Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

Aderdeen, Mississippi 39730-0091
Phone (601) 369-8111

April 3, 1992

VISTA

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

Dear Mr. Diab:

Enclosed please find effluent monitoring results for the month of March, 1992. These results are submitted per the requirement of NPDES permit MS0001970.

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

Sincerely,

R. W. Seymour
Plant Manager

tjm

enclosure

cc: KGA, JCL

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VITIA CHEMICAL CO
ADDRESS P.O. BOX 41
MERRITT IS 32720
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER	
VA0001[illegible]	001 N	MAJOR (SUBCLASS 100) FEDERAL

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	66.7	(15)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	****	******	******	NO DAILY MX	DEG.F		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.8	******	******	(19)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	******	MG/L		WEEKLY	GRAB
[illegible], 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	105.4	120.2	(16)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	299 DAILY AV	786 DAILY MX	LBS/DY	******	******	******	****		WEEKLY	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.3	******	7.8	(12)	0	Weekly	Grab
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	135.9	274.0	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	491 DAILY AV	1396 DAILY MX	LBS/DY	******	******	******	****		WEEKLY	COMP24
ARSENIC, ARSENIC TOTAL (AS AS) 01002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.24	11.1	(26)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	22.3 DAILY AV	56.5 DAILY MX	LBS/DY	******	******	******	****		WEEKLY	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	0.001	0.001	(19)	0	Once/ Month	Comp 24
	PERMIT REQUIREMENT	******	******	****	******	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
R. W. Seymour/Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	R W Seymour	601	369-8111	92	04	01
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.0001152715

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

Form Approved
OMB No. 2040-0004

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						66.7		0	Weekly	Grab
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			WEEKLY	GRAB
	SAMPLE MEASUREMENT				7.8				0	Weekly	Grab
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	******			WEEKLY	GRAB
	SAMPLE MEASUREMENT	105.4	120.5						0	Weekly	Comp 24
	PERMIT REQUIREMENT	95.5 DAILY AV	136 DAILY MX		******	******	******			WEEKLY	COMP24
	SAMPLE MEASUREMENT				7.3		7.8		0	Weekly	Grab
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT	135.9	274.0						0	Weekly	Comp 24
	PERMIT REQUIREMENT	121 DAILY AV	396 DAILY MX		******	******	******			WEEKLY	COMP24
	SAMPLE MEASUREMENT	6.4	11.1						0	Weekly	Comp 24
	PERMIT REQUIREMENT	22.5 DAILY AV	24.5 DAILY MX		******	******	******			WEEKLY	COMP24
	SAMPLE MEASUREMENT					0.001	0.001		0	Once/Month	Comp 24
	PERMIT REQUIREMENT	******	******		******	REPORT DAILY AV	REPORT DAILY MX			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.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	92	04	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Lighter Copy
of
previous page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA CHEMICAL CO
ADDRESS [illegible]
[illegible] AL 32730
FACILITY
LOCATION
ATTN: FRANK JOHNSON

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

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

(SUB-[illegible]) F - FINAL

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	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	1.63	1.8	( )	******	******	******	( )	-	Cont.	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	*** ****		CONTINUOUS	RECORDER
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	0.08	(19)	0	Weekly	Comp 24
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.2 DAILY MX	MG/L		WEEKLY	COMP 24
CHEMICAL OXYGEN DEMAND (COD) 1 1 7 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	417.9	502.3	(19)	******	******	******	( )	0	Weekly	Comp 24
	PERMIT REQUIREMENT	1026 DAILY AV	2736 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		
E. W. Seymour/Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	92	04	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(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)*
	SAMPLE MEASUREMENT	1.63	1.8						–	Cont.	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT						0.08		0	Weekly	Comp 24
	PERMIT REQUIREMENT	******	******		******	******	0.5 DAILY MX			ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT	417.9	502.3						0	Weekly	Comp 24
	PERMIT REQUIREMENT	1025 DAILY AV	2734 DAILY MX		******	******	******			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		
E. W. Seymour/Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	92	04	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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of
Previous Page

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

NAME VISTA CHEMICAL CO

ADDRESS [illegible]

[illegible] 19730

FACILITY

LOCATION

ATTN: FRANK JEANSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
VA0001970	002 N

MAJOR (SUBCAT 00) TF
P - FINAL
NON-CONTACT COOLING WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	8.1	******	8.0	(12) SU	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	MINIMUM	******	9.0 MAXIMUM			TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	2	9	(19) MG/L	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	45.0 DAILY MX			TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00158	0.00158	( )	******	******	******	( ) *** ****	-	Twice/ Month	Instan
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******		-	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.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	369-8111 NUMBER	92 YEAR	04 MO	01 DAY
TYPED OR PRINTED							

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

VAB.0001152719

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(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)*
	SAMPLE MEASUREMENT				8.1		8.0		0	Twice/Month	Grab
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM			TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT					2	9		0	Twice/Month	Grab
	PERMIT REQUIREMENT					30 DAILY AV	65 DAILY MX			TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT	0.00158	0.00158						–	Twice/Month	Instan
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							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.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	92	04	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Lighter copy of previous page

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA CHEMICAL CO
ADDRESS P. BOX 21
[illegible] VA 23730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) VA0001970 — PERMIT NUMBER
(17-19) 003 M — DISCHARGE NUMBER

MAJOR (SUBCATEGORY) TEXTILE
F - FINAL
STORM WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	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	******	******	( )	7.9	******	8.1	(12)	0	Twice/ Month	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	5.5	9	(19)	0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	55 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00355	0.00355	(03)	******	******	******	( )	-	Twice/ Month	Instan
	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.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	92	04	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152721

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(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)*
	SAMPLE MEASUREMENT				7.9		8.1		0	Twice/Month	Grab
	PERMIT REQUIREMENT	******	******		5.0 MINIMUM	******	9.0 MAXIMUM			TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT					5.5	9		0	Twice/Month	Grab
	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	45 DAILY MX			TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT	0.00355	0.00355						–	Twice/Month	Instan
	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.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	369-8111	92	04	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 71
ASHEVILLE NC 28732
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

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

MAJOR (SUBCODE 00) TYPE
S - FINAL
DISC THRU PUMP SEAL WATER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	0	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	( )	7.8	******	8.1	(12)	0	Twice/ Month	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		FREQUENCY ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0064	0.0096	(02)	******	******	******	( )	-	Twice/ Month	Grab
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	******	**** ****		FREQUENCY ANALYSIS	SAMPLE TYPE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

THE CHEMICALS, SUCH AS CHLORINE, ETC., TO CHROMIUM, SHALL BE ADDED TO THE COOLING WATER WITHOUT THE PRIOR WRITTEN APPROVAL BY THE DPR 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.) 01413/22132-1947 PAGE 1 OF

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

Form Approved
OMB No. 2040-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(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)*
	SAMPLE MEASUREMENT				7.8		8.1		0	Twice/ Month	Grab
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT	0.0064	0.0096						-	Twice/ Month	Grab
	PERMIT REQUIREMENT	REPORT	REPORT		******	******	******			TWICE/MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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