enSearch

Department of Environmental Quality

Hercules Inc

AI General Information

AI ID	Branch	SIC	County	Basin	Start	End
2022	Chemical	2861, 2821, 2869, 2899	Forrest	Pascagoula River Basin	06/11/1991	

Physical and Mailing Address

Physical Address (Primary)	Mailing Address
613 West 7th Street Hattiesburg, MS 39401	613 West 7th Street Hattiesburg, MS 39401

Telecommunications

Type	Address or Phone
Work phone number	(601) 545-3450

Alternate / Historic AI Identifiers

Alt ID	Alt Name	Alt Type	Start Date	End Date
03500001	Hercules, Inc.	Air-AIRS AFS	06/11/1991	
080000001	Hercules, Inc.	Air-State Operating	06/11/1991	06/01/1994
080000001	Hercules, Inc.	Air-Title V Operating	11/13/1998	11/12/2003
MSR110153	Hercules, Inc.	GP-Baseline	01/29/2001	
MSR110153	Hercules, Inc.	GP-Sara Title III	10/17/1997	01/29/2001
MSD008182081	Hercules, Inc.	Hazardous Waste-EPA ID	10/12/2000	
2022	Hercules, Inc.	Official Site Name	06/11/1991	
MS0001830	Hercules, Inc.	Water-NPDES	09/29/1986	09/28/1991
MS0001830	Hercules, Inc.	Water-NPDES	10/22/1991	10/21/1996
MS0001830	Hercules, Inc.	Water-NPDES	09/30/1997	09/29/2002
MS0001830	Hercules, Inc.	Water-NPDES	10/31/2002	09/30/2007

MSP091286	Hercules, Inc.	Water-Pretreatment	03/12/1999	02/28/2004

Regulatory Programs

Program	SubProgram
Air	Title V - major
Hazardous Waste	Large Quantity Generator
Water	Baseline Stormwater
Water	NPDES Minor Industrial
Water	PT CIU
Water	PT CIU - Gum and Wood Chemical Mfg (Subpart 454)
Water	PT SIU

Show/Hide NonPrint Sections
Date/Time: 1/7/2004 4:20:33 PM

MDEQ OPC Locational Data Entry Form

Page 1 of 1

MS0001830

Site Name: Hercules, Inc.

Address: 613 West 7th Street

City: Hattiesburg State: MS Zip: 39401

County: Forrest

Site Unique Identifier: 2022

Site Unique Identifier Description: AI#

(Permit#, EPA ID, Monitoring Station #, etc…)

Latitude: 31 Degrees 20 Minutes 9.2 Seconds

Longitude: 89 Degrees 18 Minutes 26.4 Seconds

Elevation: ___ft.

Method of Collection: ___G3 - Differential
___G5 - Automonous/SA Off

D.H.
11/8/05

Point Description: ✓PG - Plant Entrance (General)
___NE - NE Corner of Land Parcel
___SE - SE Corner of Land Parcel
___NW - NW Corner of Land Parcel
___SW - SW Corner of Land Parcel
___CE - Center of Facility
___WL - Well*
___WM - Ambient Water Mon. Station
___AM - Ambient Air Mon. Station

Comments: _____

*This point should be used only for wells in cases where there is no other identifiable facility.

Collected By: J. Dewayne Headrick Date Collected: 11-2-05

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

August 08, 2001

1

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 7/27/01
Date Received: 7/30/01
Project #: Current Sludge Pit (7/01)
Client ID #: Current sludge pit
Laboratory ID #: 012875-01
Matrix: Solid
Extraction Method: 1311
Date of Analysis: 8/7/01

TCLP Metals

Parameter	Detection Limit (mg/l)	Results (mg/l)	Regulatory Level (mg/l)
Arsenic	0.50	<0.5	5.0
Barium	1.0	<1.0	100.0
Cadmium	0.10	<0.1	1.0
Chromium	0.20	<0.2	5.0
Lead	0.50	<0.5	5.0
Mercury	0.0020	<0.002	0.20
Selenium	0.50	<0.5	1.0
Silver	0.50	<0.5	5.0

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

August 08, 2001

2

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 7/27/01
Date Received: 7/30/01
Project #: Current Sludge Pit (7/01)
Client ID #: Current sludge pit
Laboratory ID #: 012875-01
Matrix: Solid
Extraction Method: 1311
Date of Analysis: 8/7/01

TCLP Volatiles

Parameter	Detection Limit (mg/L)	Results (mg/L)	Regulatory Level (mg/L)
1,1-Dichloroethene	0.10	<0.1	0.70
1,2-Dichloroethane	0.10	<0.1	0.50
2-Butanone (MEK)	2.0	<2.0	200.0
Benzene	0.10	<0.1	0.50
Carbon tetrachloride	0.10	<0.1	0.50
Chlorobenzene	0.10	<0.1	100.0
Chloroform	0.10	<0.1	6.0
Tetrachloroethene	0.10	<0.1	0.70
Trichloroethene	0.10	<0.1	0.50
Vinyl Chloride	0.20	<0.2	0.20

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

August 08, 2001

3

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 7/27/01
Date Received: 7/30/01
Project #: Current Sludge Pit (7/01)
Client ID #: Current sludge pit
Laboratory ID #: 012875-01
Matrix: Solid
Extraction Method: 1311
Date of Analysis: 8/6/01

TCLP BNA

Parameter	Detection Limit (mg/l)	Results (mg/l)	Regulatory Level (mg/l)
1,4-Dichlorobenzene	0.10	<0.1	7.5
2,4,5-Trichlorophenol	0.25	<0.25	400.0
2,4,6--Trichlorophenol	0.25	<0.25	2.0
2,4-Dinitrotoluene	0.10	<0.1	0.13
Cresols	0.10	<0.1	200.0
Hexachloro-1,3-butadiene	0.10	<0.1	0.50
Hexachlorobenzene	0.10	<0.1	0.13
Hexachloroethane	0.10	<0.1	3.0
Nitrobenzene	0.10	<0.1	2.0
Pentachlorophenol	0.25	<0.25	100.0
Pyridine	0.25	<0.25	5.0

Laboratory Manager: Bassam Youssef

SUMMIT ENVIRONMENTAL TECHNOLOGIES, INC.
595 EAST TALLMADGE AVENUE
AKRON, OHIO 44310
TEL: 330/253-8211; FAX: 330/253-4489

CHAIN OF CUSTODY

A2LA CERTIFICATION #: 0724-01

s.e.t.

PROJECT NAME: Current Sludge Pit (7/01) PROJECT LOCATION: PO#:

CLIENT NAME: Hercules CLIENT ADDRESS: 613 W 7th STREET Hattiesburg MS 39401

CONTACT PERSON: Charles Jordan PHONE #: 601-545-3450 FAX #: SAMPLED BY: [signature] Set

#	SAMPLE ID#	MEDIA	TIME	DATE	BTEX 8020	GRO 8015M	DRO 8015M	TPH 418.1	TCLP METALS	TCLP VOCS	TCLP BNAS	TCLP PEST/HERB	OTHERS
~~[illegible]~~													
CURRENT	SLUDGE PIT	SOLID	9:30AM	7-27-01					X	X	X		

012875-01

SPECIAL INSTRUCTIONS:

RELINQUISHED BY: [signature] DATE: 7-27-01 RECEIVED BY: [signature] Set DATE: 7-27-01

RECEIVED AT THE LAB BY: [signature] DATE: 7/30/01

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

September 08, 2000

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 8/24/00
Date Received: 8/28/00
Project #: N/A
Client ID #: IB Sludge
Laboratory ID #: 003248-01
Matrix: Liquid
Extraction Method: 1311
Date of Analysis: 9/5/00

TCLP Metals

Parameter	Detection Limit (mg/l)	Results (mg/l)	Regulatory Level (mg/l)
Arsenic	0.010	<0.01	5.0
Barium	1.0	<1.0	100.0
Cadmium	0.0050	0.011	1.0
Chromium	0.050	<0.05	5.0
Lead	0.10	<0.1	5.0
Mercury	0.0020	<0.002	0.20
Selenium	0.020	<0.02	1.0
Silver	0.010	<0.01	5.0

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

September 08, 2000 2

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 8/24/00
Date Received: 8/28/00
Project #: N/A
Client ID #: IB Sludge
Laboratory ID #: 003248-01
Matrix: Liquid
Extraction Method: 1311
Date of Analysis: 9/1/00

TCLP Volatiles

Parameter	Detection Limit (mg/L)	Results (mg/L)	Regulatory Level (mg/L)
1,1-Dichloroethene	0.10	<0.1	0.70
1,2-Dichloroethane	0.10	<0.1	0.50
2-Butanone (MEK)	2.0	<2.0	200.0
Benzene	0.10	<0.1	0.50
Carbon tetrachloride	0.10	<0.1	0.50
Chlorobenzene	0.10	<0.1	100.0
Chloroform	0.10	<0.1	6.0
Tetrachloroethene	0.10	<0.1	0.70
Trichloroethene	0.10	<0.1	0.50
Vinyl Chloride	0.20	<0.2	0.20

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

September 08, 2000

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 8/24/00
Date Received: 8/28/00
Project #: N/A
Client ID #: IB Sludge
Laboratory ID #: 003248-01
Matrix: Liquid
Extraction Method: 1311
Date of Analysis: 8/31/00

