Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

VISTA

September 9, 1991

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

Dear Mr. Diab:

Enclosed please find effluent monitoring results for the month of August, 1991. These results are submitted per the requirement of NPDES permit MS0001970.

Please direct any questions concerning this report to Kenny Akins at 601-369-3637.

Sincerely,

R. W. Seymour
Plant Manager

tjm

enclosure

cc: [redacted], JCL

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

NAME VISTA CHEMICAL CO.
ADDRESS P. O. BOX 91
ACHEN MS 39730

FACILITY
LOCATION

ATTN: FRANK JEANSON

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

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

MAJOR (SUBR NO) TF
F - FINAL

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	86	(15)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.1	******	******	(19)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	******	MG/L		WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	104	213.3	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	295 DAILY AV	716 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.7	******	8.2	(12)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	170	452.2	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	491 DAILY AV	1196 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.6	13.3	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	12.8 DAILY AV	24.5 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	.00115	.0014	(19)	0	Weekly	Comp 24
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	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.)		601	369-8111	91	09	09
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 [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]	[illegible]

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	[illegible]	01	TO	91	[illegible]	[illegible]
	(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)
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]	( )	[illegible]	[illegible]	85	( )	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	[illegible]	******	******	90 DAILY MX	[illegible]		WEEKLY	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]	( )	7.1	[illegible]	[illegible]	( )	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	[illegible]	6.0 MINIMUM	******	******	S.U.		WEEKLY	GRAB
[illegible]	SAMPLE MEASUREMENT	104	213.5	( )	[illegible]	[illegible]	[illegible]	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	295 DAILY AV	786 DAILY MX	[illegible]	******	******	******	[illegible]		WEEKLY	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]	( )	7.7	[illegible]	8.2	( )	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	[illegible]	6.0 MINIMUM	******	9.0 MAXIMUM	S.U.		TWICE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	176	[illegible]	( )	[illegible]	[illegible]	[illegible]	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	491 DAILY AV	1395 DAILY MX	[illegible]	******	******	******	[illegible]		WEEKLY	COMP24
[illegible]	SAMPLE MEASUREMENT	6	15.3	( )	[illegible]	[illegible]	[illegible]	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	12.3 DAILY AV	24.5 DAILY MX	[illegible]	******	******	******	[illegible]		WEEKLY	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]	( )	[illegible]	.00115	.0014	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	******	******	[illegible]	******	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/MONTH	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 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]	601	369-6111	91	09	09
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 CHEMICAL CO.
ADDRESS P. O. BOX 91
ALDERDEN MS 39730

FACILITY
LOCATION

ATTN: FRANK JEANSON

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER	MAJOR (SUBR NO) F - FINAL
MS0001279	001 N	

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	1.033	1.066	(03)	******	******	******	( )	0	Cont.	Rcprdr
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD				**** ****		CONTINUOUS RECORDER	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	******	******	( )	******	******	0.000	(19)	0	Once/ Month	Comp.24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			**** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHEMICAL OXYGEN DEMAND (COD) 81017 1 0 0	SAMPLE MEASUREMENT	198	213.3	(26)	******	******	******	( )	0	Weekly	Comp 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1026 DAILY AV	2706 DAILY MX	LBS/DY				**** ****		WEEKLY	COMP24
Total Hardness as $CaCO_3$	SAMPLE MEASUREMENT					692		MG/L		Weekly	Comp 24
	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	09	09
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 [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]	[illegible]

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(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 (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	1.053	1.060	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	Cont.	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******	[illegible]		CONTINUOUS	RECORDER
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0.000	[illegible]	0	Once/ Month	Comp. 24
	PERMIT REQUIREMENT	******	******	[illegible]	******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
[illegible]	SAMPLE MEASUREMENT	198	213.3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	Weekly	Comp 24
	PERMIT REQUIREMENT	1028 DAILY AV	2736 DAILY MX	[illegible]	******	******	******	[illegible]		WEEKLY	COMP24
Total Hardness as $CaCO_3$	SAMPLE MEASUREMENT					092		MG/L		Weekly	Comp 24
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. [illegible] Reynolds/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.)*	[illegible] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	91	09	09
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 VISTA CHEMICAL CO.
ADDRESS P. O. BOX 91
ABERDEEN MS 39730

