Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

June 21, 1990

VISTA

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 May, 1990. These results are submitted per the requirements of NPDES permit MS0001970.

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

Sincerely,

R. W. Seymour
Plant Manager

rah

enclosure

cc: [redacted], JCL

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

NAME VISTA POLYMERS INC

ADDRESS PO BOX 91

ABERDEEN 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

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
90	05	01	90	05	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	SAMPLE MEASUREMENT	******	******		******	70.8	79.0		0	4	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	OPTIONAL DAILY AV	95 DAILY MX	DEG.F		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.4	******	******		0	4	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 INST MN	******	******	MG/L		WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	96.3	135		******	6.8	10		0	4	Comp.
00310 1 5 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	357 DAILY AV	784 DAILY MX	LBS/DY	******	26.5 DAILY AV	40.0 DAILY MX	MG/L		WEEKLY	COMP24
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	498.1	658.5		******	******	******		0	4	Comp.
00340 1 5 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1212 DAILY AV	2523 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.6	******	7.8		0	4	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	236.6	406.3		******	******	******		0	4	Comp.
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	674 DAILY AV	1396 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3.41	6.50		******	******	******		0	4	Comp.
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13.5 DAILY AV	27.9 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	601	369-8111	90	6	13
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)

☆ U.S. GOVERNMENT PRINTING OFFICE 1989-241-124/07201

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN MS 39730

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	001 N

F - FINAL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	05	01	TO	90	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.74	2.08		******	******	******		0	4	Cont.
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	******		REPORT INSTR	CORDR
	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

R. W. Seymour, 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.)

R W Seymour

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	369-8111	90	6	13

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

☆ U.S. GOVERNMENT PRINTING OFFICE 1989-241-124/07207

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN 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	05	01	TO	90	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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	SAMPLE MEASUREMENT	******	******		******	66	70		0	2	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	OPTIONAL DAILY AV	95 DAILY MX	DEG.F		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.7	******	7.7		0	2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	4	6		0	2	Comp.
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	100 DAILY AV	200 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******						
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.032	.060		******	******	******		0	2	Inst.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	*****		TWICE/ MONTH	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 0 EFFLUENT GROSS VALUE	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.)	W. Seymour	601	369-8111	90	6	13
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)

☆ U.S. GOVERNMENT PRINTING OFFICE 1989-241-124/07207

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN MS 39730

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 N

F - FINAL
STORM WATER

MONITORING PERIOD	YEAR	MO	DAY	TO	YEAR	MO	DAY
FROM	90	05	01		90	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR NO) TFD
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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	69.3	73		0	2	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	OPTIONAL DAILY AV	95 DAILY MX	DEG.F		TWICE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.9		0	2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	5.7	8		0	2	Comp.
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	100 DAILY AV	200 DAILY MX	MG/L		TWICE/ MONTH	COMPOS
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******						
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.037	.055		******	******	******		0	2	Inst.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		TWICE/ MONTH	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	OPTIONAL DAILY AV	OPTIONAL DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R. W. Seymour, 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.)

R W Seymour
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	369-8111	90	6	13

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

☆ U.S. GOVERNMENT PRINTING OFFICE 1989-241-124/07207

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA POLYMERS INC
ADDRESS PO BOX 91
ABERDEEN MS 39730

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	004 N

F - FINAL
ONCE THRU PUMP SEAL WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	05	01	TO	90	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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	SAMPLE MEASUREMENT	*******	*******		*******	78.7	88		0	2	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	OPTIONAL DAILY AV	95 DAILY MX	DEG.F		TWICE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*******	*******		7.8	*******	7.9		0	2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.024	.042		*******	*******	*******		0	2	Inst.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*******	*******	*******	********		TWICE/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		
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. Seymour SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	90	6	13
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

U.S. GOVERNMENT PRINTING OFFICE 1989-241-124/07207