

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

NAME PPG IND.
ADDRESS P.O. BOX 1000
LAKE CHARLES LA 70602

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

LA0000761

001

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS
FINAL OUTFALL

Form Approved
OMB No. 2040-0004
Expires 2-29-84

FACILITY
LOCATION

ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
86	06	01	86	06	30
(12-21)	(12-21)	(12-25)	(12-27)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	100	106	NA	CONT	RECORD
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F	CONT	RECORD
00056 1 0	SAMPLE MEASUREMENT	178,483	201,500	GPM	*****	*****	*****	NA	CONT	R. RD
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	CONT	RECORD
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	4.5*	*****	10.5**	H = 1 L = 0	CONT	RECORD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	3U	CONT	RECORD
	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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
T. G. Brown Works Manager TYPED OR PRINTED			318 491-4500 AREA CODE NUMBER	86 06 30 YEAR MO DAY

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

SAMPLE AT MOBILE BRIDGE 1 & 2.
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.

*Duration of excursion did not exceed 60 minutes, and therefore, does not constitute a violation.
**For pH, see letter of 6/18/86 as noted in Attachment 1.

SL 308

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME PPG IND.
ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

LA0000761
PERMIT NUMBER

005
DISCHARGE NUMBER

F - FINAL LIMITS
SURFACE RUNOFF

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
86	06	01	86	06	30
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

ATTN: T. G. Brown, Plant Manager

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	84	86		NA	3/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		THREE	GRAB
FLOW RATE	SAMPLE MEASUREMENT	510	1,100		*****	*****	*****	*****	NA	3/7	GRAB
00056 1 0	PERMIT REQUIREMENT	*****	*****	GPM	*****	*****	*****	*****		THREE	GRAB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX							WEEK	
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6	L = 0 H = 0		3/7	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	30		THREE	GRAB
EFFLUENT GROSS VALUE										WEEK	
	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 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.)	TELEPHONE	DATE		
T. G. Brown Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	318 491-4500	86	06
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO	DAY

THESE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.

5047309

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

NAME **PPG IND.**

ADDRESS **P. O. BOX 1000**

LAKE CHARLES

LA 70602

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

LA0000761

PERMIT NUMBER

010

DISCHARGE NUMBER

Form Approved

OMB No. 2040-0004

Expires 2-29-84

F - FINAL LIMITS

AREA B UNCONTAMINATED CTBO

FACILITY

LOCATION

ATTN: **T. G. Brown, Plant Manager**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
86	06	01		86	06	30
(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)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	187	388		*****	*****	*****	*****			
00056 1 0	PERMIT REQUIREMENT	*****	*****	GPH	*****	*****	*****	*****	NA	CONT	RECORD
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX								
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	.009	.031		*****	*****	*****	*****			
01034 1 0	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	*****	*****	*****	0	3/7	2
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX							THREE/	COMP2
CHLORINATED HYDRO- CARBONS, GENERAL	SAMPLE MEASUREMENT	*	*		*****	*****	*****	*****			
74052 1 0	PERMIT REQUIREMENT	684	1368	LBS/DY	*****	*****	*****	*****		THREE/	COMP2
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX							WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T. G. Brown
Works 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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

318
AREA CODE

491-4500
NUMBER

86 06 30
YEAR M DAY

CHLORINATED HYDROCARBONS LIMIT IS SUM OF 010 & 018.

* See Outfall 018.

047310

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

NAME PPG IND.

ADDRESS P. O. BOX 1000

LAKE CHARLES

LA 70602

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

LAD000761

PERMIT NUMBER

011

DISCHARGE NUMBER

F - FINAL LIMITS
MERCURY CELLS SEWER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

FACILITY

LOCATION

ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
86	06	01	86	06	30
(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)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	207	289	GPM	*****	*****	*****	*****	NA	CONT
00058 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		RECORD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY	*****	*****	*****	*****	CONT	CORD
MERCURY, TOTAL	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	UOUS	
(AS HG)	SAMPLE MEASUREMENT	.035	.087		*****	*****	*****	*****	0.	3/7
71900 1 0	PERMIT REQUIREMENT	.21	.42		*****	*****	*****	*****	2	4C
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	DAILY AV	DAILY MX						THREE	WEEK
	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

T. G. Brown
Works 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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318 491-4500

86 06 30

AREA CODE

NUMBER

YEAR

MO

DAY

SAMPLE AT 011 METER BOX IN MERCURY CELLS SEWER (SEE PPG DWG 20A-1-1577-P-6, STREAMS 5,6).
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.
HG IS SUM 011 AND 111.