TCLP BNA

Parameter	Detection Limit (mg/l)	Results (mg/l)	Regulatory Level (mg/l)
1,4-Dichlorobenzene	0.10	<0.1	7.5
2,4,5-Trichlorophenol	0.25	<0.25	400.0
2,4,6--Trichlorophenol	0.25	<0.25	2.0
2,4-Dinitrotoluene	0.10	<0.1	0.13
Cresols	0.10	1.8	200.0
Hexachloro-1,3-butadiene	0.10	<0.1	0.50
Hexachlorobenzene	0.10	<0.1	0.13
Hexachloroethane	0.10	<0.1	3.0
Nitrobenzene	0.10	<0.1	2.0
Pentachlorophenol	0.25	<0.25	100.0
Pyridine	0.25	<0.25	5.0

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

September 08, 2000

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 8/24/00
Date Received: 8/28/00
Project #: N/A
Client ID #: IB Sludge
Laboratory ID #: 003248-01
Matrix: Liquid
Extraction Method: 1311
Date of Analysis: 9/7/00

TCLP Herbicides

Parameter	Detection Limit (mg/l)	Results (mg/l)	Regulatory Level (mg/l)
2,4,5-TP(Silvex)	0.0050	<0.005	1.0
2,4,D	0.020	<0.02	10.0

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

September 08, 2000

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 8/24/00
Date Received: 8/28/00
Project #: N/A
Client ID #: IB Sludge
Laboratory ID #: 003248-01
Matrix: Liquid
Extraction Method: 1311
Date of Analysis: 9/1/00

TCLP Pesticides

Parameter	Detection Limit (mg/l)	Results (mg/l)	Regulatory Level (mg/l)
Chlordane	0.010	<0.01	0.030
Endrin	0.0020	<0.002	0.020
Gamma-BHC	0.0020	<0.002	0.0020
Heptachlor	0.0020	<0.002	0.0080
Heptachlor Epoxide	0.0020	<0.002	0.0080
Methoxychlor	0.0020	<0.002	10.0
Toxaphene	0.10	<0.1	0.50

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

September 08, 2000

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 8/24/00
Date Received: 8/28/00
Project #: N/A
Client ID #: IB Sludge
Laboratory ID #: 003248-01
Matrix: Liquid
Analyst: TRS

Parameter	Method	Detection Limit (mg/l)	Results (mg/l)	Date of Analysis
Reactive Cyanide	7.3.3.2	0.500	<0.50	8/31/00
Reactive Sulfide	7.3.4.2	25.000	150.000	9/1/00

Laboratory Manager: Bassam Youssef

SUMMIT
ENVIRONMENTAL TECHNOLOGIES, INC.
Analytical Laboratories

September 08, 2000

7

Client: Hercules
Address: 613 West 7th ST
Hattiesburg, MS 39401

Date Collected: 8/24/00
Date Received: 8/28/00
Project #: N/A
Client ID #: IB Sludge
Laboratory ID #: 003248-01
Matrix: Liquid
Analyst: BY

Parameter	Method	Results	Date of Analysis
Flash Point	1010	>140F	9/6/00
pH	EPA 150.1	5.01s.u.	9/3/00

Laboratory Manager: Bassam Youssef

SUMMIT ENVIRONMENTAL TECHNOLOGIES, INC.
595 EAST TALLMADGE AVENUE
AKRON, OHIO 44310
TEL: 330/253-8211; FAX: 330/253-4489

CHAIN OF CUSTODY

A2LA CERTIFICATION #: 0724-01

s.e.t.

PROJECT NAME: ---------- PROJECT LOCATION ---------- PO#: ----------

CLIENT NAME: Hercules CLIENT ADDRESS: 613 West 7th St. Hattiesburg Miss 39401

CONTACT PERSON: Charlie Jordan PHONE #: 584-3360 FAX #: ---------- SAMPLED BY: Prescott

#	SAMPLE ID#	MEDIA	TIME	DATE	BTEX 8020	GRO 8015M	DRO 8015M	TPH 418.1	TCLP METALS	TCLP VOCS	TCLP BNAS	TCLP PEST/HERB	OTHERS
[illegible]	IB sludge		10:00 AM	8-24-00					X	X	X	X	RCI

003248-01

SPECIAL INSTRUCTIONS: ----------

RELINQUISHED BY: J. Prescott DATE: 8-25-00 RECEIVED BY: S.E.T DATE: 8-25-00

BONNER ANALYTICAL TESTING COMPANY
2703 OAK GROVE ROAD
HATTIESBURG, MS 39402
PH. (601) 264-2854

Client: HERCULES

File Number: BT45075
Collected By: CMC

Sample Date/Time: 05-13-98 @ 1345
Date/Time Rec'd: 05-13-98 @ 1500

TCLP EVALUATION - SLUDGE PIT COMPOSITE

Analyte/Method #	Result	MDL	Date/Time/Analyst
LEACHABLE METALS:			
Arsenic/6010	ND	0.02	05-26-98/1804/GMR
Barium/6010	0.22	0.002	06-01-98/1553/GMR
Cadmium/7130	ND	0.02	05-27-98/1437/SLH
Chromium/7190	ND	0.04	05-21-98/1330/SLH
Lead/6010	ND	0.02	05-21-98/1155/SLH
Mercury/7470	ND	0.001	05-20-98/1546/SLH
Selenium/6010	ND	0.03	06-04-98/1137/SLH
Silver/7760	ND	0.05	05-26-98/1321/SLH
pH, S.U./9045	3.42	±0.01	06-01-98/1142/JDS
REACTIVITY			
Cyanides (mg/kg)/9010	0.04	0.01	06-01-98/1111/JDS
Sulfides (mg/kg)/9030	ND	1	06-01-98/1115/JDS
Ignitability °F/1010	144	±1	06-01-98/1335/JDS

Data reported in mg/L unless otherwise noted. All analyses performed in accordance with 40 CFR 136 and amendments.

MDL = Method Detection Limit.

Certified by: _____
Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

sr

BONNER ANALYTICAL TESTING COMPANY
2703 OAK GROVE ROAD
HATTIESBURG, MS 39402
PH. (601) 264-2854

Client: HERCULES

File Number: BT45075
Collected By: Client

Sample Date/Time: 05-13-98 @ 1345
Date/Time Rec'd: 05-13-98 @ 1500

QA/QC RESULTS

Analyte	Method Blank	Spike Amount	Matrix Spike Recovery %	Matrix Spike Duplicate Recovery %	RPD%
Arsenic	ND	1.0	85.9	92.3	6.38
Barium	ND	0.50	100	98.9	1.1
Cadmium	ND	0.50	96.4	100.4	4
Chromium	ND	0.50	99.0	104	5
Lead	ND	1.0	110.3	100.7	10.11
Mercury	ND	0.003	102	100	1.98
Selenium	ND	2.0	104.1	96.5	7.61
Silver	ND	2.5	96.9	95.9	0.99

All analyses performed in accordance with 40 CFR 136 and amendments.

Certified by: _____
Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

sr

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
VOLATILES - TCLP - GC/MS ANALYSIS DATA

Client: Hercules
Location: Sludge Pit Composite
File #: BT45075

Collected:	05/13/98	13:45	Client
Extracted:	05/20/98	17:00	CRR
Analyzed:	05/21/98	15:49	CRR

Sample Type: Solid
Analysis Method: 8260
Extraction Method: 1311

TCLP Compound Name	MDL mg/L (ppm)	Regulatory Level (ppm)	SAMPLE Detected Amount mg/L (ppm)	SAMPLE Spike Amount ng	SAMPLE Spike % Recovery	BLANK Detected Amount mg/L (ppm)	BLANK Spike Amount ng	BLANK Spike % Recovery	MATRIX Detected Amount ng/ml in the extract	MATRIX Spike Amount ng	MATRIX Spike % Recovery	MATRIX DUPLICATE Detected Amount ng/ml in the extract	MATRIX DUPLICATE Spike Amount ng	MATRIX DUPLICATE Spike % Recovery
D029 1,1-Dichloroethene	0.002	0.7	ND			ND			46.4	250.0	92.8	45.4	250.0	90.8
D018 Benzene	0.002	0.5	ND			ND			47.1	250.0	94.2	48.4	250.0	96.8
D040 Trichloroethene	0.003	0.5	ND			ND			51.4	250.0	102.8	50.3	250.0	100.6
D021 Chlorobenzene	0.002	100.0	ND			ND			50.7	250.0	101.4	54.0	250.0	108.0
D043 Vinyl Chloride	0.003	0.2	ND			ND			40.5	250.0	81.0	37.3	250.0	74.6
D035 2-Butanone (MEK)	0.01	200.0	0.012			ND			66.0	250.0	132.0	65.0	250.0	130.0
D022 Chloroform	0.002	6.0	ND			ND			45.5	250.0	91.0	47.2	250.0	94.4
D019 Carbon Tetrachloride	0.002	0.5	ND			ND			46.8	250.0	93.6	46.5	250.0	93.0
D028 1,2-Dichloroethane	0.002	0.5	ND			ND			52.0	250.0	104.0	53.5	250.0	107.0
D039 Tetrachloroethene	0.002	0.7	ND			ND			51.1	250.0	102.2	48.4	250.0	96.8
Surrogate Compounds			Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery
Dibromofluoromethane			48.1	250.0	96.2	50.0	250.0	100.0	47.6	250.0	95.2	50.8	250.0	101.6
Toluene-d8			46.9	250.0	93.8	48.0	250.0	96.0	51.0	250.0	102.0	51.7	250.0	103.4
4-Bromofluorobenzene			47.4	250.0	94.8	44.8	250.0	89.6	44.4	250.0	88.8	48.7	250.0	97.4

