A

Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aberdeen, Mississippi 39730
Phone (601) 369-8111

June 23, 1993

VISTA

Mr. John Taylor
Industrial Wastewater Control Section
Mississippi Department of Environmental Quality
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Taylor:

Enclosed please find effluent monitoring results for the month of May, 1993. These results are submitted per the requirement of NPDES permit MS0001970.

Reported total residual chlorine values indicate we have exceeded permitted amounts. As we have discussed, Vista does not believe we actually have measurable residual chlorine in our outfall. We have changed our measurement/reporting system to be more consistent with test method limitations starting in May.

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

Sincerely,

RW Seymour

R. W. Seymour
Plant Manager

tjm

enclosure

cc: KGA, VEM

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) MS0001970 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

MAJOR (SUBR NO) F - FINAL

Form Approved OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
93	05	01	93	05	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)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( ) **** ****	******	******	81	(15) DEG.F	0	Weekly	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		REPORT DAILY AV	REPORT DAILY AV	90 DAILY MX			PER LAB SCHED	
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( ) **** ****	7.1	******	******	(19) MG/L	0	Weekly	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		6.0 DAILY MN	REPORT DAILY AV	REPORT DAILY MX			PER LAB SCHED	
BOD, 5-DAY (20 DEG. C) 00310 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	102	138	(26)	******	******	******	( ) **** ****	0	Weekly	Comp 24
	PERMIT REQUIREMENT	134 LBS DAILY AV	264 LBS DAILY MX	LBS/DY	REPORT DAILY AV	REPORT DAILY AV	REPORT DAILY MX			PER LAB SCHED	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( ) **** ****	7.5	******	7.7	(12) SU	0	Weekly	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		6.0 DAILY MN	REPORT DAILY AV	9.0 DAILY MX			PER LAB SCHED	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	111	156	(26)	******	******	******	( ) **** ****	0	Weekly	Comp 24
	PERMIT REQUIREMENT	491 DAILY AV	1386 DAILY MX	LBS/DY	REPORT DAILY AV	REPORT DAILY AV	REPORT DAILY MX			PER LAB SCHED	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.6	10.9	(26)	******	******	******	( ) **** ****	0	Weekly	Comp 24
	PERMIT REQUIREMENT	24.3 DAILY AV	54.5 DAILY MX	LBS/DY	REPORT DAILY AV	REPORT DAILY AV	REPORT DAILY MX			PER LAB SCHED	
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( ) **** ****	******	N/A	N/A	(19) MG/L	0	____	____
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		REPORT DAILY AV	REPORT DAILY AV	REPORT DAILY MX			PER/ CONTRA SCHED	

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	93 YEAR	06 MO	22 DAY
TYPED OR PRINTED							

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

VAB.0001152555

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME [illegible]
ADDRESS [illegible]
[illegible] VA 24720
FACILITY
LOCATION
ATTN: FRANK JAMISON

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]	001 1

MAJOR (SEWAGE) [illegible] FINAL

Form Approved
OMB No. 2040-0004

MONITORING PERIOD FROM YEAR	MO	DAY	TO YEAR	MO	DAY
93	05	01	93	05	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)
TEMPERATURE, WATER DEG. FAHRENHEIT (00011 1 1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	81	(15)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		WEEKLY	GRAB
OXYGEN, DISSOLVED [illegible] (00300 1 [illegible]) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.1	******	******	(19)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	~~4.0~~ 7.0 MINIMUM	******	******	MG/L		WEEKLY	GRAB
[illegible], 5-DAY [illegible] (00[illegible] 1 1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	102	138	([illegible])	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	~~123~~ 153 DAILY AV	~~244~~ 230 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
PH (00400 1 1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.5	******	7.7	(12)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	**** ****	~~6.0~~ 6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED (00530 1 1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	111	156	([illegible])	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	471 DAILY AV	1396 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (SEE [illegible]) (00610 1 [illegible]) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.6	10.9	([illegible])	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	12.3 DAILY AV	24.5 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP24
LEAD, TOTAL (SEE [illegible]) (01051 1 [illegible]) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	N/A	N/A	(19)	0	-----	------
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	REPORT DAILY MX	UG/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.)*	R W Seymour	601	369-8111	93	06	22
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.) PAGE 1 OF 1

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) PERMIT NUMBER	(17-19) DISCHARGE NUMBER	
MS0001970	001 N	MAJOR (SUBR NO) E - FINAL

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.972	1.037	(03)	******	******	******	( )	0	Contin-uous	Rcrdr
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	BDL	0.1	(19)	1	Twice/ Month	Comp 24
	PERMIT REQUIREMENT	******	TWICE/MONTH **** ****		******	0.013 DAILY AV	0.019 DAILY MX	MG/L		TWICE/MONTH	COMP 24
CHEMICAL OXYGEN DEMAND (COD) 81017 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	284	320	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	628 DAILY AV	850 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP 24
	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	93	06	22
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*)

Daily maximum for TRC exceeded on 05/05/93. Reported verbally and in writing as requested. See letter to John Taylor, MDEQ, dated 05/18/93.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME [illegible]
ADDRESS [illegible]
[illegible]
FACILITY
LOCATION
ATTN: FRANK JEARSON

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

Form Approved
OMB No. 2040-0004

(2-16) PERMIT NUMBER: [illegible]
(17-19) DISCHARGE NUMBER: 001
[illegible]

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.972	1.037	(3)	******	******	******	( )	0	Continuous	Rcrdr
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******	( )	******	BDL	0.1	(19)	1	Twice/Month	Comp 24
	PERMIT REQUIREMENT	******	****** **** ****		******	0.011 DAILY AV	0.019 DAILY MX	MG/L		TWICE/MONTH	COMP24
CHEMICAL OXYGEN DEMAND (COD)	SAMPLE MEASUREMENT	284	320	(6)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	429 DAILY AV	858 DAILY MX	L/DAY	******	******	******	**** ****		WEEKLY	COMP24
	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.)*	RW Seymour	601	369-8111	93	06	22
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*)

Daily maximum for TRC exceeded on 06/05/93. Reported verbally and in writing as requested. See letter to John Taylor, MDEQ, dated 05/18/93.

