTHER USE

---

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
03

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5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

			A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE		BASIS OF ESTIMATE	
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS		5.1A		X			5.1B		
5.2 STACK OR POINT AIR EMISSIONS		5.2A				NA	5.2B		
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A	X				5.3.1B	0	C.% STORMWATER 5.3.1C NA
	5.3.2B	5.3.2A					5.3.2B		5.3.2C
	5.3.3C	5.3.3A					5.3.3B		5.3.3C
5.4 UNDERGROUND INJECTION		5.4A				NA	5.4B		
5.5 RELEASES TO LAND									
5.5.1 ON-SITE LANDFILL		5.5.1A				NA	5.5.1B		
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A					5.5.2B		
5.5.3 SURFACE IMPOUNDMENT		5.5.3A					5.5.3B		
5.5.4 OTHER DISPOSAL		5.5.4A					5.5.4B		

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557288-6-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE	C. TYPE OF TREATMENT/ DISPOSAL
6.1.1 DISCHARGE TO POTW	1.1				NA	6.1.1B	
6.1.2 DISCHARGE TO POTW	1.2					6.1.2B	
6.2.1 OTHER OFF-SITE	2.1				NA	6.2.1B	6.2.1C
6.2.2 OTHER OFF-SITE	2.2					6.2.2B	6.2.2C
6.2.3 OTHER OFF-SITE	2.3					6.2.3B	6.2.3C
6.2.4 OTHER OFF-SITE	2.4					6.2.4B	6.2.4C
6.2.5 OTHER OFF-SITE	2.5					6.2.5B	6.2.5C
6.2.6 OTHER OFF-SITE	2.6					6.2.6B	6.2.6C

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM		B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF ESTIMATE	F. BASED ON OPERATING DATA YES	NO
7.1A	W	7.1B B11	7.1C 3	7.1D	7.1E 100.00	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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE	C. INDEX	D. REASON FOR ACTION

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557289-8-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET? 1.2 IF YES IN 1.1, IS THIS COPY: 1.3 REPORTING YEAR

1. < > YES < X > NO < > SANITIZED < > UNSANITIZED 1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
COUNTY
MONROE
STATE
MS
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY
3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637
3.4 PUBLIC CONTACT
B. L. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

3.10 RECEIVING STREAMS OR WATER BODIES
A. JAMES CREEK
B. NA
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557289-8-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY COUNTY
EMELLE SUMTER
STATE ZIP
AL 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY COUNTY
ABERDEEN MONROE
STATE ZIP
MS 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE HWY
CITY COUNTY
BATON ROUGE EAST BATON ROUGE
STATE ZIP
LA 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557289-8-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
000085-44-9
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
PHTHALIC ANHYDRIDE
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1 MANUFACTURE THE CHEMICAL:	A. <	> PRODUCE	C. <	> FOR ON-SITE USE/PROCESSING	D. <	> FOR SALE/ DISTRUBUTION
	B. <	> IMPORT	E. <	> AS A BYPRODUCT	F. <	> AS AN IMPURITY
3.2 PROCESS THE CHEMICAL:	A. < X	> AS A REACTANT	B. <	> AS A FORMULATION COMPONENT	C. <	> AS AN ARTICLE COMPONENT
	D. <	> REPACKAGING ONLY				
3.3 OTHERWISE USE THE CHEMICAL:	A. <	> AS A CHEMICAL PROCESSING AID	B. <	> MANUFACTURING AID	C. <	> ANCILLARY OR OTHER USE

---

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
05

---

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

	A.1 REPORTING RANGES			A.2		BASIS OF ESTIMATE	
		0	1-499	500-999	ESTIMATE			
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS		5.1A				NA	5.1B	
5.2 STACK OR POINT AIR EMISSIONS		5.2A				NA	5.2B	
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A				NA	5.3.1B	C.% STORMWATER 5.3.1C NA
	5.3.2B	5.3.2A					5.3.2B	5.3.2C
	5.3.3C	5.3.3A					5.3.3B	5.3.3C
5.4 UNDERGROUND INJECTION		5.4A				NA	5.4B	
5.5 RELEASES TO LAND								
5.5.1 ON-SITE LANDFILL		5.5.1A				NA	5.5.1B	
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A					5.5.2B	
5.5.3 SURFACE IMPOUNDMENT		5.5.3A					5.5.3B	
5.5.4 OTHER DISPOSAL		5.5.4A					5.5.4B	