FACILITY
LOCATION

ATTN: FRANK JEANSON

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

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

MAJOR
(SUBR NO) TF
F - FINAL
NON-CONTACT COOLING WATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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)
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( ) *****	7.6	******	7.9	(12) SU	0	Twice/ Month THREE ANNUAL MONTHS	Grab
	PERMIT REQUIREMENT	MONITOR	REPORT		NO DISCHARGE		MONITOR				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( ) *****	******	12	17	(19) MG/L	0	Twice/ Month THREE ANNUAL MONTHS	Grab
	PERMIT REQUIREMENT	MONITOR	REPORT		30 DAILY AV		45 DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0072	0.0086	(03) MGD	******	******	******	( ) *****	0	Twice/ Month THREE ANNUAL MONTHS	Instant
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		MONITOR		MONITOR				
	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 W Seymour	601	369-8111	91	09	09
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			1	TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
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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				7.6		7.9		0	Twice/ Month	Grab
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM	SU		WICE/ MONTH	GRAB
	SAMPLE MEASUREMENT					16	17		0	Twice/ Month	Grab
	PERMIT REQUIREMENT					30 DAILY AV	45 DAILY MX	MG/L		WICE/ MONTH	GRAB
	SAMPLE MEASUREMENT	0.0072	0.0086						0	Twice/ Month	Instant
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							WICE/ MONTH	INSTAT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. A. Beshear/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	09	09
TYPED OR PRINTED			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 CHEMICAL CO.
ADDRESS P. O. BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

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

MAJOR (SUBR NO) TF
F = FINAL
STORM WATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	( )	7.2	******	7.7	(12)	0	Twice/ Month	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	[redacted]	[redacted]	[redacted]	**** ****	[redacted]	[redacted]	[redacted]	SU	[redacted]	[redacted]	[redacted]
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	5	7	(19)	0	Twice/ Month	Grab
	[redacted]	[redacted]	[redacted]	**** ****	[redacted]	[redacted]	[redacted]	MG/L	[redacted]	[redacted]	[redacted]
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.334	0.665	(03)	******	******	******	( )	0	Twice/ Month	Instant
	[redacted]	REPORT	REPORT	MGD	[redacted]	[redacted]	[redacted]	**** ****	[redacted]	[redacted]	[redacted]
	SAMPLE MEASUREMENT										
	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]
	SAMPLE MEASUREMENT										
	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]
	SAMPLE MEASUREMENT										
	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]
	SAMPLE MEASUREMENT										
	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]

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	09	09
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.0001152805

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)*

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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								0	Twice/ Month	Grab
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM			WICE/ MONTH	GRAB
	SAMPLE MEASUREMENT					5	7		0	Twice/ Month	Grab
	PERMIT REQUIREMENT					30 DAILY AV	45 DAILY MX	mg/L		WICE/ MONTH	GRAB
	SAMPLE MEASUREMENT	0.338	0.503						0	Twice/ Month	Instant
	PERMIT REQUIREMENT	REPORT	REPORT							WICE/ 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. 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 AREA CODE	369-8113 NUMBER	91 YEAR	09 MO	09 DAY
TYPED OR PRINTED							

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA CHEMICAL CO.
ADDRESS P. O. BOX 91
ABERDEEN MS 39730

FACILITY
LOCATION
ATTN: FRANK JEANSON

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

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

MAJOR
(SUBR NO) IF
F - FINAL
ONCE THRU PUMP SEAL WATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

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)
P 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7	******	8	(12)	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	*REPORT*	*REPORT*	**** ****	MINIMUM	AVERAGE	MAXIMUM	SU		ONCE/MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00432	0.00576	(03)	******	******	******	( )	0	Twice/ Month	Instant
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	MINIMUM	AVERAGE	MAXIMUM	**** ****		ONCE/MONTH	
	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.)*	R W Seymour	601	369-8111	91	09	09
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)*

NO CHEMICALS, SUCH AS CHLORINE, ZINC, OR CHROMIUM, SHALL BE ADDED TO THE COOLING WATER WITHOUT THE PRIOR WRITTEN APPROVAL BY THE DPC IN ACCORDANCE WITH PART III.C., PAGE 15 OF 16.

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	

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

Form Approved.
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Approval expires 6-30-91.

[illegible]

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)*
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	Twice/ month	Grab
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	6.0 MINIMUM	[illegible]	9.0 MAXIMUM	SU		TWICE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	0.0043	0.00576	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	Twice/ month	Instan
	PERMIT REQUIREMENT	REPORT	REPORT		[illegible]	[illegible]	[illegible]	[illegible]		TWICE/ MONTH	INSTAN
	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. X. 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.)*	[illegible]	601	369-3111	91	09	09
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)*

[illegible]

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