Certified by:

Michael S. Bonner, Ph. D.
Bonner Analytical Testing Company

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
BASE NEUTRALS AND ACIDS - GC/MS ANALYSIS DATA

Client: Hercules
Location: TCLP
File #: BT45075

	Date	Time	Analyst
Collected:	5/13/97	13:45	Client
Extracted:	5/21/97	9:30	JMR
Analyzed:	5/28/97	9:55	JMR

Sample Type: TCLP
Extraction Method: 1311
Analysis Method: 8270

Compound Name		CAS Number	MDL mg/L (ppm)	SAMPLE Detected Amount mg/L (ppm)	SAMPLE Spike Amount ug	SAMPLE Spike % Recovery	Regulatory Level Amount mg/L (ppm)	BLANK Detected Amount ug/L (ppb)	BLANK Spike Amount ug	BLANK Spike % Recovery	MATRIX Detected Amount ng/ul in the extract	MATRIX Spike Amount ug	MATRIX Spike % Recovery	Matrix Duplicate Detected Amount ng/ul in the extract	Matrix Duplicate Spike Amount ug	Matrix Duplicate Spike % Recovery
D038	Pyridine	110-86-1	0.0025	ND			5.00	ND			26.00	25.00	26.00	22.77	25.00	91.08
D027	1,4-Dichlorobenzene	106-46-7	0.0061	ND			7.50	ND			54.98	100.00	54.98	55.48	100.00	55.48
D023	2-Methylphenol	95-48-7	0.0056	ND			200.00	ND			26.64	150.00	17.76	27.59	150.00	18.39
D025	3/4-Methylphenol	106-44-5	0.0174	ND			200.00	ND			27.51	150.00	18.34	28.07	150.00	18.71
D034	Hexachloroethane	67-72-1	0.0080	ND			3.00	ND			33.45	100.00	33.45	35.31	100.00	35.31
D036	Nitrobenzene	98-95-3	0.0082	ND			2.00	ND			48.88	100.00	48.88	50.21	100.00	50.21
D033	Hexachlorobutadiene	87-68-3	0.0094	ND			0.50	ND			34.31	100.00	34.31	36.09	100.00	36.09
D042	2,4,6-Trichlorophenol	88-06-2	0.0091	ND			2.00	ND			48.68	150.00	31.12	46.07	150.00	30.71
D041	2,4,5-Trichlorophenol	95-95-4	0.0071	ND			400.00	ND			48.12	150.00	32.08	49.80	150.00	33.20
D030	2,4-Dinitrotoluene	121-14-2	0.0083	ND			0.13	ND			88.37	100.00	88.37	87.81	100.00	87.81
D032	Hexachlorobenzene	118-74-1	0.0080	ND			0.13	ND			40.93	100.00	40.93	39.08	100.00	39.08
D037	Pentachlorophenol	87-86-5	0.0125	ND			100.00	ND			147.87	150.00	98.58	129.90	150.00	86.60
Surrogate Conpounds				Detected Amount	Spiked Amount	% Recovery		Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery
2-Fluorophenol				65.64	200.00	32.82		154.68	200.00	77.34	40.64	200.00	20.32 *	35.46	200.00	17.73 *
Phenol-d6				41.56	200.00	20.78		155.97	200.00	77.99	23.30	200.00	11.65	22.42	200.00	11.21
Nitrobenzene-d5				73.10	100.00	73.10		65.70	100.00	65.70	38.38	100.00	38.38	36.12	100.00	36.12
2-Fluorobiphenyl				97.76	100.00	97.76		85.57	100.00	85.57	53.04	100.00	53.04	46.98	100.00	46.98
2,4,6-Tribromophenol				193.52	200.00	96.76		184.12	200.00	92.06	148.62	200.00	74.31	133.58	200.00	66.79
Terphenyl-d14				116.10	100.00	116.10		136.06	100.00	136.06	58.80	100.00	58.80	52.96	100.00	52.96

* = Results Outside of QA Limits

Certified by:

Micheal S. Bonner,Ph. D.
Bonner Analytical Testing Company

BONNER ANALYTICAL TESTING COMPANY
QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
PESTICIDE / HERBICIDE - ECD ANALYSIS DATA

Client: Hercules
Sample ID: Sludge Pit Composite
File #: BT45075

	Date	Time	Analyst
Collection:	5/13/98	13:45	CMC
Pesticide Extraction:	5/21/98	9:00	RML
Pesticide Analysis:	5/21/98	20:10	RML
Herbicide Extraction:	5/21/98	13:00	RML
Herbicide Analysis:	5/22/98	8:46	RML

Sample Type: TCLP Extract
Pesticide Extraction Method: SW846 1311 / 3510C
Pesticide Analysis Method: SW846 8081A
Herbicide Extraction Method: SW846 1311 / 8151A
Herbicide Analysis Method: SW846 8151A

EPA HW No.	COMPOUNDS	Regulatory Level ug/L (ppb)	MDL ug/L (ppb)	SAMPLE Detected Amount ug/L (ppb)	SAMPLE Spike Amount ug	SAMPLE Spike % Recovery	METHOD BLANK Detected Amount ug/L (ppb)	METHOD BLANK Spike Amount ug	METHOD BLANK Spike % Recovery	MATRIX SPIKE Detected Amount ug/L (ppb)	MATRIX SPIKE Spike Amount ug	MATRIX SPIKE Spike % Recovery	MATRIX SPIKE DUPLICATE Detected Amount ug/L (ppb)	MATRIX SPIKE DUPLICATE Spike Amount ug	MATRIX SPIKE DUPLICATE Spike % Recovery
	Pesticides														
D012	Endrin *	20.00	0.10	ND			ND			159.2	200	79.60	170.2	200	85.10
D013	Gamma-BHC *	400	0.05	ND			ND			144.9	200	72.45	148.9	200	74.95
D014	Methoxychlor *	10000	0.50	ND			ND			180.7	200	90.35	194.4	200	97.20
D015	Toxaphene	500	1.00	ND			ND								
D020	Chlordane	30.00	0.50	ND			ND								
D031	Heptachlor *	8.00	0.05	ND			ND			140.9	200	70.45	164.5	200	82.25
D031	Heptachlor Epoxide *	8.00	0.10	ND			ND			165.3	200	82.65	155.9	200	77.95
	Herbicides														
D016	2,4-D *	10000	0.50	ND			ND			310.4	400	77.60	353.9	400	88.48
D017	2,4,5-TP (Silvex) *	1000	0.50	ND			ND			334.8	400	83.70	324.1	400	81.03
	SURROGATE COMPOUNDS			Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery	Detected Amount	Spiked Amount	% Recovery
	Decachlorobiphenyl			16.08	20.00	80.40	16.40	20.00	82.00	15.60	20.00	78.00	18.13	20.00	90.65
	2,4-Dichlorophenylacetic acid			34.66	40.00	86.65	35.76	40.00	89.40	36.84	40.00	92.10	38.89	40.00	97.23

* = Matrix Spiking Compounds

Certified by: _____
Michael S. Bonner, Ph.D
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

Phone: (601) 264-2854
2703 Oak Grove Road Hattiesburg, MS 39402
Fax: (601) 268-7084

"Testing Your World for a Safer Tomorrow"

YOUR COMPANY NAME: Hercules

YOUR COMPANY ADDRESS: Hattiesburg, Ms.

NAME OF PERSON TO CONTACT: Rusty Harvel, Raymond Poole

CONTACT PERSON'S PHONE:

YOUR PROJECT NO. | YOUR PO.# | YOUR PROJECT NAME

YOUR SAMPLE DESCRIPTION	DATE	TIME	MATRIX
Sludge Pit Composite	5/13/98	1:45 PM	Soil

PARAMETERS FOR ANALYSIS

TCLP Complete ✓	RCI	Semi VOLS	VOA's	Metals			NUMBER OF CONTAINERS	PRESERVATIONS
✓								

5 REMARKS

Turnaround Time

Detection Limits Special Limits Required Yes No

BT45075

RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)
Mike Chandler	5/13/98	3:00 PM	

RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY: (Signature)

METHOD OF SHIPMENT	SHIPPED BY (Signature)	COURIER (Signature)	RECEIVED FOR BATCO BY: (Signature)	DATE/TIME

SAMPLE REMAINDER DISPOSAL

RETURN SAMPLE REMAINDER TO CLIENT VIA _____
(SOME SHIPPING CHARGES MAY BE INCURRED)

I REQUEST BATCO TO DISPOSE OF ALL SAMPLE REMAINDERS
_____ (Signature) _____ (Date)
IF SAMPLE REMAINDER IS DETERMINED TO BE HAZARDOUS, A MINIMUM ADDITIONAL CHARGE OF $25.00 PER SAMPLE WILL BE ASSESSED FOR DISPOSAL.

REVISION DATE 2/94

BONNER ANALYTICAL TESTING COMPANY
2703 OAK GROVE ROAD
HATTIESBURG, MS 39402
PH. (601) 264-2854

Client: HERCULES, INC.