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557289-8-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

	A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE	C. TYPE OF TREATMENT/ DISPOSAL
6.1.1 DISCHARGE TO POTW	1.1			NA	6.1.1B	
6.1.2 DISCHARGE TO POTW	1.2				6.1.2B	
6.2.1 OTHER OFF-SITE	2.1			1932	6.2.1B M	6.2.1C M72
6.2.2 OTHER OFF-SITE	2.2			NA	6.2.2B	6.2.2C
6.2.3 OTHER OFF-SITE	2.3				6.2.3B	6.2.3C
6.2.4 OTHER OFF-SITE	2.4				6.2.4B	6.2.4C
6.2.5 OTHER OFF-SITE	2.5				6.2.5B	6.2.5C
6.2.6 OTHER OFF-SITE	2.6				6.2.6B	6.2.6C

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM	B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF 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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL			C. INDEX	D. REASON FOR ACTION
	CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE		

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557290-0-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET? 1.2 IF YES IN 1.1, IS THIS COPY: 1.3 REPORTING YEAR

1. < > YES < X > NO < > SANITIZED < > UNSANITIZED 1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
COUNTY
MONROE
STATE
MS
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY
3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637
3.4 PUBLIC CONTACT
B. L. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

3.10 RECEIVING STREAMS OR WATER BODIES
A. JAMES CREEK
B. NA
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557290-0-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY COUNTY
EMELLE SUMTER
STATE ZIP
AL 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY COUNTY
ABERDEEN MONROE
STATE ZIP
MS 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE HWY.
CITY COUNTY
BATON ROUGE EAST BATON ROUGE
STATE ZIP
LA 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557290-0-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
001310-73-2
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
SODIUM HYDROXIDE (SOLUTION)
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

---

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1	MANUFACTURE THE CHEMICAL:	A. <	> PRODUCE	C. <	> FOR ON-SITE USE/PROCESSING	D. <	> FOR SALE/ DISTRUBUTION	
		B. <	> IMPORT	E. <	> AS A BYPRODUCT	F. <	> AS AN IMPURITY	
3.2	PROCESS THE CHEMICAL:	A. <	> AS A REACTANT	B. <	> AS A FORMULATION COMPONENT	C. <	> AS AN ARTICLE COMPONENT	
		D. <	> REPACKAGING ONLY					
3.3	OTHERWISE USE THE CHEMICAL:	A. <	> AS A CHEMICAL PROCESSING AID	B. <	> MANUFACTURING AID	C. <	X > ANCILLARY OR OTHER USE	

---

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
05

---

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

			A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	BASIS OF ESTIMATE	C.% STORMWATER	
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS		5.1A				NA	5.1B		
5.2 STACK OR POINT AIR EMISSIONS		5.2A				NA	5.2B		
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A				NA	5.3.1B	5.3.1C	NA
	5.3.2B	5.3.2A					5.3.2B	5.3.2C	
	5.3.3C	5.3.3A					5.3.3B	5.3.3C	
5.4 UNDERGROUND INJECTION		5.4A				NA	5.4B		
5.5 RELEASES TO LAND									
5.5.1 ON-SITE LANDFILL		5.5.1A				NA	5.5.1B		
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A					5.5.2B		
5.5.3 SURFACE IMPOUNDMENT		5.5.3A					5.5.3B		
5.5.4 OTHER DISPOSAL		5.5.4A					5.5.4B		