SL 047311

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

NAME **PPG IND.**

ADDRESS **P. O. BOX 1000**

LAKE CHARLES

LA 70602

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

(2-16)

(17-19)

LA0000761

PERMIT NUMBER

111

DISCHARGE NUMBER

**F - FINAL LIMITS
MERCURY TRACE SEWER**

Form Approved
OMB No. 2040-0004
Expires 2-29-84

FACILITY

LOCATION

ATTN: **T. G. Brown, Plant Manager**

MONIT RING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 86	06	01	TO 86	06	30
(28-31)	(12-31)	(24-25)	(26-31)	(28-30)	(18-19)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00058 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	361	412	GPM	*****	*****	*****	*****	NA	CONT	RECORD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****			
		30DA AVG	DAILY MX							CONTINUOUS	RECORD
	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	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
T. G. Brown Works Manager		<i>B. Paul</i>	318 491-4500	86	06	30	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

SL 047312

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

NAME PPG IND.
ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

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

(2-16) LA0000761	(17-19) 012
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Expires 2-29-84
F - FINAL LIMITS
HG CELL COOLING TWR BLOWDOWN

FACILITY _____
LOCATION _____
ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	86	06	01	TO	86	06	30	
	(12-11)	(12-11)	(12-11)		(12-11)	(12-11)	(12-11)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00058 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15	15	GPM	*****	*****	*****	*****	NA	7/7	24 HC
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		THREE/CALCT WEEK	
MERCURY, TOTAL (AS HG) 71900 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.001	.001	LBS/DY	*****	*****	*****	*****	NA	3/7	2 IC
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		THREE/CALCT WEEK	
	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 T. G. Brown Works 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>B. P. ...</i>	TELEPHONE	DATE			
			318 491-4500	86	06	30	
TYPED & PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

STRIKE PRIOR TO DISCUSSION WITH OTHER STREAM(S).
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.
MERCURY SAMPLE TYPE LINEAR OR TIME COMPOSITE

ST 047313

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME PPG IND.
ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

LA0000761
PERMIT NUMBER

013
DISCHARGE NUMBER

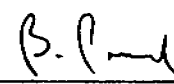
F - FINAL LIMITS
SUM OF 013,015,016 FLOW

FACILITY
LOCATION
ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
86	06	01	86	06	30
(12-17)	(12-18)	(12-19)	(12-17)	(12-18)	(12-19)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	117,841	129,233	GPM	*****	*****	*****	*****	NA	CONT
00058 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** 300A AVG	***** DAILY MX		*****	*****	*****	*****		CONTINUAL CT UOUS
	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	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
T. G. Brown Works Manager			318	491-4500	86	06	30
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

SL 047314

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME PPG IND.
ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

LA0000761
PERMIT NUMBER

017
DISCHARGE NUMBER

F - FINAL LIMITS
LEAD TREATMENT DISCHARGE

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
86	06	01	86	06	30
(12-11)	(12-11)	(12-11)	(12-11)	(12-11)	(12-11)

NOTE: Read instructions before completing this form.

ATTN: T. G. Brown, Plant Manager

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	20	89	GPM	*****	*****	*****	*****	NA	CONT RECORD
00058 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		CONTINUOUS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.6	5.3	LBS/DY	*****	*****	*****	*****	NA	3/7 24
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		THREE/COMP2 WEEK
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	.001	.002	LBS/DY	*****	*****	*****	*****	0	3/7 24 HC
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.1 DAILY AV	10.1 DAILY MX		*****	*****	*****	*****		THREE/COMP2 WEEK
	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.)

