

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

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

Form Approved
MB No. 2000-0015

NAME COCO CHEM-CONT.OIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840
FACILITY _____
LOCATION _____

01970
PERMIT NUMBER

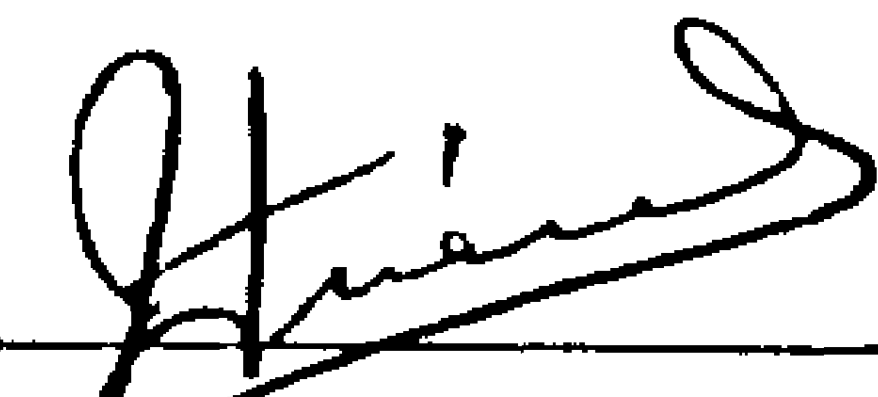
001
DISCHARGE NUMBER

MAJOR

IND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	02	01	83	03	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE 000010	SAMPLE MEASUREMENT	*****	*****	*****	55	59	64		0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95	DEG.	***	1/7	GRAB
OXYGEN, DISSOLVED 000300	SAMPLE MEASUREMENT	*****	*****	*****	6.0	6.2	6.4		0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	MG/L	***	1/7	GRAB
BOD, 5-DAY, 20 DEG PLANT EFFLUENT 000310	SAMPLE MEASUREMENT	156	271		6	12	18		0	1/7	24 HR
	PERMIT REQUIREMENT	431	800	LBS/DA	*****	32	43	MG/L	***	1/7	24HR
CHEM. OXYGEN DEMAND 000340	SAMPLE MEASUREMENT	493	709		29	39	47		0	1/7	24 HR
	PERMIT REQUIREMENT	1462	2713	LBS/DA	*****	*****	*****	MG/L	***	1/7	24HR
PH, EFFLUENT 000400	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7		***	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6	*****	8.5	SU	***	1/7	GRAB
NITROGEN AMMONIA 000610	SAMPLE MEASUREMENT	5	12.2		0.1	0.4	1.0		0	1/7	24 HR
	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	*****	MG/L	***	1/90	GRAB
FLOW RATE 074060	SAMPLE MEASUREMENT	1.41	2.19		*****	*****	*****	*****		CONT	RECORD
	PERMIT REQUIREMENT	*****	*****	MG/DAY	*****	*****	*****	*****	***	CONT	RECORD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
John Friend Plant Manager							601	369-8111			
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY					

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

VAB.0001096067

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

Form Approved
9 No. 2000-001

NAME CO CO CHEM-CONT.OIL
ADDRESS P O BOX 91
ABERDEEN MS 39730
1840
CITY
STATE

01970
PERMIT NUMBER

001
DISCHARGE NUMBER

MAJOR

IND

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
83 02 01 83 03 01
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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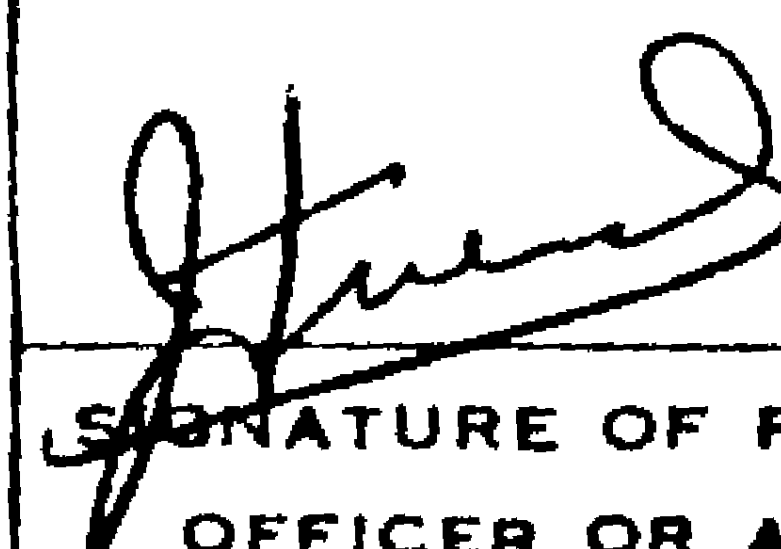
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	197	451		9	16	37				0	1/7	24 HR
9000	PERMIT REQUIREMENT	674	1396	LBS/DA	*****	*****	*****	MG/L			**	1/7	24HR
NYL CHLORIDE	SAMPLE MEASUREMENT	1.28	1.28		0.17	0.17	0.17				**	1/90	GRAB
9036	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	*****	MG/L			**	1/90	GRAB
2-ETHYL-HEXYL	SAMPLE MEASUREMENT	< 0.08	< 0.08		< 0.01	< 0.01	< 0.01				**	1/90	GRAB
HALATE	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	*****	MG/L			**	1/90	GRAB
9037													
N-OCTYL	SAMPLE MEASUREMENT	< 0.08	< 0.08		< 0.01	< 0.01	< 0.01				**	1/90	GRAB
HALATE	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	*****	MG/L			**	1/90	GRAB
9038													
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

TITLE PRINCIPAL EXECUTIVE OFFICER

1 Friend
it Manager

TYPED OR PRINTED

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



SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

601 369-8111

AREA
CODE

NUMBER

YEAR

MO

DAY

AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

VAB.0001096068