File Number: BT34003
Collected By: Client
Sample Date/Time: 08-28-96
Date/Time Rec'd: 08-28-96 @ 1600

TCLP EVALUATION--IMPOUNDMENT BASIN SLUDGE

Analyte/Method #	Result	MDL	Date/Time/Analyst
LEACHABLE METALS:			
Arsenic/6010	ND	0.02	09-06-96/1255/JMD
Barium/6010	0.425	0.002	09-06-96/1255/JMD
Cadmium/7130	ND	0.02	09-05-96/1545/JMD
Chromium/7190	ND	0.04	09-06-96/0900/JMD
Lead/7420	ND	0.15	09-06-96/0920/JMD
Mercury/7470	ND	0.001	09-06-96/1530/JMD
Selenium/6010	ND	0.03	09-06-96/1255/JMD
Silver/7760	ND	0.05	09-05-96/1540/JMD
pH, s.u./9045	5.95	±0.01	09-24-96/1645/RML
REACTIVITY:			
Cyanide (mg/kg)/9010	0.02	0.02	10-03-96/1000/TEB
Sulfide (mg/kg)/9030	64	1	09-23-96/1400/RML
Ignitability °F/1020	>180	±0.5	09-18-96/1045/RML

Data reported in mg/L, unless otherwise noted. All analyses performed in accordance with 40 CFR 136 and amendments.

MDL = Method Detection Limit.

Certified by: Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

lr

BONNER ANALYTICAL TESTING COMPANY
2703 OAK GROVE ROAD
HATTIESBURG, MS 39402
PH. (601) 264-2854

Client: HERCULES, INC.

File Number: BT34003
Collected By: Client
Sample Date/Time: 08-28-96
Date/Time Rec'd: 08-28-96 @ 1600

TCLP EVALUATION--IMPOUNDMENT BASIN SLUDGE

Analyte/Method #	Result	MDL	Date/Time/Analyst
Total Solids/---	11.64	0.1	09-23-96/1430/RWC
TKN/351.3	1,350	14	09-10-96/1130/KAW
Ammonia/350.2	180	14	09-19-96/1130/KAW
Phosphorus/365.2	170	0.1	09-18-96/1000/RML
Potassium/6010	32.2	0.6	09-18-96/0825/JMD

Data reported in mg/L, unless otherwise noted. All analyses performed in accordance with 40 CFR 136 and amendments.

MDL = Method Detection Limit.

Certified by: _____
Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

lr

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
BASE NEUTRALS AND ACIDS - GC/MS ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Extraction Method - EPA 1311 Analysis Method - SW-846 Method 8270

BT34003 BATCO File # Hercules COMPANY TCLP SAMPLE TYPE Sediment Basin Sludge SAMPLE POINT Collected: 082896 @ 1400 Analyzed: 091096 @ 1413 DATE TIME

Compound EPA HW NO.	MDL mg/L (ppm)	SAMPLE Detected Concen. mg/L (ppm)	SAMPLE Spike Amt. ug	SAMPLE Spike % Recov	REGULATORY LEVEL Concen. mg/L (ppm)		BLANK Detected Concen. mg/L (ppm)	BLANK Spike Amt. ug	BLANK Spike % Recov	MATRIX Detected Concen. ng/ul in the extract	MATRIX Spike Amt. ug	MATRIX Spike % Recov	DUPLICATE MATRIX Detected Concen. ng/ul in the extract	DUPLICATE MATRIX Spike Amt. ug	DUPLICATE MATRIX Spike % Recov
D038 Pyridine*	.020	ND			5.0		ND			70.0	100	70.0	65.6	100	65.6
D027 1,4-Dichlorobenzene*	.020	ND			7.5		ND			86.9	100	86.9	76.1	100	76.1
D023 2-Methylphenol*	.020	0.328			200.0		ND			131.4	150	87.6	130.3	150	86.9
D024 3-Methylphenol*	.020	0.506			200.0		ND			140.1	150	93.4	136.5	150	91.0
D025 4-Methylphenol*	.020	0.478			200.0		ND			132.3	150	88.2	128.6	150	85.7
D034 Hexachloroethane*	.020	ND			3.0		ND			79.4	100	79.4	81.0	100	81.0
D036 Nitrobenzene*	.020	ND			2.0		ND			80.0	100	80.0	76.4	100	76.4
D033 Hexachlorobutadiene*	.020	ND			0.5		ND			92.8	100	92.8	82.9	100	82.9
D042 2,4,6-Trichlorophenol*	.020	ND			2.0		ND			135.6	150	90.4	133.6	150	89.1
D041 2,4,5-Trichlorophenol*	.100	ND			400.0		ND			139.1	150	92.7	138.2	150	92.1
D030 2,4 Dinitrotoluene*	.020	ND			0.13		ND			78.1	100	78.1	79.6	100	79.6
D032 Hexachlorobenzene*	.020	ND			0.13		ND			94.3	100	94.3	82.4	100	82.4
D037 Pentachlorophenol*	.100	ND			100.0		ND			140.8	150	93.9	141.1	150	94.1
SURROGATES:															
Fluorophenol		155.2	200	77.6			152.6	200	76.3	100.8	200	50.4	97.8	200	48.9
Phenol-d6		118.1	200	59.1			98.9	200	49.5	71.1	200	35.6	69.3	200	34.6
Nitrobenzene-d5		69.9	100	69.9			85.2	100	85.2	84.7	100	84.7	73.7	100	73.7
Fluorobiphenyl		82.5	100	82.5			81.7	100	81.7	97.8	100	97.8	83.9	100	83.9
2,4,6-Tribromophenol		180.6	200	90.3			201.1	200	100.6	172.4	200	86.2	159.4	200	79.7
Terphenyl-d14		99.4	100	99.4			100.3	100	100.3	78.5	100	78.5	73.4	100	73.4

* MATRIX SPIKING COMPOUNDS

Certified by:

MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
VOLATILES - GC/MS ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Analysis Method - SW-846 (8260)

BT34003 BATCO File # | HERCULES COMPANY | TCLP EXTRACTION SAMPLE TYPE | IMPOUNDMENT BASIN SLUDGE SAMPLE POINT | Collected: 08/28/96 @ 1400 | Analyzed: 09/05/96 @ 1537 DATE TIME

Compound EPA HW NO.	MDL mg/L (ppm)	SAMPLE Detected Concen. mg/L (ppm)	SAMPLE Spike Amt. ng	SAMPLE Spike % Recov	BLANK Detected Concen. mg/L (ppm)	BLANK Spike Amt. ng	BLANK Spike % Recov	REGULATORY LEVEL Concen. mg/L (ppm)		MATRIX (BT34002) Detected Concen. mg/L	MATRIX (BT34002) Spike Amt. ng	MATRIX (BT34002) Spike % Recov	DUPLICATE MATRIX (BT34002) Detected Concen. mg/L	DUPLICATE MATRIX (BT34002) Spike Amt. ng	DUPLICATE MATRIX (BT34002) Spike % Recov
D029 1,1-Dichloroethene	0.05	ND			ND			0.7		0.051	250	101.2	0.053	250	106.0
D018 Benzene	0.05	0.012 J			ND			0.5		0.052	250	104.8	0.051	250	103.0
D040 Trichloroethene	0.05	ND			ND			0.5		0.052	250	103.4	0.054	250	107.4
D021 Chlorobenzene	0.05	ND			ND			100.0		0.056	250	112.4	0.057	250	114.0
D043 Vinyl Chloride	0.1	ND			ND			0.2		0.061	250	122.4	0.051	250	102.6
D035 2-Butanone (MEK)	0.1	0.436			ND			200.0		0.167	250	107.4	0.195	250	162.8
D022 Chloroform	0.05	ND			ND			6.0		0.052	250	103.6	0.056	250	112.6
D019 Carbon Tetrachloride	0.05	ND			ND			0.5		0.054	250	107.6	0.054	250	107.6
D028 1,2-Dichloroethane	0.05	ND			ND			0.5		0.050	250	99.4	0.050	250	99.6
D039 Tetrachloroethene	0.05	ND			ND			0.7		0.056	250	112.6	0.060	250	120.8
		ug/L (ppb)			ug/L (ppb)					ug/L (ppb)			ug/L (ppb)		
Surrogates:															
Dibromofluoromethane		48.7	250	97.4	51.0	250	102.0			49.2	250	98.4	51.4	250	102.8
Toluene-d8		50.7	250	101.4	51.9	250	103.8			50.1	250	100.2	48.3	250	96.6
4-Bromofluorobenzene		55.6	250	111.2	48.0	250	96.0			48.3	250	96.6	51.7	250	103.4

J - results estimated or Below Method Detection Level.