T. G. Brown
Works Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318
AREA CODE

491-4500
NUMBER

86
YEAR

06
M

30
DAY

SEE PAGES 20A-20F FOR STREAM 18.

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.

047315

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

NAME PPG IND.

ADDRESS P. O. BOX 1000

LAKE CHARLES

LA 70602

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

(2-16)

(17-19)

LA0000761

PERMIT NUMBER

018

DISCHARGE NUMBER

F - FINAL LIMITS
PROCESS WASTEWATER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

FACILITY

LOCATION

ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD								
YEAR			MO			DAY		
FROM			TO					
86			06			01		
(20-21)			(22-23)			(24-25)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	5,566	7,175	GPM	*****	*****	*****	*****	NA	CONT	RECORD
00058 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** 30DA AVG	***** DAILY MX		*****	*****	*****	*****		CONTINUOUS	RECORD
800, 5-DAY (20 DEG C)	SAMPLE MEASUREMENT	254	388	LBS/DY	*****	*****	*****	*****	0	1/7	2 HC
00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	774 DAILY AV	1298 DAILY MX		*****	*****	*****	*****		WEEKLY	COMP2
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2,244	*****	LBS/DY	*****	*****	*****	*****	0	3/7	24 HC
00530 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	3100 30DA AV	*****		*****	*****	*****	*****		THREE WEEK	COMP2
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2,764	6,651	LBS/DY	*****	*****	*****	*****	0	3/7	24 HC
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4500 DAILY AV	8700 DAILY MX		*****	*****	*****	*****		THREE WEEK	COMP2
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	1,278	2,145	LBS/DY	*****	*****	*****	*****	0	3/7	24 HC
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1300 DAILY AV	2600 DAILY MX		*****	*****	*****	*****		THREE WEEK	COMP2
CHLORINATED HYDRO- CARBONS, GENERAL	SAMPLE MEASUREMENT	57	112	LBS/DY	*****	*****	*****	*****	0	3/7	24 HC
74052 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	684 DAILY AV	1368 DAILY MX		*****	*****	*****	*****		THREE WEEK	COMP2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T. G. Brown
Works 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 KNOWLEDGE 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

TELEPHONE

318

491-4500

DATE

86 06 30

AREA CODE

NUMBER

YEAR

MO

DAY

CHLORINATED HYDROCARBONS LIMIT IS THE SUM OF 018 AND 010. TSS IS ANNUAL AVERAGE

047316

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

NAME PPG IND.
ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

FACILITY _____
LOCATION _____
ATTN: T. G. Brown, Plant Manager

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

(2-16) LA0000761	(17-19) U19
PERMIT NUMBER	DISCHARGE NUMBER

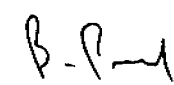
F - FINAL LIMITS
SUM OF 011,017,019, FLOW & TSS

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 86	06	01	TO 86	06	30
(10-11)	(12-2)	(10-2)	(10-17)	(12-2)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	264	385	GPM	*****	*****	*****	*****	NA	CONT	RECORD
00058 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** 30DA AVG	***** DAILY MX		*****	*****	*****	*****		CONTINUOUS	RECORD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17	42	LBS/DY	*****	*****	*****	*****	0	3/7	2 IC
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1118	2236		*****	*****	*****	*****		THREE WEEK	COMP 2
	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	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE			
T. G. Brown Works Manager				318 491-4500	86	06	30	
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY INFORMATION (Refer to all attachments here)

TSS IS THE SUM OF 011,017 AND 019.

