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

NAME C[illegible] [illegible]-CONT.OIL

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
O[illegible] No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	8[illegible]	10	01	TO	83	11	01

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)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	65	68	70		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
XYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.2	6.4	6.7		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	******	******	6	******	******	MG/L	***	1/7	GRAB
D, S[illegible]Y, [illegible] N STREAM	SAMPLE MEASUREMENT	87	109		6.0	11.0	19.0		0	1/7	24 HR COMP
00310	PERMIT REQUIREMENT	431	800	LBS/DA	******	32	43	MG/L	***	1/7	24HR COMP
EM. OXYGEN DEMAND	SAMPLE MEASUREMENT	284	366		24	33	43		0	1/7	24 HR COMP
00340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	24HR COMP
H. EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.6	******	8.0		***	1/7	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
ITROGEN AMMONIA	SAMPLE MEASUREMENT	2.2	5.0		0.1	0.2	0.5		0	1/7	24 HR COMP
00610	PERMIT REQUIREMENT	******	******	MG/DA	******	******	******	MG/L	***	1/90	GRAB
LOW RATE	SAMPLE MEASUREMENT	1.10	1.64		******	******	******	******	---	CONT	RECORDER
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	CONT	RECORDER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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.)*	John Friend	601	369-8111	83	01	27
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.0001096085

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

NAME CON[illegible] CHEM-CONT.OIL

ADDRESS P O [illegible] 51

ANDERSON [illegible] [illegible]9730

1040

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

MAJOR

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
01970	001

MONITORING PERIOD	YEAR	MO	DAY
FROM	82 (20-21)	10 (22-23)	01 (24-25)
TO	82 (26-27)	11 (28-29)	01 (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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	87	119		8	10	12		0	1/7	24 HR COMP
99000	PERMIT REQUIREMENT	674	1396	LBS/DA	******	******	******	MG/L	***	1/7	24HR C[illegible]
~~INYL CHLORIDE~~	SAMPLE MEASUREMENT	---------	--------		--------	---------	-------		--	-----	------
~~[illegible]~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~[illegible]~~ ~~[illegible]~~	SAMPLE MEASUREMENT	---------	--------		-------	--------	-----		--	-----	-----
~~[illegible]~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
~~[illegible]~~ ~~[illegible]~~	SAMPLE MEASUREMENT	---------	-------		-------	--------	-------		--	-----	------
~~[illegible]~~	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
******************	SAMPLE MEASUREMENT	******	******	*****	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	*****	******	******	******	******	***	******	********
******************	SAMPLE MEASUREMENT	******	******	*****	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	*****	******	******	******	******	***	******	********
******************	SAMPLE MEASUREMENT	******	******	*****	******	******	******	******		******	********
******************	PERMIT REQUIREMENT	******	******	*****	******	******	******	******	***	******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	369-8111	83	01	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096086

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	11	01	TO	82	12	01
	(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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	52	59	65		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	1/7	GRAB
XYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.2	6.4	6.8		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	******	******	5	******	******	MG/L	***	1/7	GRAB
OD, 5-DAY, 20 DEG C N STREAM	SAMPLE MEASUREMENT	458	779		30	53	72		3	1/7	24 HR COMP
00310	PERMIT REQUIREMENT	431	800	LBS/DA	******	32	43	MG/L	***	1/7	4HR COMP
HEM. OXYGEN DEMAND	SAMPLE MEASUREMENT	850	1180		67	99	126		0	1/7	24 HR COMP
00340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	4HR COMP
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.8		***	1/7	24 HR COMP
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	1/7	GRAB
ITROGEN AMMONIA	SAMPLE MEASUREMENT	0.9	1.1		0.1	0.1	0.1		0	1/7	24 HR COMP
00610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/30	GRAB
LOW RATE	SAMPLE MEASUREMENT	1.02	1.63		******	******	******	******	--	CONT	RECORDER
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	CONT	RECORDER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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 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	369-8111	83	01	27
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.0001096087