Certified by: 

MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
PESTICIDE/POLYCHLORINATED BIPHENYLS - ECD ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Analysis Method - SW-846;8080

BT34003T — BATCO File #
Hercules — COMPANY
TCLP — SAMPLE TYPE
Sediment — Basin Sludge — SAMPLE POINT
Collected: 08/28/96 1400
Analyzed: 09/23/96 2255
DATE TIME

Compound	MDL ug/L (ppb)	SAMPLE			BLANK			MATRIX			DUPLICATE MATRIX		
		Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov	Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov	Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov	Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov
* Gamma-BHC (Lindane)	0.05	ND			ND			7.74	12.5	61.9	7.49	12.5	59.9
* Heptachlor	0.05	ND			ND			6.35	12.5	50.8	6.62	12.5	53.0
* Endrin	0.10	ND			ND			13.21	25.0	52.8	13.53	25.0	54.1
Heptachlor epoxide	0.05	ND			ND			9.63	12.5	77.0	9.00	12.5	72.0
* Methoxychlor	0.50	ND			ND								
Toxaphene	1.00	ND			ND								
Chlordane	0.50	ND			ND			1.29	2.0	64.5	1.61	2.0	80.5
* 2,4-D	0.50	ND			ND			1.57	2.0	78.5	0.91	2.0	45.5
* 2,4,5-TP (Silvex)	0.50	ND			ND								
Surrogate:													
Tetrachloro-m-xylene		0.182	0.20	91.0	0.075	0.20	37.5	0.100	0.20	50.0	0.064	0.20	32.0
Decachlorobiphenyl		0.116	0.20	58.0	0.059	0.20	29.5	0.111	0.20	55.5	0.107	0.20	53.5
Dichlorophenylacetic acid		1.604	2.00	80.2	2.200	2.00	110.0	1.160	2.00	58.0	0.951	2.00	47.6

Extracted 09/03/96
Herbicide analyzed on 09/26/96 @0734
*Matrix Spiking Compounds

Certified by: _____
MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

Phone: (601) 264-2854
2703 Oak Grove Road
Hattiesburg, MS 39402
Fax: (601) 268-7084

"Testing Your World for a Safer Tomorrow"

BATCO

1

YOUR COMPANY NAME: Hercules

YOUR COMPANY ADDRESS:

NAME OF PERSON TO CONTACT: Charlie Jordan

CONTACT PERSON'S PHONE:

2

YOUR PROJECT NO.:	YOUR P.O.#	YOUR PROJECT NAME:

3

YOUR SAMPLE DESCRIPTION:	DATE	TIME	MATRIX
Sediment Basin Sludge	8-28	1400	
(IMPOUNDMENT BASIN SLUDGE)			
SAMPLE IN COOLER 1-gallon CONTAINER			
MUST BE FILTERED			

4

PARAMETERS FOR ANALYSIS

Description TCLP metals	TRC	RLD-VOA	RLD BNA	RLD Pesticide RLD Herbicide	Pb, RCI		NUMBER OF CONTAINERS	PRESERVATIONS
X	X	X	X	X	X			

5 REMARKS

Turnaround Time

Detection Limits
Special Limits Require
Yes No
Please circle one, if Ye
please describe below
or include separate
sheet detailing
requirements.

BT34003

6

RELINQUISHED BY: (Signature)	DATE	TIME	RECEIVED BY: (Signature)	RELINQUISHED BY: (Signature)	DATE	TIME	RECEIVED BY: (Signature)

METHOD OF SHIPMENT	SHIPPED BY: (Signature)	COURIER (Signature)	RECEIVED FOR BATCO BY: (Signature)	DATE/TIM
pickup @ GUARD GATE		CMC	Rhonda Long	8-28-1600

SAMPLE REMAINDER DISPOSAL
RETURN SAMPLE REMAINDER TO CLIENT VIA _____
(SOME SHIPPING CHARGES MAY BE INCURRED)

☐ I REQUEST BATCO TO DISPOSE OF ALL SAMPLE REMAINDERS
_____ (Signature) _____ (Date)
IF SAMPLE REMAINDER IS DETERMINED TO BE HAZARDOUS, A MINIMUM ADDITIONAL CHARGE OF $25.00 PER SAMPLE WILL BE ASSESSED FOR DISPOSAL.

REVISION DATE

LK 3766

From: Environmental Diagnostic Laboratories
P.O. Box 15098
Hattiesburg, MS 39404-5098
(800) 606-7363 or (601) 264-2222

From Leo

March 13, 1996

To: Mr. Charles Jordan
Hercules, Inc.
P.O. Box 1937
Hattiesburg, MS 39403

The following analytical results have been obtained for the indicated sample which was submitted to this laboratory:

Sample I.D. AA13228
Sample Description: I.B Sludge
Sample collection date: 03/05/96
Lab submittal date: 03/05/96
Received by: JPH

Location Code: HERCULES
Sample collector: J HUSBANDS
Time: 11:30
Time: 16:21
Validated by: JPH

Parameter: TCLP Extraction (Leach)
Method reference: SW846-1311
Result: Completed
Date started: 03/06/96
Time started: 16:00

MDL or sensitivity:
Date finished: 03/07/96
Analyst: JFL

Parameter: TCLP Extraction for volatiles
Method reference: SW846-1311
Result: Completed
Date started: 03/06/96
Time started: 16:00

MDL or sensitivity:
Date finished: 03/07/96
Analyst: JFL

Parameter: Acid Digestion
Method reference: SW846-3010
Result: Completed
Date started: 03/11/96
Time started: 08:45

MDL or sensitivity:
Date finished: 03/11/96
Analyst: HPG

Parameter: Mercury water digestion
Method reference: SW846-7470
Result: Completed
Date started: 03/11/96
Time started: 09:45

MDL or sensitivity:
Date finished: 03/11/96
Analyst: HPG

Parameter: TCLP Metals
Method reference: EPA 200's
Result: see below
Date started: 03/11/96
Time started: 13:15

Date finished: 03/11/96
Analyst: HPG

Parameter: TCLP Volatiles
Method reference: SW846-8240
Result: see below
Date started: 03/06/96
Time started: 12:34
Date finished: 03/06/96
Analyst: DCB

Parameter: TCLP Semivolatiles
Method reference: SW846-8270
Result: see below
Date started: 03/07/96
Time started: 14:44
Date finished: 03/07/96
Analyst: WHD

Parameter: BNA Extraction on TCLP Fluid
Method reference: SW846-3510
Result: Completed
Date started: 03/07/96
Time started: 11:45
MDL or sensitivity:
Date finished: 03/07/96
Analyst: RWL

Parameter: % Solids
Method reference: EPA 160.3m
Result: 14.2 %
Date started: 03/06/96
Time started: 09:08
MDL or sensitivity: 1
Date finished: 03/12/96
Analyst: DLV

Parameter: Reactive Cyanide
Method reference: SW846
Result: Not detected mg release/Kg
Date started: 03/06/96
Time started: 08:20
MDL or sensitivity: 10
Date finished: 03/06/96
Analyst: DLV

Parameter: Reactive Sulfide
Method reference: SW846
Result: Less than mg release/Kg
Date started: 03/06/96
Time started: 08:20
MDL or sensitivity: 10
Date finished: 03/06/96
Analyst: DLV

Parameter: Corrosivity (pH)
Method reference: SW846
Result: 5.48 SU
Date started: 03/06/96
Time started: 08:53
MDL or sensitivity: 0.05
Date finished: 03/06/96
Analyst: DLV

Parameter: Ignitability
Method reference: SW846-1010
Result: > 160 deg F
Date started: 03/06/96
Time started: 09:30
MDL or sensitivity: 70
Date finished: 03/06/96
Analyst: DLV

Data for TCLP Metals mg/L:

Component Name	Result	Component MDL
Arsenic	Not detected	0.01
Barium	0.378	0.001

Data for TCLP Metals (continued):

Component Name	Result	Component MDL
Cadmium	Not detected	0.05
Chromium	0.015	0.001
Lead	0.027	0.01
Mercury	Not detected	0.001
Selenium	Not detected	0.01
Silver	0.007	0.001

Data for TCLP Volatiles ug/L:

Component Name	Result	Component MDL
Benzene	95.1	75
Carbon Tetrachloride	Not detected	75
Chlorobenzene	(39.0)	75
Chloroform	Not detected	75
1,2-Dichloroethane	Not detected	75
1,1-Dichloroethene	Not detected	75
2-Butanone	(442)	750
Tetrachloroethene	Not detected	75
Trichloroethene	Not detected	75
Vinyl Chloride	Not detected	150
1,2-Dichloroethane-d4 (surr)	% Recovery 103	
Toluene-d8 (surr)	% Recovery 105	
4-Bromofluorobenzene (surr)	% Recovery 88	

Data for TCLP Semivolatiles ug/L:

Component Name	Result	Component MDL
2-Methylphenol (o-Cresol)	160	100
3- & 4-Methylphenol (m & p Cresol),total	280	100
1,4-Dichlorobenzene	Not detected	100
2,4-Dinitrotoluene	Not detected	100
Hexachlorobenzene	Not detected	100
Hexachlorobutadiene	Not detected	100
Hexachloroethane	Not detected	100
Nitrobenzene	Not detected	100
Pentachlorophenol	Not detected	500
Pyridine	Not detected	200
2,4,5-Trichlorophenol	Not detected	500
2,4,6-Trichlorophenol	Not detected	500
2-Fluorophenol (surr)	% Recovery 64	
Phenol-d5 (surr)	% Recovery 42	
2-Chlorophenol-d4 (surr)	% Recovery 76	
1,2-Dichlorobenzene (surr)	% Recovery 80	
Nitrobenzene-d5 (surr)	% Recovery 46	
2-Fluorobiphenyl (surr)	% Recovery 86	
2,4,6-Tribromophenol (surr)	% Recovery 95	
Terphenyl-d14 (surr)	% Recovery 93	

Sample comments:

Reference Lab Report No. R3766.

Quality Control/Quality Assurance Comments are included on an attached sheet.

If there are any questions regarding this data, please call.

Reviewed by: J. Paul Hollomon, Ph.D.
Laboratory Manager



Orig Results To: Charles Jordan @ Hercules
Copy: Leo

Environmental Diagnostic Laboratories, Inc.