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557290-0-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE	C. TYPE OF TREATMENT/ DISPOSAL
6.1.1 DISCHARGE TO POTW	1.1				NA	6.1.1B	
6.1.2 DISCHARGE TO POTW	1.2					6.1.2B	
6.2.1 OTHER OFF-SITE	2.1				NA	6.2.1B	6.2.1C
6.2.2 OTHER OFF-SITE	2.2					6.2.2B	6.2.2C
6.2.3 OTHER OFF-SITE	2.3					6.2.3B	6.2.3C
6.2.4 OTHER OFF-SITE	2.4					6.2.4B	6.2.4C
6.2.5 OTHER OFF-SITE	2.5					6.2.5B	6.2.5C
6.2.6 OTHER OFF-SITE	2.6					6.2.6B	6.2.6C

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM	B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF ESTIMATE	F. BASED ON OPERATING DATA YES	NO
7.1A W	7.1B C11	7.1C 3	7.1D	7.1E 100.00	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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE	C. INDEX	D. REASON FOR ACTION

TRR09BF1 PAGE 1
02/06/90

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557292-4-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET? 1.2 IF YES IN 1.1, IS THIS COPY: 1.3 REPORTING YEAR

1. < > YES < X > NO < > SANITIZED < > UNSANITIZED 1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
COUNTY
MONROE
STATE
MS
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY
3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637
3.4 PUBLIC CONTACT
R. L. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

RECEIVING STREAMS OR WATER BODIES
3.10 A. JAMES CREEK
B. NA
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557292-4-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY | COUNTY

STATE | ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY | COUNTY

STATE | ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY: EMELLE | COUNTY: SUMTER
STATE: AL | ZIP: 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY: ABERDEEN | COUNTY: MONROE
STATE: MS | ZIP: 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE HWY.
CITY: BATON ROUGE | COUNTY: EAST BATON ROUGE
STATE: LA | ZIP: 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY | COUNTY

STATE | ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557292-4-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
007664-93-9
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
SULFURIC ACID
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1 MANUFACTURE THE CHEMICAL:
A. < > PRODUCE
B. < > IMPORT
C. < > FOR ON-SITE USE/PROCESSING
D. < > FOR SALE/ DISTRUBUTION
E. < > AS A BYPRODUCT
F. < > AS AN IMPURITY

3.2 PROCESS THE CHEMICAL:
A. < > AS A REACTANT
B. < > AS A FORMULATION COMPONENT
C. < > AS AN ARTICLE COMPONENT
D. < > REPACKAGING ONLY

3.3 OTHERWISE USE THE CHEMICAL:
A. < > AS A CHEMICAL PROCESSING AID
B. < > MANUFACTURING AID
C. < X > ANCILLARY OR OTHER USE

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
04

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

			A.1 REPORTING RANGES			A.2		BASIS OF ESTIMATE		
			0	1-499	500-999	ESTIMATE				
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS	5.1A					NA		5.1B		
5.2 STACK OR POINT AIR EMISSIONS		5.2A				NA		5.2B		
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A	X					5.3.1B	0	C.% STORMWATER 5.3.1C NA
	5.3.2B	5.3.2A				NA		5.3.2B		5.3.2C
	5.3.3C	5.3.3A						5.3.3B		5.3.3C
5.4 UNDERGROUND INJECTION		5.4A				NA		5.4B		
5.5 RELEASES TO LAND										
5.5.1 ON-SITE LANDFILL		5.5.1A				NA		5.5.1B		
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A						5.5.2B		
5.5.3 SURFACE IMPOUNDMENT		5.5.3A						5.5.3B		
5.5.4 OTHER DISPOSAL		5.5.4A						5.5.4B		

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557292-4-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE	C. TYPE OF TREATMENT/ DISPOSAL
6.1.1 DISCHARGE TO POTW	1.1				NA	6.1.1B	
6.1.2 DISCHARGE TO POTW	1.2					6.1.2B	
6.2.1 OTHER OFF-SITE	2.1				NA	6.2.1B	6.2.1C
6.2.2 OTHER OFF-SITE	2.2					6.2.2B	6.2.2C
6.2.3 OTHER OFF-SITE	2.3					6.2.3B	6.2.3C
6.2.4 OTHER OFF-SITE	2.4					6.2.4B	6.2.4C
6.2.5 OTHER OFF-SITE	2.5					6.2.5B	6.2.5C
6.2.6 OTHER OFF-SITE	2.6					6.2.6B	6.2.6C