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

NAME [illegible] CHE[illegible]-CONT.OIL
ADDRESS P O [illegible] 91
[illegible]ERDEEN MS 39730
1[illegible]4[illegible]
FACILITY
LOCATION

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

Form Approved
O[illegible] No. 2000-0015

MAJOR

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
01970	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	11	01	TO	82	12	01
	(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 AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OLIDS, SUSPENDED	SAMPLE MEASUREMENT	121	187		8	13	20		0	1/7	24 HR COMP
39000	PERMIT REQUIREMENT	674	1396	LBS/DA	******	******	******	MG/L	***	1/7	24HR COMP
[illegible]	SAMPLE MEASUREMENT	------	---------		--------	-------	-------		--	-----	-----
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
[illegible]	SAMPLE MEASUREMENT	--------	--------		---------	-------	-------		--	------	-----
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
[illegible]	SAMPLE MEASUREMENT	--------	---------		---------	--------	--------		---	-----	-----
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	********
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

[signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	369-8111	83	01	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096088

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

NAME C.W. CHEV-COIL,OIL

ADDRESS P O BOX 91

ABERDEEN MS 39730

1960

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01370	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	8[illegible]	12	01	TO	83	01	01
	(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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE	SAMPLE MEASUREMENT	******	******	******	55	56	58		0	1/7	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	EG. F	***	1/7	GRAB
XYGEN, DISSOLVED	SAMPLE MEASUREMENT	******	******	******	6.1	6.2	6.4		0	1/7	GRAB
00300	PERMIT REQUIREMENT	******	*** **	******	6	******	******	MG/L	***	1/7	GRAB
OD, 5-DAY, 20 DEG C N STREAM	SAMPLE MEASUREMENT	117	170		7	13	25		0	1/7	24 HR COMP
00310	PERMIT REQUIREMENT	+31 -	00	LBS/DA	******	32	43	MG/L	***	1/7	4HR C
HEM. OXYGEN DEMAND	SAMPLE MEASUREMENT	284	380		20	31	56		0	1/7	24 HR COMP
00340	PERMIT REQUIREMENT	1462	2713	LBS/DA	******	******	******	MG/L	***	1/7	4HR C
H, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	.6	******	7.7		***	1/7	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6	******	8.5	SU	***	/7	GRAB
ITROGEN AMMONIA	SAMPLE MEASUREMENT	3.7	10.7		0.1	0.35	1.0		0	1/7	24 HR COMP
00610	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/7	GRAB
LOW RATE	SAMPLE MEASUREMENT	1.15	2.06		******	******	******	******	--	CONT	RECORDER
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	CONT	RECORDER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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 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	AREA CODE 601	NUMBER 369-8111	YEAR 83	MO 01	DAY 27
TYPED OR PRINTED							

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

VAB.0001096089

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

NAME [illegible] CHE[illegible]-CONT.OIL

ADDRESS [illegible] 91

[illegible]RDEEN [illegible] [illegible]5733

1[illegible]40

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

MAJOR

Form Approved
OMB No. 2000-0015

PERMIT NUMBER (2-1)	DISCHARGE NUMBER (17-19)
0197[illegible]	001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	8[illegible]	10	01	TO	83	01	01

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)
~~OIL-[illegible]~~	SAMPLE MEASUREMENT	------	------		------	--------	------		--	----	----
~~59200~~	PERMIT REQUIREMENT	674	1[illegible]96	LBS/DA	******	******	******	MG/L	***	1/7	24HR C[illegible]
VINYL CHLORIDE	SAMPLE MEASUREMENT	3.80	3.80		0.332	0.332	0.332		-0-	1/90	GRAB
99036	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
BIS(2-ETHYL-HEXYL) PHTHALATE	SAMPLE MEASUREMENT	<0.09	<0.09		<0.01	<0.01	<0.01		--	1/90	GRAB
99037	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
DI-N-OCTYL PHTHALATE	SAMPLE MEASUREMENT	<0.09	<0.09		<0.01	<0.01	<0.01		--	1/90	GRAB
99038	PERMIT REQUIREMENT	******	******	LBS/DA	******	******	******	MG/L	***	1/90	GRAB
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	369-8111	83	01	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096090

