Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

VISTA

February 28, 1991

Mr. Taher Diab
Industrial Wastewater Control Section
Mississippi Department of Natural Resources
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39209

Dear Mr. Diab:

Enclosed please find effluent monitoring results for the month of December, 1990. These results are submitted per the requirement of NPDES permit MS0001970.

Please direct any questions concerning this report to Frank Jeanson at 601-369-3637.

Sincerely,

R. W. Seymour
Plant Manager

tjs

enclosure

cc: FGJ, JCL

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

NAME [illegible] PLYWOOD INC

ADDRESS [illegible] MS 39730

FACILITY

LOCATION [illegible] SEYMOUR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

F - FINAL

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
MS0001678	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	12	01	TO	90	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUPER NO) TFO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	63	68	DEG. F	0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	*******	*******		*******	OPTIONAL DAILY AV	95 DAILY MX			WEEKLY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.5	*******	*******		0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	*******	*******		6.0 INST MIN	*******	*******	MG/L		WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	81	139		*******	7	11		0	4	24 HR COMP
	PERMIT REQUIREMENT	431 DAILY AV	800 DAILY MX	LBS/DY	*******	30.0 DAILY AV	45 DAILY MX	MG/L		WEEKLY	COMP24
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	323	441.6		*******	*******	*******		0	4	24 HR COMP
	PERMIT REQUIREMENT	1461 DAILY AV	2712 DAILY MX	LBS/DY	*******	*******	*******			WEEKLY	COMP24
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.4	*******	7.8		0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	*******	*******		6.0 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	166	202		*******	*******	*******		0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	674 DAILY AV	1396 DAILY MX	LBS/DY	*******	*******	*******			WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	920	16.22		*******	*******	*******		0	4	24 HR COMP
	PERMIT REQUIREMENT	1155 DAILY AV	2279 DAILY MX	LBS/DY	*******	*******	*******			WEEKLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
R. W. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	R W Seymour SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	369-8111 NUMBER	91 YEAR	03 MO	01 DAY
TYPED OR PRINTED						

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

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

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

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

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

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT					63	69		0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	95 DAILY MX			WEEKLY	GRAB
	SAMPLE MEASUREMENT				7.5				0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	******	******		5.0 DIST MN	******	******	S/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT	81	139			7	11		0	4	24 HR COMP
	PERMIT REQUIREMENT	431 DAILY AV	800 DAILY MX		******	32.0 DAILY AV	45 DAILY MX	S/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT	323	441.6						0	4	24 HR COMP
	PERMIT REQUIREMENT	1461 DAILY AV	2713 DAILY MX		******	******	******			WEEKLY	COMP24
	SAMPLE MEASUREMENT				7.4		7.8		0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			WEEKLY	GRAB
	SAMPLE MEASUREMENT	186	202						0	4	WEEKLY GRAB
	PERMIT REQUIREMENT	874 DAILY AV	1356 DAILY MX		******	******	******			WEEKLY	COMP24
	SAMPLE MEASUREMENT	9.20	16.22						0	4	24 HR COMP
	PERMIT REQUIREMENT	13.5 DAILY AV	27.9 DAILY MX		******	******	******			WEEKLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. V. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	05	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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of
previous page

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

NAME VISTA POLYMERS INC

ADDRESS P.O. BOX 91

ARCADIA MS 39730

FACILITY

LOCATION

ATTN: R. W. SEYMOUR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

F - FINAL

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
MS0001970	001 N

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	12	01	TO	90	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFB

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THE TREATMENT PLANT	SAMPLE MEASUREMENT	1.495	1.512		******	******	******		0	4	CONT.
OUTFALL 001 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	03	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

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

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	1.495	1.512						0	4	CONT.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			CONTINUOUS	CONTINUOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
A. W. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	03	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VITAL POLYMERS INC
ADDRESS P. O. BOX 51
ATTEDEN MS 39730
FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001970	002 N