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM	B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF ESTIMATE	F. BASED ON OPERATING DATA YES	NO
7.1A W	7.1B C11	7.1C 3	7.1D	7.1E 100.00	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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL			C. INDEX	D. REASON FOR ACTION
	CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE		

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557293-6-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET? 1.2 IF YES IN 1.1, IS THIS COPY: 1.3 REPORTING YEAR

1. < > YES < X > NO < > SANITIZED < > UNSANITIZED 1988

2. CERTIFICATION NAME
R. W. SEYMOUR

CERTIFICATION TITLE
PLANT MGR.

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
COUNTY
MONROE
STATE
MS
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY
3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637
3.4 PUBLIC CONTACT
R. L. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MSD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

3.10 RECEIVING STREAMS OR WATER BODIES
A. JAMES CREEK
B. NA
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557293-6-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

---

2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY COUNTY
EMELLE SUMTER
STATE ZIP
AL 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY COUNTY
ABERDEEN MONROE
STATE ZIP
MS 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
LA0003161234
STREET ADDRESS
AIRLINE HWY.
CITY COUNTY
BATON ROUGE EAST BATON ROUGE
STATE ZIP
LA 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557293-6-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
000075-01-4
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
VINYL CHLORIDE
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1 MANUFACTURE THE CHEMICAL:
A. < > PRODUCE
C. < > FOR ON-SITE USE/PROCESSING
D. < > FOR SALE/ DISTRUBUTION
B. < > IMPORT
E. < > AS A BYPRODUCT
F. < > AS AN IMPURITY

3.2 PROCESS THE CHEMICAL:
A. < X > AS A REACTANT
B. < > AS A FORMULATION COMPONENT
C. < > AS AN ARTICLE COMPONENT
D. < > REPACKAGING ONLY

3.3 OTHERWISE USE THE CHEMICAL:
A. < > AS A CHEMICAL PROCESSING AID
B. < > MANUFACTURING AID
C. < > ANCILLARY OR OTHER USE

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
07

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE			A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	BASIS OF ESTIMATE		
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS		5.1A				3008	5.1B	M	
5.2 STACK OR POINT AIR EMISSIONS		5.2A				73554	5.2B	M	
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A	X				5.3.1B	C.% STORMWATER 5.3.1C	NA
	5.3.2B	5.3.2A				NA	5.3.2B	5.3.2C	
	5.3.3C	5.3.3A					5.3.3B	5.3.3C	
5.4 UNDERGROUND INJECTION		5.4A				NA	5.4B		
5.5 RELEASES TO LAND									
5.5.1 ON-SITE LANDFILL		5.5.1A				NA	5.5.1B		
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A					5.5.2B		
5.5.3 SURFACE IMPOUNDMENT		5.5.3A					5.5.3B		
5.5.4 OTHER DISPOSAL		5.5.4A					5.5.4B		

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557293-6-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

	A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE	C. TYPE OF TREATMENT/ DISPOSAL
6.1.1 DISCHARGE TO POTW 1.1				NA	6.1.1B	
6.1.2 DISCHARGE TO POTW 1.2					6.1.2B	
6.2.1 OTHER OFF-SITE 2.1				NA	6.2.1B	6.2.1C
6.2.2 OTHER OFF-SITE 2.2					6.2.2B	6.2.2C
6.2.3 OTHER OFF-SITE 2.3					6.2.3B	6.2.3C
6.2.4 OTHER OFF-SITE 2.4					6.2.4B	6.2.4C
6.2.5 OTHER OFF-SITE 2.5					6.2.5B	6.2.5C
6.2.6 OTHER OFF-SITE 2.6					6.2.6B	6.2.6C

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM	B. TREATMENT METHOD	C. RANGE INFLUENT CONCENTRATION	D. SEQUENTIAL TREATMENT	E. TREATMENT EFF ESTIMATE	F. BASED ON OPERATING DATA YES	NO
7.1A W	7.1B B11	7.1C 3	7.1D	7.1E 100.00	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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL: CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE	C. INDEX	D. REASON FOR ACTION
M4	73554	90480	19.00	1.0	R4