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

NAME [illegible]-COAL

ADDRESS P O [illegible]

[illegible] 19730

[illegible] 1140

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

MAJOR

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
0197[illegible]	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	11	01	TO	82	11	01
	(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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	50	54	58		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.9	******	7.9		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
[illegible]	SAMPLE MEASUREMENT	---------	-------		-------	--------	-------		---	-----	-----
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
[illegible]	SAMPLE MEASUREMENT	---------	--------		--------	--------	-------		---	-----	------
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.0	1.0	MG/L	***	0/0	GRAB
[illegible]	SAMPLE MEASUREMENT	---------	--------		---------	- ------	-------		---	------	------
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.012	0.017		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	0.5	1.0		2	4.5	7			2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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	AREA CODE 601	NUMBER 369-8111	YEAR 83	MO 01	DAY 27
TYPED OR PRINTED							

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

VAB.0001096091

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

NAME [illegible]-CONT.OIL

ADDRESS [illegible]

[illegible] VA 23730

[illegible]

FACILITY

LOCATION

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

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
01970	002

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	[illegible]	11	01	TO	[illegible]	12	01

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]TURE	SAMPLE MEASUREMENT	******	******	******	54	58	61		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.8		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHRO IUM, TOTAL	SAMPLE MEASUREMENT	--------	---------		--------	-------	------		---	-----	-----
01034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	UG/L	***	0/0	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	---------	---------		-------	--------	--------		---	------	------
01092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	UG/L	***	0/0	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	--------	---------		--------	--------	---------		---	-------	-----
50060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW, IN	SAMPLE MEASUREMENT	0.003	0.003		******	******	******	******	--	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	0.07	0.07		2	2.5	3		0	2/30	COMP
00530	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR 00"

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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	83	01	27
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.0001096092

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

NAME [illegible]-CONT.OIL

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY

LOCATION

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

MAJOR

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
0197[illegible]	002

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	[illegible]	12	01	TO	83	01	01

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	SAMPLE MEASUREMENT	******	******	******	64	67	73		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.8		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
[illegible]	SAMPLE MEASUREMENT	--------	--------		-------	--------	--------		---	----	-----
[illegible]	PERMIT REQUIREMENT	******	******	KG/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
[illegible]	SAMPLE MEASUREMENT	--------	-------		--------	-------	-------		---	----	------
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	1.0	MG/L	***	0/0	GRAB
[illegible]	SAMPLE MEASUREMENT	-------	-------		--------	--------	-------		----	-----	----
[illegible]	PERMIT REQUIREMENT	******	******	KG/DA	******	0.2	0.2	MG/L	***	2/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.004	0.004		******	******	******	******	---	3/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	G/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	0.18	0.20		5	6	8		0	3/30	COMP
00530	PERMIT REQUIREMENT	******	******	KG/DA	******	100	200	MG/L	***	2/30	24HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	J. Friend SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	369-8111 NUMBER	83 YEAR	01 MO	27 DAY
TYPED OR PRINTED						

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

VAB.0001096093

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

NAME CO[illegible] CREEK-CO[illegible] T.O.L.

ADDRESS P.O. B[illegible] 21

A[illegible] [illegible]5730

I-40

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
C197[illegible]	00[illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	8[illegible]	10	01	TO	82	11	01
	(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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	66	69	72		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.7		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	-------	--------		-------	-------	-------		---	----	----
01034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	1/C	GRAB
ZINC, TOTAL	SAMPLE MEASUREMENT	-------	--------		-------	-------	-------		---	----	----
01092	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	1/C	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	-------	-------		--------	--------	------		---	----	-------
50060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	1/D	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.088	0.122		******	******	******	******	--	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	1.1	2.0		1	1.3	2		0	2/30	COMP
00900	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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	83	01	27
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.0001096094

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

NAME [illegible]-CONT.OIL

ADDRESS [illegible]