047317

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

NAME PPG IND.
 ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

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

(2-18) LA0000761
 PERMIT NUMBER
 (17-19) 021
 DISCHARGE NUMBER

F - FINAL LIMITS
 COOLING WATER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____
 ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD								
YEAR			MO			DAY		
FROM			TO					
86			06			01		
(10-11)			(12-21)			(12-19)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	98	102		NA	RECORD
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		CONTINUOUS	RECORD
00058 1 0	SAMPLE MEASUREMENT	17,890	27,450		*****	*****	*****		NA	RECORD
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	GPM	*****	*****	*****		CONTINUOUS	RECORD
00400 1 0	SAMPLE MEASUREMENT	30DA AVG	DAILY MX		2.3	*****	9.8		NA	RECORD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM		CONTINUOUS	RECORD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER T. G. Brown Works 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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT B. P. [Signature]	TELEPHONE		DATE		
			318	491-4500	86	06	30
			AREA CODE	NUMBER	YEAR	MO	DAY

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.

SL 7318

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

NAME PPG IND.
ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

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

(2-16)
LA0000761
PERMIT NUMBER

(17-19)
024
DISCHARGE NUMBER

F - FINAL LIMITS
SURFACE DRAINAGE - PRODN STRG

Form Approved
OMB No. 2040-0004
Expires 2-29-84

FACILITY
LOCATION

ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
86	06	01	86	06	30
(10-11)	(12-13)	(14-15)	(16-17)	(18-19)	(20-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	9.0	L =	0		
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	11.0	H =	0	5/7*	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU		WEEK-DAYS	GRAB
	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		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)			TELEPHONE		DATE		
T. G. Brown Works Manager					318	491-4500	86	06	30
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE		NUMBER		YEAR	M	DAY

INDICATE INSTANCES OF NONCOMPLIANCE (Reference all attachments here)

*When flowing.

SL 047319

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

NAME **PPG IND.**

ADDRESS **P. O. BOX 1000**

LAKE CHARLES

LA 70602

FACILITY

LOCATION

ATTN: **T. G. Brown, Plant Manager**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

LA0000761

PERMIT NUMBER

025

DISCHARGE NUMBER

F - FINAL LIMITS

STORM DRAINAGE 1500 T/D CHLRN

Form Approved

OMB No. 2040-0004

Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
86	06	01	86	06	30
(28-31)	(12-31)	(13-31)	(28-31)	(12-31)	(13-31)

FROM

TO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OR ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	1,521	4,067	GPM	*****	*****	*****	*****	NA	5/7*
00058 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		DAILY
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX							GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	9.0	*****	NA	5/7*
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		DAILY
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			GRAB
	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

T. G. Brown
Works 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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

318
AREA CODE

491-4500
NUMBER

86
YEAR

06
MO

30
DAY

WHEN FLOWING, MONITOR ALL PARAMETERS. (Reference all attachments here)

RE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT IN TRACE AMOUNTS.
MONITOR WHEN FLOWING ALL PARAMETERS. *When flowing.

SL 047320

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

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

FULLY APPROVED
OMB No. 2040-0004
Expires 2-29-84

NAME PPG IND.
ADDRESS P. O. BOX 1000
LAKE CHARLES LA 70602

LA000761
PERMIT NUMBER

026
DISCHARGE NUMBER

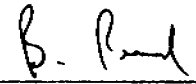
F - FINAL LIMITS
STORM DRAINAGE

FACILITY _____
LOCATION _____
ATTN: T. G. Brown, Plant Manager

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	86	06	01	TO	86	06	30	
	(28-31)	(12-23)	(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) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	24	64	GPM	*****	*****	*****	*****	NA	5/7*	GRAB
00058 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** 30DA AVG	***** DAILY MX		*****	*****	*****	*****		WEEK-DAYS	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	10.0	SU	NA	5/7*	G
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	***** MINIMUM	*****	***** MAXIMUM			WEEK-DAYS	GRAB
	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	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
T. G. Brown Works Manager			318	491-4500	86	06	30
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

MONITOR FLOW WHEN FLOWING (Reference all attachments here)

*When flowing.

SL 047321

ATTACHMENT I

There was one excursion in June reported by letter as follows:

June 14, 1986 (+1.5) pH @ Outfall 001. A sodium hydroxide evaporator level controller malfunctioned temporarily overloading the pH neutralization system. A contributing factor was under-reaction of the pH neutralization system instrumentation. The controls at both locations have been adjusted.