TRR09BF1 PAGE 1
02/06/90

U.S. ENVIRONMENTAL PROTECTION AGENCY
TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM FACSIMILE
PART I. FACILITY IDENTIFICATION INFORMATION

DCN : 13-88-02557286-2-MS
TRIFID: 39730VSTPLPOBOX

1.1 ARE YOU CLAIMING IDENTITY ON PAGE 3 TRADE SECRET?

1. < > YES < X > NO

1.2 IF YES IN 1.1, IS THIS COPY:

< > SANITIZED < > UNSANITIZED

1.3 REPORTING YEAR

1988

2. CERTIFICATION NAME
R.W. SEYMOUR

CERTIFICATION TITLE
PLANT MANAGER

DATE SIGNED
06/14/89

3. FACILITY IDENTIFICATION
3.1 FACILITY OR ESTABLISHMENT NAME
VISTA POLYMERS
STREET ADDRESS
P.O. BOX 91 HWY. 25
CITY
ABERDEEN
STATE
MS

COUNTY
MONROE
ZIP CODE
39730

3.2 THIS REPORT CONTAINS INFORMATION FOR: A. < X > ENTIRE FACILITY B. < > PART OF A FACILITY

3.3 TECHNICAL CONTACT
F. G. JEANSON
TELEPHONE NUMBER
601-369-3637

3.4 PUBLIC CONTACT
B.L. TREGO
TELEPHONE NUMBER
601-369-3618

3.5 SIC CODE
A. 2821 B. 2869 C. NA

3.6 LATITUDE: 0334849 LONGITUDE: 0883334

3.7 DUN AND BRADSTREET NUMBERS
A. 115270654 B. NA

3.8 EPA IDENTIFICATION NUMBERS (RCRA I.D. NO.)
A. MAD007031230 B. NA

3.9 NPDES PERMIT NUMBERS
A. MS0001970 B. NA

3.10 RECEIVING STREAMS OR WATER BODIES
A. JAMES CREEK
B.
C.

3.11 UNDERGROUND INJECTION WELL CODE (UIC) IDENTIFICATION NUMBERS A. NA B.

4. PARENT COMPANY INFORMATION
4.1 NAME OF PARENT COMPANY: VISTA CHEMICAL CO.
4.2 PARENT COMPANY'S DUN AND BRADSTREET NUMBER: 102666872

T R I S FACSIMILE FORM R
PART II. OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES

DCN : 13-88-02557286-2-MS
TRIFID: 39730VSTPLPOBOX

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW NAME
NA
STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

1.2 POTW NAME

STREET ADDRESS

CITY COUNTY

STATE ZIP CODE

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2. OTHER OFF-SITE LOCATIONS

2.1 OFF-SITE LOCATION NAME
CHEMICAL WASTE MANAGEMENT
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
HWY. 17 NORTH
CITY COUNTY
EMELLE SUMTER
STATE ZIP
AL 35459
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.2 OFF-SITE LOCATION NAME
MONROE COUNTY LANDFILL
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
NA
STREET ADDRESS
HWY. 8 EAST
CITY COUNTY
ABERDEEN MONROE
STATE ZIP
MS 39730
IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < X > NO

2.3 OFF-SITE LOCATION NAME
STAUFFER CHEMICAL CO.
EPA IDENTIFICATION NUMBER (RCRA ID. NO.)
ALD000622464
STREET ADDRESS
AIRLINE HWY.
CITY COUNTY
BATON ROUGE EAST BATON ROUGE
STATE ZIP
LA 70821
IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < X > NO

2.4 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

2.5 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY?
< > YES < > NO

2.6 OFF-SITE LOCATION NAME

EPA IDENTIFICATION NUMBER (RCRA ID. NO.)