[illegible] IN [illegible] 39730

[illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

MAJOR

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
0197[illegible]	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	11	01	TO	[illegible]	12	01
	(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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	64	64	64		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.8		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
[illegible]	SAMPLE MEASUREMENT	------	----------		----------	-------	-------		---	-----	----
01034	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	0/0	GRAB
[illegible]	SAMPLE MEASUREMENT	------	---------		----------	------	-------		---	-----	-----
01033	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.5	1.0	MG/L	***	0/0	GRAB
[illegible] RESIDUAL	SAMPLE MEASUREMENT	------	-------		------	------	------		---	-----	----
50060	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	0/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.137	0.180		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	5.7	10.5		1	4	7		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24HR COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
John Friend 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	83	01	27
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.0001096095

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

NAME [illegible]-COLT.OIL

ADDRESS [illegible]

[illegible] 9730

1540

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

MAJOR

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
0197D	007

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	87	12	01	TO	88	01	01

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	SAMPLE MEASUREMENT	******	******	******	62	63	64		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
[illegible]	SAMPLE MEASUREMENT	------	-------		------	-------	-------		---	---	-----
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	1.0	1.0	MG/L	***	1/0	GRAB
[illegible]	SAMPLE MEASUREMENT	-------	--------		- ----	------	-------		---	----	------
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	1.0	MG/L	***	1/0	GRAB
[illegible]	SAMPLE MEASUREMENT	-------	--------		------	-------	-------		---	-----	----
[illegible]	PERMIT REQUIREMENT	******	******	LBS/DA	******	0.2	0.2	MG/L	***	1/0	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.151	0.161		******	******	******	******	---	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	5.9	9.4		2	4.5	7		0	2/30	COMP
99000	PERMIT REQUIREMENT	******	******	LBS/DA	******	100	200	MG/L	***	2/30	24-H COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
John Friend 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	83	01	27
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096096

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

NAME [illegible]-CONT.OIL

ADDRESS [illegible] 51

[illegible] [illegible]730

1-40

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

MAJOR

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]19[illegible]	004

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82	10	01	TO	82	11	01
	(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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	74	77	80		0	2/30	GRAB
00010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	6.9	******	8.0		***	2/30	GRAB
00400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.015	0.016		******	******	******	******	--	----	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John Friend 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	83	01	27
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.0001096097

Facility Name/Location if different)

NAME [illegible] -CONT.OIL

ADDRESS [illegible]

[illegible] MS 39730

[illegible]

FACILITY

LOCATION

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]197[illegible]	004

MAJOR

Form Approved
OMB No. 2000-0015

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	8[illegible]	11	01	TO	82	12	01
	(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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	76	77	78		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8		***	2/30	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.016	0.017		******	******	******	******	--	2/30	INSTANT
074060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
********************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
********************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

J Friend

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	369-8111	83	01	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096098

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

NAME [illegible] -CONT. OIL

ADDRESS [illegible] [illegible] 9738 [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

MAJOR

Form Approved
OMB No. 2000-0015

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
0197[illegible]	004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	82 (20-21)	12 (22-23)	01 (24-25)	TO	83 (26-27)	01 (28-29)	01 (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 (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT	******	******	******	76	77	78		0	2/30	GRAB
000010	PERMIT REQUIREMENT	******	******	******	******	******	95	DEG. F	***	2/30	GRAB
PH, EFFLUENT	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8		***	2/3	GRAB
000400	PERMIT REQUIREMENT	******	******	******	6.0	******	8.5	SU	***	1/30	GRAB
FLOW RATE	SAMPLE MEASUREMENT	0.013	0.014		******	******	******	******	--	2/30	INSTANT
74060	PERMIT REQUIREMENT	******	******	MG/DAY	******	******	******	******	***	2/30	INSTANT
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******
******************	SAMPLE MEASUREMENT	******	******	******	******	******	******	******		******	******
******************	PERMIT REQUIREMENT	******	******	******	******	******	******	******	***	******	******

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Friend
Plant Manager

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J Friend

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	369-8111	83	01	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001096099