MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

MAJOR AIR POLLUTION SOURCE ANNUAL EMISSIONS REPORTING FORM

P.O. BOX 10385

JACKSON, MS 39289-0385

In accordance with Section 49-17-32, Mississippi Code of 1972, as amended, all sources which choose to base their Annual fee on actual amissions shall submit, by July 1 of each year, an inventory of emissions for the previous calendar year.

Calendar Year Reported: _____ **MDEQ Facility ID #:** 1840 - 00014 **Date:** _____ **SIC Code:** 2821

Facility Name: VISTA POLYMERS

Mailing Address: _____ _____ _____ _____
(Street or P.O. Box) (City) (State) (Zip)

Site Address: _____ _____ _____
(Street Location) (City) (County)

Contact and Title: _____ **Contact's Phone #:** _____

(1) Pollutant	(2) Annual Allowable (Potential) Emission Rate (TPY)	(3) Actual Annual Emission Rate (TPY)
Particulate Matter (PM)	96.8	
SO2	7.34	
NOX	95.24	
CO	74.8	
VOC*	67	
LEAD	0	
TRS	0	
Total HAPs (Voc)	15.4	
Total HAPs (Non-Voc)	0.3	
CFCs/HCFCs	0	
Other HCl	0	0.15

* Reflects Total VOC from the facility including VOCs that are HAPs.

Attach calculations, monitoring data, measurements, etc. from which actual emission rates were determined. Actual emission rates will not be accepted unless the method of calculation is attached.

I, the undersigned, am the owner or authorized representative of the facility described on this fee form. I certify that the statements and calculations made on this form are complete and accurate to the best of my knowledge.

_____ _____
Signature and Title Date