39 King Road • Hattiesburg, MS 39402
P.O. Box 15098
Office: 601-264-2222 • Fax: 601-268-2030

CHAIN OF CUSTODY RECORD

PROJ NO. | Project Name: Hercules

Samplers: (signature) J. HUSBANDS / John Husbands

SAMP NO	STA. NO.	DATE	TIME	COMP	GRAB	DESCRIPTION	No. of Containers	Wastely Characterization	TCLP Metals	TCLP Vols / Semi-Vols	RCI Characteristics	% Solids	REMARKS
T.B. Sludge	WWT	3/5/96	11:30	X			1	X					

Relinquished by:	Date	Time	Received by:	Date	Time	Relinquished by:	Date	Time	Received by:	Date	Time
J. H.	3/5/96	11:30 AM	L. Lovelace	3/5/96	11:30 AM						

Relinquished by:	Date	Time	Received for Lab by:	Date	Time	REMARKS
Leo Lovelace	3/5/96	15:20 PM	Colin Guy	3/5/96	1621	SB = Impounding Basin

DEC-16-96 MON 2:49 PM EC:2632030 P. 6

BONNER ANALYTICAL TESTING COMPANY
2703 Oak Grove Road
Hattiesburg, MS 39402
(601) 264-2854

Client: HERCULES

File Number: BT26020 Sample Date/Time: 05-10-95 @ 0800
Collected By: Client Date/Time Rec'd: 05-10-95 @ 0910

Corrected Copy

TCLP EVALUATION

Analyte/Method #	Southwest Sludge Pit	MDL	Date/Time/Analyst
LEACHABLE METALS:			
Arsenic/6010	ND	0.02	05-24-95/0910/DE
Barium/6010	0.211	0.003	05-24-95/0910/DE
Cadmium/7130	ND	0.03	05-15-95/1145/DE
Chromium/7190	ND	0.04	05-15-95/1450/DE
Lead/7420	ND	0.15	05-15-95/1350/DE
Mercury/7470	ND	0.001	05-24-95/1132/DE
Selenium/6010	ND	0.03	05-24-95/0910/DE
Silver/7760	ND	0.05	05-15-95/1310/DE
pH S.U./9045	5.18	±0.01	05-15-95/1155/JM
Reactivity			
Cyanides (mg/kg)/9010	ND	0.02	06-01-95/1320/JM
Sulfides (mg/kg)/9030	25	1	05-10-95/1600/JM
Ignitability °F/1010	>200	±1	06-22-95/1700/RW

Data reported in mg/L, unless otherwise noted. All analyses performed in accordance with 40 CFR 136 and amendments.

MDL = Method Detection Limit.

Certified by:

Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY
2703 Oak Grove Road
Hattiesburg, MS 39402
(601) 264-2854

#21578
13978
Coc data
to E. Jordan

Client: HERCULES

File Number: BT26020
Collected By: Client

Sample Date/Time: 05-10-95 @ 0800
Date/Time Rec'd: 05-10-95 @ 0910

TCLP EVALUATION

Analyte/Method #	Southwest Sludge Pit	MDL	Date/Time/Analyst
LEACHABLE METALS:			
Arsenic/6010	ND	0.02	05-24-95/0910/DH
Barium/6010	0.211	0.003	05-24-95/0910/DH
Cadmium/7130	ND	0.03	05-15-95/1145/DH
Chromium/7190	ND	0.04	05-15-95/1450/DH
Lead/7420	ND	0.15	05-15-95/1350/DH
Mercury/7470	ND	0.001	05-24-95/1132/DH
Selenium/6010	ND	0.03	05-24-95/0910/DH
Silver/7760	ND	0.05	05-15-95/1310/DH
pH S.U./9045	5.18	±0.01	05-15-95/1155/JMD
Reactivity			
Cyanides (mg/kg)/9010	ND	0.02	06-01-95/1320/JMD
Sulfides (mg/kg)/9030	25	1	05-10-95/1600/JMD
Ignitability °F/1010	≤120	±1	05-10-95/1535/JMD

Data reported in mg/L, unless otherwise noted. All analyses performed in accordance with 40 CFR 136 and amendments.

MDL = Method Detection Limit.

Certified by: Rodney W Williams
Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

sr

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
BASE NEUTRALS AND ACIDS - GC/MS ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Extraction Method - EPA 1311 Analysis Method - SW-846 Method 8270

8T26020 BATCO File # | Hercules COMPANY | TCLP SAMPLE TYPE | sample from back forty SAMPLE POINT | Collected: 051095 @ 0800 Analyzed: 051895 @ 1305 DATE TIME

Compound EPA HW NO.	MDL mg/L (ppm)	SAMPLE Detected Concen. mg/L (ppm)	SAMPLE Spike Amt. ug	SAMPLE Spike % Recov	REGULATORY LEVEL Concen. mg/L (ppm)	BLANK Detected Concen. mg/L (ppm)	BLANK Spike Amt. ug	BLANK Spike % Recov	MATRIX Detected Concen. ng/ul in the extract	MATRIX Spike Amt. ug	MATRIX Spike % Recov	DUPLICATE MATRIX Detected Concen. ng/ul in the extract	DUPLICATE MATRIX Spike Amt. ug	DUPLICATE MATRIX Spike % Recov
D038 Pyridine	.010	ND			5.0	ND			66.8	100	66.8	68.3	100	68.3
D027 1,4-Dichlorobenzene*	.010	ND			7.5	ND			83.0	100	83.0	79.1	100	79.1
D023 2-Methylphenol*	.010	0.208			200.0	ND			145.8	150	97.2	121.0	150	80.7
D024 3-Methylphenol*	.010	0.126			200.0	ND			127.0	150	84.7	104.6	150	69.7
D025 4-Methylphenol*	.010	0.335			200.0	ND			117.5	150	78.3	120.1	150	80.1
D034 Hexachloroethane*	.010	ND			3.0	ND			62.6	100	62.6	63.9	100	63.9
D036 Nitrobenzene*	.010	ND			2.0	ND			92.6	100	92.6	82.3	100	82.3
D033 Hexachlorobutadiene*	.010	ND			0.5	ND			41.1	100	41.1	48.2	100	48.2
D042 2,4,6-Trichlorophenol*	.010	ND			2.0	ND			120.5	150	80.3	102.8	150	68.5
D041 2,4,5-Trichlorophenol*	.050	ND			400.0	ND			125.6	150	83.7	104.5	150	69.7
D030 2,4 Dinitrotoluene*	.010	ND			0.13	ND			107.8	100	107.8	96.6	100	96.6
D032 Hexachlorobenzene*	.010	ND			0.13	ND			86.0	100	57.3	77.2	100	77.2
D037 Pentachlorophenol*	.050	ND			100.0	ND			149.4	150	99.6	138.4	150	92.3
SURROGATES:														
Fluorophenol		81.1	150	54.1		88.6	150	59.1	98.9	150	65.9	75.8	150	50.5
Phenol-d6		67.2	150	44.8		69.4	150	46.3	79.1	150	52.7	63.0	150	42.0
2-Chlorophenol-d4		139.3	150	92.9		150.9	150	100.6	159.0	150	106.0	130.8	150	87.2
1,2-Dichlorobenzene-d4		75.0	100	75.0		77.8	100	77.8	82.3	100	82.3	72.2	100	72.2
Nitrobenzene-d5		99.9	100	99.9		84.6	100	84.6	88.3	100	88.3	75.7	100	75.7
Fluorobiphenyl		91.3	100	91.3		81.7	100	81.7	71.6	100	71.6	69.5	100	69.5
2,4,6-Tribromophenol		153.9	150	102.6		138.9	150	92.6	144.3	150	96.2	124.0	150	82.6
Terphenyl-d14		120.3	100	120.3		119.4	100	119.4	113.5	100	113.5	105.1	100	105.1

* MATRIX SPIKING COMPOUNDS

Certified by: Richard M Bonner
MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
VOLATILES - GC/MS ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Analysis Method - SW-846 (8260)

BT26020 BATCO File #	HERCULES COMPANY	TCLP EXTRACTION SAMPLE TYPE	FROM BACK FORTY SW SLUDGE PIT 6' FROM EDGE SAMPLE POINT	Collected: 05/10/95 @ 0800 Analyzed: 05/12/95 @ 1556 DATE TIME

Compound EPA HW NO.	MDL mg/L (ppm)	SAMPLE Detected Concen. mg/L (ppm)	SAMPLE Spike Amt. ng	SAMPLE Spike % Recov	BLANK Detected Concen. ng/L (ppm)	BLANK Spike Amt. ng	BLANK Spike % Recov	REGULATORY LEVEL Concen. mg/L (ppm)		MATRIX (BT26020) Detected Concen. mg/L	MATRIX (BT26020) Spike Amt. ng	MATRIX (BT26020) Spike % Recov	DUPLICATE MATRIX (BT26020) Detected Concen. ng/L	DUPLICATE MATRIX (BT26020) Spike Amt. ng	DUPLICATE MATRIX (BT26020) Spike % Recov
D029 1,1-Dichloroethene	0.005	ND			ND			0.7		0.050	250	101.4	0.050	250	100.2
D018 Benzene	0.005	0.202			ND			0.5		0.042	250	84.0J	0.032	250	64.0J
D040 Trichloroethene	0.005	ND			ND			0.5		0.052	250	104.6	0.050	250	100.8
D021 Chlorobenzene	0.005	0.001 J			ND			100.0		0.051	250	102.0	0.052	250	103.4
D043 Vinyl Chloride	0.01	ND			ND			0.2		0.050	250	100.0	0.052	250	103.8
D035 2-Butanone (MEK)	0.01	0.032 J			ND			200.0		0.039	250	78.6	0.048	250	95.4
D022 Chloroform	0.005	0.002 J			ND			6.0		0.046	250	92.8	0.051	250	101.6
D019 Carbon Tetrachloride	0.005	ND			ND			0.5		0.056	250	111.8	0.050	250	100.4
D028 1,2-Dichloroethane	0.005	ND			ND			0.5		0.052	250	104.0	0.049	250	97.6
D039 Tetrachloroethene	0.005	ND			ND			0.7		0.059	250	117.8	0.051	250	102.6
		ug/L (ppb)			ug/L (ppb)					ug/L (ppb)			ug/L (ppb)		
Surrogates:															
Dibromofluoromethane		43.1	250	86.2	49.0	250	98.0			43.7	250	87.4	44.1	250	88.2
Toluene-d8		47.3	250	94.6	48.0	250	96.0			48.8	250	97.6	52.3	250	104.6
4-Bromofluorobenzene		44.8	250	89.6	50.4	250	100.8			49.2	250	98.4	49.8	250	99.6

J - results estimated or Below Method Detection Level.