STREET ADDRESS

CITY COUNTY

STATE ZIP

IS LOCATION UNDER CONTROL OF REPORTING FACILITY ?
< > YES < > NO

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557286-2-MS
TRIFID: 39730VSTPLPOBOX

1. CHEMICAL IDENTITY
1.1 (RESERVED)
1.2 CAS NUMBER
000117-84-0
1.3 CHEMICAL OR CHEMICAL CATEGORY NAME
N-DIOCTYL PHTHALATE
1.4 GENERIC CHEMICAL NAME

2. MIXTURE COMPONENT IDENTITY

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3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY

3.1 MANUFACTURE THE CHEMICAL:	A. <	X >	PRODUCE	C. <	>	FOR ON-SITE USE/PROCESSING	D. <	> FOR SALE/ DISTRUBUTION
	B. <		> IMPORT	E. <		> AS A BYPRODUCT	F. <	> AS AN IMPURITY
3.2 PROCESS THE CHEMICAL:	A. <		> AS A REACTANT	B. <	X	> AS A FORMULATION COMPONENT	C. <	> AS AN ARTICLE COMPONENT
	D. <		> REPACKAGING ONLY					
3.3 OTHERWISE USE THE CHEMICAL:	A. <		> AS A CHEMICAL PROCESSING AID	B. <		> MANUFACTURING AID	C. <	> ANCILLARY OR OTHER USE

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4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR
05

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5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

			A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	BASIS OF ESTIMATE		C.% STORMWATER	
5.1 FUGITIVE OR NON-POINT AIR EMISSIONS		5.1A				NA	5.1B			
5.2 STACK OR POINT AIR EMISSIONS		5.2A				NA	5.2B			
5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES	5.3.1A	5.3.1A				17	5.3.1B	M	5.3.1C	NA
	5.3.2B	5.3.2A					5.3.2B		5.3.2C	
	5.3.3C	5.3.3A					5.3.3B		5.3.3C	
5.4 UNDERGROUND INJECTION		5.4A				NA	5.4B			
5.5 RELEASES TO LAND										
5.5.1 ON-SITE LANDFILL		5.5.1A				NA	5.5.1B			
5.5.2 LAND TREATMENT/APPLICATION FARMING		5.5.2A					5.5.2B			
5.5.3 SURFACE IMPOUNDMENT		5.5.3A					5.5.3B			
5.5.4 OTHER DISPOSAL		5.5.4A					5.5.4B			

T R I S FACSIMILE FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

DCN : 13-88-02557286-2-MS
TRIFID: 39730VSTPLPOBOX

TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS

		A.1 REPORTING RANGES 0	1-499	500-999	A.2 ESTIMATE	B. BASIS OF ESTIMATE		C. TYPE OF TREATMENT/ DISPOSAL	
6.1.1 DISCHARGE TO POTW	1.1					6.1.1B			
6.1.2 DISCHARGE TO POTW	1.2					6.1.2B			
6.2.1 OTHER OFF-SITE	2.1				6786	6.2.1B	M	6.2.1C	M72
6.2.2 OTHER OFF-SITE	2.2					6.2.2B		6.2.2C	
6.2.3 OTHER OFF-SITE	2.3				72184	6.2.3B	M	6.2.3C	M20
6.2.4 OTHER OFF-SITE	2.4					6.2.4B		6.2.4C	
6.2.5 OTHER OFF-SITE	2.5					6.2.5B		6.2.5C	
6.2.6 OTHER OFF-SITE	2.6					6.2.6B		6.2.6C	

7. WASTE TREATMENT METHODS AND EFFICIENCY

A. GENERAL WASTESTREAM		B. TREATMENT METHOD		C. RANGE INFLUENT CONCENTRATION		D. SEQUENTIAL TREATMENT	E. TREATMENT EFF ESTIMATE		F. BASED ON OPERATING DATA YES	NO
7.1A	W	7.1B	B11	7.1C	3	7.1D	7.1E	99.90	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	

8. OPTIONAL INFORMATION ON WASTE MINIMIZATION

A. TYPE OF MODIFICATION	B. QUANTITY OF THE CHEMICAL IN WASTES PRIOR TO TREATMENT OR DISPOSAL			C. INDEX	D. REASON FOR ACTION
	CURRENT YEAR	PRIOR YEAR	OR PCT CHANGE		