F - FINAL
NON-CONTACT COOLING WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	12	01	TO	90	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	54	55		0	2	GRAB
	PERMIT REQUIREMENT	*******	*******		*******	OPTIONAL DAILY AV	95 DAILY MX	DEG.F		ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		8.2	*******	8.3		0	2	GRAB
	PERMIT REQUIREMENT	*******	*******		6.0 MINIMUM	*******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	6	7		0	2	24 HR COMP
	PERMIT REQUIREMENT	*******	*******		*******	100 DAILY AV	200 DAILY MX	MG/L		WICE/MONTH	COMPOS
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	---	---			--	-----
	PERMIT REQUIREMENT	*******	*******		*******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	---	---			--	-----
	PERMIT REQUIREMENT	*******	*******		*******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.01728	.03168		*******	*******	*******		0	2	INST.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*******	*******	*******			WICE/MONTH	INSTAN
HALOETHANES, TOTAL INDIVIDUAL 32102 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.1	0.1		0	1	GRAB
	PERMIT REQUIREMENT	*******	*******		*******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	UG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	R W Seymour	601	269-8111	91	03	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

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

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE *(54-61)*	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT					54	55		0	2	GRAB
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	OPTIONAL DAILY MX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT				8.2		8.3		0	2	GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM	U		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT					6	7		0	2	24 HR COMP
	PERMIT REQUIREMENT	******	******		******	100 DAILY AV	200 DAILY MX	MGL		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT					---	---			--	------
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MGL		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT					---	---			--	------
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MGL		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT	.01728	.03166						0	2	INST.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT					0.1	0.1		0	1	GRAB
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MGL		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	R W Seymour	601	369-8111	91	03	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Lighter Copy
of
Previous Page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS P. O. BOX 21
PICAYUNE MS 39770

FACILITY
LOCATION
ATTN: R. W. SEYMOUR

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
MS0001970	003 0

E - FINAL
STORM WATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
90	12	01	90	12	31

MAJOR (SUBR NO) TFD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					57	60		0	2	GRAB
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	95 DAILY MX	DEG.F		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.6		8.1		0	2	GRAB
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					8	11		0	2	24 HR COMP
	PERMIT REQUIREMENT					100 DAILY AV	200 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CHLORINE, TOTAL (AS CL) 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					---	---			--	-----
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					---	---			--	-----
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.00288	.00288						0	2	INST.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD						TWICE/ MONTH	INSTAN
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.1	0.1		0	1	GRAB
	PERMIT REQUIREMENT					OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	R W Seymour	601	369-8111	91	03	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152992

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

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

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

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

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT					57	60		0	2	GRAB
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	95 DAILY MX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT				7.6	******	8.1		0	2	GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT					8	11		0	2	24 HR COMP
	PERMIT REQUIREMENT	******	******		******	100 DAILY AV	200 DAILY MX	MG/L		TWICE/ MONTH	COMPOS
	SAMPLE MEASUREMENT					---	---			--	------
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT					---	---			--	------
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT	.00288	.00288						0	2	INST.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT					0.1	0.1		0	1	GRAB
	PERMIT REQUIREMENT	******	******		******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
K. W. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	K W Seymour	601	369-8111	91	03	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

*EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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ERMITTEE NAME/ADDRESS *(Include cility Name/Location if different)*
AME VISTA POLYMERS INC
DDRESS P O BOX 91
PO BOX 4 MS 39730
ACILITY
OCATION
TTN: R. W. SEYMOUR

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001970	004 X

F - FINAL
ONCE THRU PUMP SEAL WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	12	01	TO	90	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE, WATER EG. FAHRENHEIT 0011 1 2 C FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	71	71		0	1	GRAB
	PERMIT REQUIREMENT	******	******	****	******	OPTIONAL DAILY AV	95 DAILY MX	DEG. F		WEEK/ MONTH	GRAB
0400 1 2 C FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8.0	******	8.0		0	1	GRAB
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
LOW IN CONDUIT TO PUBLIC TREATMENT PLANT 0000 1 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*		******	******	******			*	*
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	****		WEEK/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 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.)*		TELEPHONE		DATE		
R. W. SEYMOUR/PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	03	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

OMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FLOW OF OUTFALL 004 COULD NOT BE MEASURED DURING THE MONTH OF DECEMBER DUE TO CONSTRUCTION WORK BEING DONE IN THAT AREA.

NAME/ADDRESS *(Include Location if different)*

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

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT					71	71		0	1	GRAB
	PERMIT REQUIREMENT	******	******		******	DT LEVEL DAILY AV	95 DAILY MX			NLE/ MONTH	GRAB
	SAMPLE MEASUREMENT				8.0		8.0		0	1	GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			NLE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			NLE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
K. SEYMOUR/PLANT MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	03	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

MENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE FLOW OF OUTFALL 006 [illegible] BE [illegible] DURING T[illegible] DUE TO CONSTRUCTION WORK BEING DONE IN THAT AREA.

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