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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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)
F - FINAL
NON-CONTACT COOLING WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE | | ***
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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)
PH	SAMPLE MEASUREMENT	******	******	( )	7.8	******	8.4	(12)	0	Twice/ Month	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	[redacted]	[redacted]	**** *****	[redacted]	[redacted]	[redacted]	SU		[redacted]	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	5	6	(19)	0	Twice/ Month	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	[redacted]	[redacted]	**** *****	[redacted]	30 DAILY AV	45 DAILY MX	MG/L		[redacted]	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.011	.018	(03)	******	******	******	( )	0	Twice/ Month	Instan
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	[redacted]	[redacted]	[redacted]	**** ****		[redacted]	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]			[redacted]	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]			[redacted]	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]			[redacted]	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	[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.)*	[signature]	601	369-8111	93	06	22
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.0001152559

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

NAME [illegible]

ADDRESS [illegible]

[illegible] MS 39720

FACILITY

LOCATION

ATTN: [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001279	001

MAJOR
(SUBCATEGORY)
FINAL
NON-CONTACT COOLING WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

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PH	SAMPLE MEASUREMENT	******	******	( )	7.8	******	8.4	(12)	0	Twice/ Month	Grab
00400 1 0	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	5	6	(10)	0	Twice/ Month	Grab
00530 1 0	PERMIT REQUIREMENT	******	******	****	******	30 DAILY AV	45 DAILY MX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.011	.018	( )	******	******	******	( )	0	Twice/ Month	Instan
50050 1 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	****		TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
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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	93 YEAR	06 MO	22 DAY
TYPED OR PRINTED							

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

AJELOGEN MS 39733

FACILITY

LOCATION

ATTN: FRANK JEANSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

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

MAJOR
(SUBR NO)
F - FINAL
STORM WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	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)
PH	SAMPLE MEASUREMENT	******	******	( )	7.2	******	7.6	(12)	0	Twice/ Month	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	**** ****	REPORT	REPORT	REPORT	SU		REPORT	REPORT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	6.5	9	(19)	0	Twice/ Month	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	**** ****	REPORT	30 DAILY AV	100 DAILY MX	MG/L		REPORT	REPORT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.005	.005	(03)	******	******	******	( )	0	Twice/ Month	Instan
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	REPORT	REPORT	REPORT	**** ****		REPORT	REPORT
	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	93	06	22
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]
[illegible]
FACILITY
LOCATION
ATTN: FRANK JOHNSON

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

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

[illegible]
(SUBPART [illegible])
F - FINAL
STORM WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	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)
[illegible]	SAMPLE MEASUREMENT	******	******	( )	7.2	******	7.6	(12)	0	Twice/ Month	Grab
[illegible]	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/ MONTH	GRAB
[illegible] TOTAL [illegible]	SAMPLE MEASUREMENT	******	******	( )	******	6.5	9	(19)	0	Twice/ Month	Grab
[illegible]	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	45 DAILY MX	MG/L		TWICE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	.005	.005	([illegible])	******	******	******	( )	0	Twice/ Month	Instan
[illegible]	PERMIT REQUIREMENT	REPORT	REPORT		******	******	******	**** ****		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 W Seymour SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	369-8111 NUMBER	93 YEAR	06 MO	22 DAY
TYPED OR PRINTED							

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) MS0001970 PERMIT NUMBER

(17-19) 004 N DISCHARGE NUMBER

MAJOR (SUBR NO) F - FINAL

ONCE THRU PUMP SEAL WATER

Form Approved OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	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)
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	8.3	******	8.3	(12) SU	0	Twice/ Month	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.005	.009	(03) MGD	******	******	******	( ) ****	0	Twice/ Month	Instan
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

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 AREA CODE	369-8111 NUMBER	93 YEAR	06 MO	22 DAY
TYPED OR PRINTED							

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 16 OF 16.

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

00221/930127-1601

VAB.0001152563

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

NAME VISTA CHEMICAL CO

ADDRESS [illegible]

[illegible] 45 19730

FACILITY

LOCATION

ATTN: [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
VA0001520	006

MAJOR
(SEC. 301)
P - FINAL
ONLY THRU SUMP SEAL WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	05	01	TO	93	05	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)
[illegible]	SAMPLE MEASUREMENT	******	******	( )	8.3	******	8.3	(12)	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	****	5.0 MINIMUM	6.5	******	9.0 MAXIMUM	SU	TWICE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	.005	.009	( )	******	******	******	( )	0	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT	REPORT		******	******	******	****		TWICE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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	93	06	22
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] CHLORINE [illegible] SHALL BE ADDED TO THE COOLING WATER WITHOUT THE PRIOR WRITTEN APPROVAL OF THE DPR IN ACCORDANCE WITH PART III.C., PAGE [illegible] OF [illegible].

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

[illegible]/[illegible]-1[illegible]1

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