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

NAME C OCO CHEM-CONT.OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1840

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
MB No. 2000-0015

(2) 01970 PERMIT NUMBER

(17-19) 001 DISCHARGE NUMBER

MAJOR

IND

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	02	01	TO	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	55	59	64		0	1/7	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRA
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.0	6.2	6.4		0	1/7	GRAB
000300	PERMIT REQUIREMENT	******	******	******	6	******	******	MG/L	***	1/7	GRA
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT	SAMPLE MEASUREMENT	156	271		6	12	18		0	1/7	24 HR
000310	PERMIT REQUIREMENT	431	800	LBS/DA	******	32	43	MG/L	***	1/7	24HR
CHEM. OXYGEN DEMAND	SAMPLE MEASUREMENT	493	709		29	39	47		0	1/7	24 HR
000340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	24HR
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.7		***	1/7	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRA
NITROGEN AMMONIA	SAMPLE MEASUREMENT	5	12.2		0.1	0.4	1.0		0	1/7	24 HR
000610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRA
FLOW RATE	SAMPLE MEASUREMENT	1.41	2.19		******	******	******	******		CONT	RECORD
074060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	CONT	RECOR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (*Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 | NUMBER 369-8111

DATE: 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
'3 No. 2000-001

MAJOR

IND

AME C( )CO CHEM-CONT.OIL
DDRESS P.O. BOX 91
ABERDEEN MS 39730
1840
CILITY
CATION

PERMIT NUMBER (2-1)	DISCHARGE NUMBER (17-19)
01970	001

MONITORING PERIOD

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
'LIDS, 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	GRA
S(2-ETHYL-HEXYL) 'HALATE	SAMPLE MEASUREMENT	<0.08	<0.08		<0.01	<0.01	<0.01		**	1/90	GRAB
)037	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	*1/90	GRA
'N-OCTYL HALATE	SAMPLE MEASUREMENT	<0.08	<0.08		<0.01	<0.01	<0.01		**	1/90	GRAB
038	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	**	*1/90	GRA
***************** *****************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		*****	*****
*****************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	*****	*****
***************** *****************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		*****	*****
*****************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	*****	*****
***************** *****************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		*****	*****
*****************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	*****	*****

TLE PRINCIPAL EXECUTIVE OFFICER

ı Friend
ıt Manager

TYPED OR PRINTED

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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