Vista Polymers
A Division of
Vista Chemical Company

Highway 25
Post Office Box 91

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

November 8, 1993

VISTA

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

Dear Mr. Taylor:

Enclosed please find effluent monitoring results for the month of October, 1993. 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
Houston: VEM

VAB.0001152502

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VISTA CHEMICAL CO
ADDRESS P. BOX 31
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 004 — DISCHARGE NUMBER
MAJOR (SUBR NO) — F - FINAL — ONCE THRU PUMP SEAL WATER

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	10	01	TO	93	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		8.0	*******	8.1	(12)	0	TWICE/GRAB	Month
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/GRAB	MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.016	0.024	(03)	*******	*******	*******		0	TWICE/INSTAN	Month
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	****** **** ****			TWICE/INSTAN	MONTH
	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			TELEPHONE		DATE		
ROBERT W. SEYMOUR/ Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	369-8111 NUMBER	93 YEAR	11 MO	05 DAY
TYPED OR PRINTED							

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

NO CHEMICALS, SUCH AS CHLORINE, ZINC, OR CHROMIUM, SHALL BE ADDED TO THE COOLING WATER WITHOUT THE PRIOR WRITTEN APPROVAL BY THE OPC IN ACCORDANCE WITH PART III.C., PAGE 16 OF 16.

VAB.0001152503

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 003 — DISCHARGE NUMBER
MAJOR (SUBR NO) — E - FINAL — STORM WATER

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	10	01	TO	93	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	******		7.3	*******	7.4	(12)	0	TWICE/GRAB	Month
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	****** **** ****		6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	******		******	6.5	7	(19)	0	TWICE/GRAB	Month
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	****** **** ****		******	30 DAILY AV	45 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.002	(03)	******	******	******		0	TWICE/INSTAN	Month
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	****** ****	****		TWICE/INSTAN MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ROBERT W. SEYMOUR/ Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	601 AREA CODE	369-8111 NUMBER	93 YEAR	11 MO	05 DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

VAB.0001152504

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 002 N — DISCHARGE NUMBER
MAJOR (SUBR NO) SCM
F - FINAL
NON-CONTACT COOLING WATER
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 10-01-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	10	01	TO	93	10	31
	(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)
PH	SAMPLE MEASUREMENT	******	******			******		(12)	0	TWICE/GRAB	
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.5 6.5 MINIMUM	******	9.0 MAXIMUM	SU		MONTH TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	4	5	(19)	0	TWICE/GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	30 DAILY AV	45 DAILY MX	MG/L		MONTH TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.014	0.020	(03)	******	******	******		0	TWICE/INSTAN	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	****** **** ****			MONTH TWICE/INSTAN MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ROBERT 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.)*		AREA CODE 601	NUMBER 369-8111	YEAR 93	MO 11	DAY 05
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

VAB.0001152505

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00119/931018-1504 PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 001 N — DISCHARGE NUMBER
MAJOR (SUBR NO) F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	10	01	TO	93	10	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)
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	BDL	BDL	(19)		TWICE/COMP 24 0 MONTH	
	PERMIT REQUIREMENT	******	******	****	******	0.011 DAILY AV	0.019 DAILY MX	MG/L		TWICE/COMP 24 MONTH	
CHEMICAL OXYGEN DEMAND (COD) 81017 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	355	447	(26)	******	******	******			0 WEEKLY COMP 24	
	PERMIT REQUIREMENT	426 DAILY AV	856 DAILY MX	LBS/DY	******	******	******	****		WEEKLY COMP 24	
	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			TELEPHONE		DATE		
ROBERT 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	93	11	05
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

VAB.0001152506

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME VISTA CHEMICAL CO
ADDRESS P O BOX 91
ABERDEEN MS 39730
FACILITY
LOCATION
ATTN: FRANK JEANSON

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

(2-16) MS0001970 — PERMIT NUMBER
(17-19) 001 — DISCHARGE NUMBER
MAJOR (SUBR NO) F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	10	01	TO	93	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ( ) ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*******		******	*******	76	(15)	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	*******	**** ****	******	*******	90 DAILY MX	DEG.F		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.8	*******	*******	(19)	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	*******	**** ****	7.0 MINIMUM	******	******	MG/L		WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 5 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	122.6	155.4	(25)	******	******	******		0	WEEKLY	COMP 24
	PERMIT REQUIREMENT	153.2 DAILY AV	229.8 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP 24
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.2	*******	7.6	(12)	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	101.8	142.2	(26)	******	******	******		0	WEEKLY	COMP 24
	PERMIT REQUIREMENT	491 DAILY AV	1396 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP 24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.2	4.1	(28)	******	******	******		0	WEEKLY	COMP 24
	PERMIT REQUIREMENT	12.3 DAILY AV	24.5 DAILY MX	LBS/DY	******	******	******	**** ****		WEEKLY	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.092	1.410	(03)	******	******	******		0	CONTINUOUS	RECORDR
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ROBERT W. SEYMOUR/ Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	RW Seymour	601	369-8111	93	11	05
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.0001152507