Certified by: Michael W Bonner
MICHAEL W. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
PESTICIDES & HERBICIDES - ECD ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Extraction Method EPA 1311. Analysis Method-8080/8150.

BT26020	Hercules Inc.	TCLP EXTRACTION	Southwest sludge;Pit-6	Collected: 05/10/95	0800
BATCO File #	COMPANY	SAMPLE TYPE	SAMPLE POINT	Analyzed: 05/26/95	2234
				DATE	TIME

Compound / EPA HW NO.	MDL ug/L (ppb)	SAMPLE Detected Concen. ug/L (ppb)	SAMPLE Spike Amt. ng	SAMPLE Spike % Recov	BLANK Detected Concen. ug/L (ppb)	BLANK Spike Amt. ng	BLANK Spike % Recov	REGULATORY LEVEL Concen. ug/L (ppb)	MATRIX Detected Concen. ug/ml	MATRIX Spike Amt. ng	MATRIX Spike % Recov	DUPLICATE MATRIX Detected Concen. ug/ml	DUPLICATE MATRIX Spike Amt. ng	DUPLICATE MATRIX Spike % Recov
D013 * Lindane	2.68	ND			ND			400.0	1.09	2.0	54.7	1.20	2.0	60.0
D031 * Heptachlor	2.01	ND			ND			8.0	0.75	2.0	37.3	0.87	2.0	43.4
D012 * Endrin	4.02	ND			ND			20.0	1.62	2.0	81.0	1.72	2.0	86.0
D031 * Heptachlor Epoxide	55.6	ND			ND			8.0	1.29	2.0	64.6	1.38	2.0	69.0
D014 * Methoxychlor	117.9	ND			ND			10000.0	1.85	2.0	92.5	1.93	2.0	96.5
D020 Chlordane(technical)	9.38	ND			ND			30.0	ND			ND		
D015 Toxaphene	160.8	ND			ND			500.0	ND			ND		
D017 * 2,4,5-TP (Silvex)	0.28	ND			ND			1000.0	0.94	2.0	47.2	0.99	2.0	49.6
D016 * 2,4 -D	0.11	ND			ND			10000.0	0.85	2.0	42.5	0.917	2.0	45.9
Surrogates:														
Tetrachloro-m-xylene		0.106	0.2	53.0	0.11	0.2	56.8		0.032	0.2	15.9	0.04	0.2	20.0
Dichlorophenylacetic acid		5.670	5.0	113.5	4.35	5.0	87.1		2.40	5.0	48.0	2.37	5.0	47.4
Decachlorobiphenyl		0.220	0.2	110.0	0.29	0.2	148.3		0.183	0.2	91.7	0.19	0.2	95.0

HERBICIDE ANALYZED ON 05/27/95 @ 1152.
* MATRIX SPIKING COMPOUNDS

Certified by: Rodney W. Culpepper
MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

Phone: (601) 264-2854
2703 Oak Grove Road
Hattiesburg, MS 39402
Fax: (601) 268-7084

"Testing Your World for a Safer Tomorrow"

BATCO

1

YOUR COMPANY NAME: Hercules Inc

YOUR COMPANY ADDRESS: Hattiesburg MS

NAME OF PERSON TO CONTACT: C. Jordan

CONTACT PERSON'S PHONE:

2

YOUR PROJECT NO.:	YOUR P.O.#	YOUR PROJECT NAME:

3

YOUR SAMPLE DESCRIPTION:	DATE	TIME	MATRIX	TCLP metals	TCLP-VOA	TCLP BNA	TCLP Pesticides	TCLP HERBICIDES	pH REACTIVITY (CN's)	IGNITABILITY	NUMBER OF CONTAINERS	PRESERVATIONS
Sample from BACK FORTY Southwest sludge PIT-6' from edge	5-10-95	0800	Soil	X	X	X	X	X	X	X	2	N/A

4 PARAMETERS FOR ANALYSIS

BT26020

5 REMARKS

Turnaround Time

Detection Limits
Special Limits Required
Yes No
Please circle one, if Yes please describe below or include separate sheet detailing requirements.

6

RELINQUISHED BY: (Signature)	DATE	TIME	RECEIVED BY: (Signature)	RELINQUISHED BY: (Signature)	DATE	TIME	RECEIVED BY: (Signature)
Joe Powers	5/10/95	0910	[signature]				

METHOD OF SHIPMENT	SHIPPED BY: (Signature)	COURIER (Signature)	RECEIVED FOR BATCO BY: (Signature)	DATE/TIME
J.P.				

SAMPLE REMAINDER DISPOSAL

☐ RETURN SAMPLE REMAINDER TO CLIENT VIA _____
(SOME SHIPPING CHARGES MAY BE INCURRED)

☐ I REQUEST BATCO TO DISPOSE OF ALL SAMPLE REMAINDERS
_____ (Signature) _____ (Date)
IF SAMPLE REMAINDER IS DETERMINED TO BE HAZARDOUS, A MINIMUM ADDITIONAL CHARGE OF $25.00 PER SAMPLE WILL BE ASSESSED FOR DISPOSAL.

REVISION DATE 2/94

HERCULES

Hercules Incorporated
West 7th Street
P.O. Box 1937
Hattiesburg, MS 39401-1937
(601) 545-3450

April 22, 1992

Certified Mail - Return Receipt Requested
No. P 904 256 183

John C. Taylor
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

April 22, 1992 Inspection

Re your request, please find the attached TCLP extraction data on our wastewater sludge.

Very truly yours,

Charles S. Jordan
Environmental Supervisor

CSJ:mcl
42

Attachments

BONNER ANALYTICAL TESTING COMPANY
658 Weathersby Road
Hattiesburg, MS 39402
(601) 264-2854

Client: Hercules, Inc. (Attn: Charlie Jordan)

File Number: HER090490-19 Sample Date/Time: 9/04/90 @ ?
Collected By: Client Date/Time Rec'd: 9/04/90 @ 1400
Date/Time Begun: 9/04/90 @ 1400

TCLP Extraction

Parameter	Sludge	MDL	Date/Time/Analyst
LEACHABLE METALS:			
Arsenic	0.214	0.04	9-18-90/1121/LSC
Barium	0.18	0.2	9-18-90/1121/LSC
Cadmium	ND	0.02	9-18-90/1121/LSC
Chromium	0.05	0.04	9-18-90/1121/LSC
Lead	0.15	0.02	9-18-90/1121/LSC
Mercury	ND	0.001	9-18-90/1430/LSC
Selenium	0.154	0.04	9-18-90/1121/LSC
Silver	ND	0.04	9-18-90/1121/LSC
pH	4.10	± 0.01	9-19-90/1100/RWC
Total Solids	23.68	0.01	9-19-90/1330/RKM

Data reported in mg/l unless otherwise noted. All analyses performed in accordance with 40 CFR 136 and ammendments.

MDL = Method Detection Limit.

Certified by: _____
Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

ldb

BONNER ANALYTICAL TESTING COMPANY

QUANTITITATIVE RESULTS AND QUALITY ASSURANCE DATA
VOLATILES - GC/MS ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Analysis Method - CLP Statement of Work for Organic Analysis

HER090490-19 — BATCO File #
HERCULES COMPANY
SLUDGE — SAMPLE TYPE
SLUDGE — SAMPLE POINT
Collected: 090490
Analyzed: 091090 @ 0207 — DATE TIME

Compound	MDL ug/L (ppb)	SAMPLE Detected Concen. ug/L (ppb)	SAMPLE Spike Amt. ng	SAMPLE Spike % Recov	BLANK Detected Concen. ug/L (ppb)	BLANK Spike Amt. ng	BLANK Spike % Recov	DUPLICATE Detected Concen. ug/L (ppb)	DUPLICATE Spike Amt. ng	DUPLICATE Spike % Recov	MATRIX Detected Concen. ng/ml	MATRIX Spike Amt. ng	MATRIX Spike % Recov	DUPLICATE MATRIX Detected Concen. ng/ml	DUPLICATE MATRIX Spike Amt. ng	DUPLICATE MATRIX Spike % Recov
-Dichloroethene	5	36.0			BMDL						45.2	250	90.4	47.3	250	94.6
zene	5	7.7			ND						52.7	250	105.4	53.5	250	107.1
chloroethene	5	ND			ND						50.9	250	101.9	52.4	250	104.9
orobenzene	5	ND			ND						50.1	250	100.2	51.0	250	102.1
yl Chloride	10	ND			ND						ND			ND		
utanone (MEK)	10	119.7			ND						ND			ND		
oroform	5	BMDL			ND						ND			ND		
bon Tetrachloride	5	ND			ND						ND			ND		
-Dichloroethane	5	ND			ND						ND			BMDL		
rachloroethene	5	ND			ND						ND			ND		
rogates:																
-Dichloroethane-d4		45.4	250	90.8	49.7	250	99.4				49.1	250	98.2	43.9	250	87.8
uene-d8		52.6	250	105.2	51.1	250	102.3				53.6	250	107.1	48.7	250	97.4
romofluorobenzene		51.2	250	102.5	52.7	250	105.5				59.2	250	118.4	51.7	250	103.4

Certified by:
MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
BASE NEUTRALS AND ACIDS - GC/MS ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Extraction Method - EPA 3520 Analysis Method - CLP Statement of Work for Organic Analysis

HERO90490-19 BATCO File #	HERCULES COMPANY	SLUDGE SAMPLE TYPE	SLUDGE SAMPLE POINT	Collected: 09/04/90 Analyzed: 09/21/90 DATE	2148 TIME

Compound	MDL ug/L (ppb)	SAMPLE			BLANK			DUPLICATE			MATRIX			DUPLICATE MATRIX		
		Detected Concen. ug/L	Spike		Detected Concen. ug/L (ppb)	Spike		Detected Concen. ug/L (ppb)	Spike		Detected Concen. ng/ul	Spike		Detected Concen. ng/ul	Spike	
			Amt. ug	% Recov		Amt. ug	% Recov		Amt. ug	% Recov		Amt. ug	% Recov		Amt. ug	% Recov
Chlorophenyl-phenyl ether	10	ND			ND						ND			ND		
Nitroaniline	50	ND			ND						ND			ND		
6-Dinitro-2-methyl phenol	50	ND			ND						ND			ND		
Nitrosodiphenylamine	10	ND			ND						ND			ND		
2-Diphenylhydrazine	10	ND			ND						ND			ND		
Bromophenylphenylether	10	ND			ND						ND			ND		
xachlorobenzene *	10	ND			ND						19.6	200	9.8	35.6	200	17.8
ntachlorophenol *	50	ND			ND						ND			ND		
enanthrene	10	ND			ND						ND			ND		
thracene	10	ND			ND						ND			ND		
-n-butylphthalate	10	ND			ND						ND			ND		
uoranthene	10	ND			ND						29.90	100	29.9	54.3	100	54.3
rene	10	ND			ND						ND			ND		
tylbenzlphthalate	10	ND			ND						ND			ND		
nzo(a)anthracene	10	ND			ND						ND			ND		
3'-Dichlorobenzidine	20	BMDL			ND						ND			ND		
rysene	10	ND			ND						ND			ND		
s(ethylhexyl)phthalate	10	BMDL			ND						ND			ND		
-n-octylphthalate	10	ND			ND						ND			ND		
nzo(b)fluoranthene	10	ND			ND						ND			ND		
nzo(k)fluoranthene	10	ND			ND						ND			ND		
nzo(a)pyrene	10	ND			ND						ND			ND		
deno(1,2,3-c,d)pyrene	10	ND			ND						ND			ND		
benzo(a,h)anthracene	10	ND			ND						ND			ND		
nzo(g,h,i)perylene	10	ND			ND						ND			ND		
RROGATES:																
uorophenol			200	47.2		200	89.1					200	63.8		200	44.9
enol-d6			200	21.6		200	62.9					200	34.1		200	28.9
trobenzene-d5			100	47.4		100	100.9					100	52.3		100	53.0
uorobiphenyl			100	43.8		100	90.9					100	47.8		100	47.8
4,6-Tribromophenol			200	87.9		200	104.6					200	93.5		200	55.6
rphenyl-d14			100	69.4		100	79.4					100	120.4		100	54.2

* TCLP BASE NEUTRALS AND ACIDS

Certified by: _____
MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

BONNER ANALYTICAL TESTING COMPANY

QUANTITATIVE RESULTS AND QUALITY ASSURANCE DATA
BASE NEUTRALS AND ACIDS - GC/MS ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Extraction Method - EPA 3520 Analysis Method - CLP Statement of Work for Organic Analysis

HER090490-19 — BATCO File #
HERCULES — COMPANY
SLUDGE — SAMPLE TYPE
SLUDGE — SAMPLE POINT
Collected: 09/04/90
Analyzed: 09/21/90 — DATE
2148 — TIME

Compound	MDL ug/L (ppb)	SAMPLE Detected Concen. ug/L (ppb)	SAMPLE Spike Amt. ug	SAMPLE Spike % Recov	BLANK Detected Concen. ug/L (ppb)	BLANK Spike Amt. ug	BLANK Spike % Recov	DUPLICATE Detected Concen. ug/L (ppb)	DUPLICATE Spike Amt. ug	DUPLICATE Spike % Recov	MATRIX Detected Concen. ng/ul in the extract	MATRIX Spike Amt. ug	MATRIX Spike % Recov	DUPLICATE MATRIX Detected Concen. ng/ul in the extract	DUPLICATE MATRIX Spike Amt. ug	DUPLICATE MATRIX Spike % Recov
;ridine *	10	ND			ND						ND			ND		
ienol	10	ND			ND						43.4	200	21.8	83.9	200	41.9
.s(2-chloroethyl)ether	10	ND			ND						ND			ND		
-Chlorophenol	10	ND			ND						48.2	200	24.1	106.7	200	53.4
,3-Dichlorobenzene	10	ND			ND						ND			ND		
,4-Dichlorobenzene *	10	ND			ND						37.3	100	37.3	42.7	100	42.7
>nzyl alcohol	10	28.5			ND						ND			ND		
,2-Dichlorobenzene	10	ND			ND						ND			ND		
-Methylphenol *	10	406.5			ND						ND			ND		
.s(2-chloroisopropyl) ether	10	ND			ND						ND			ND		
-Methylphenol *	10	ND			ND						ND			ND		
-Methylphenol *	10	ND			ND						ND			ND		
>xachloroethane *	10	ND			ND						ND			ND		
-Nitroso-di-N-propylamine	10	ND			ND						42.5	100	42.5	47.2	100	47.2
trobenzene *	10	ND			ND						ND			ND		
;ophorone	10	BMDL			ND						ND			ND		
,4-Dimethylphenol	10	BMDL			ND						ND			ND		
-Nitrophenol	10	ND			ND						ND			ND		
>nzoic acid	50	BMDL			ND						ND			ND		
.s(2-chloroethoxy) methane	10	ND			ND						ND			ND		
,4-Dichlorophenol	10	ND			ND						ND			ND		
,2,4-Trichlorobenzene	10	ND			ND						ND			ND		
>phthalene	10	BMDL			ND						ND			ND		
-Chloroaniline	10	ND			ND						ND			ND		
>xachlorobutadiene *	10	ND			ND						ND			ND		
-Chloro-3-methylphenol	10	ND			ND						70.7	200	35.3	105.8	200	52.9
-Methylnaphthalene	10	ND			ND						ND			ND		
>xachloropentadiene	10	ND			ND						ND			ND		
,4,6-Trichlorophenol *	10	ND			ND						ND			ND		
,4,5-Trichlorophenol *	50	ND			ND						ND			ND		
-Chloronaphthalene	10	ND			ND						ND			ND		
-Nitroaniline	50	ND			ND						ND			ND		
methylphthalate	10	ND			ND						ND			ND		
:enaphthylene	10	ND			ND						ND			ND		
,6-Dinitrotoluene	10	ND			ND						ND			ND		
-Nitroaniline	50	ND			ND						ND			ND		
:enaphthene	10	ND			ND						35.1	100	35.1	54.1	100	54.1
,4-Dinitrophenol	50	ND			ND						ND			ND		
-Nitrophenol	50	ND			ND						39.4	200	19.7	66.1	200	33.1
benzofuran	10	ND			ND						ND			ND		
,4 Dinitrotoluene *	10	ND			ND						32.8	100	32.8	55.8	100	55.8
ethylphthalate	10	ND			ND						ND			ND		
uorene	10	ND			ND						ND			ND		

* TCLP BASE NEUTRALS AND ACIDS

BONNER ANALYTICAL TESTING COMPANY

QUANTITITATIVE RESULTS AND QUALITY ASSURANCE DATA
PESTICIDES & HERBICIDES - ECO ANALYSIS DATA

Chain of Custody Data Required for BATCO Data Management Summary Reports
Analysis Method - CLP Statement of Work for Organic Analysis

HER090490-19 — BATCO File #
HERCULES COMPANY
% SLUDGE — SAMPLE TYPE
SAMPLE POINT
Collected: 09/04/90
Analyzed: 09/13/90 — DATE
1030 — TIME

Compound	MDL ug/L (ppb)	SAMPLE			BLANK			MATRIX			DUPLICATE MATRIX		
		Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov	Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov	Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov	Detected Concen. ug/L (ppb)	Spike Amt. ug	Spike % Recov
Lindane *	1.0	NO			ND			0.167	0.20	83.5	0.163	0.20	81.5
Heptachlor *	1.0	ND			ND			0.151	0.20	75.5	0.173	0.20	86.5
Aldrin	1.0	ND			ND			0.168	0.20	84.0	0.181	0.20	90.5
Dieldrin	1.0	13.4			ND			0.430	0.50	86.0	0.425	0.50	85.0
Endrin *	1.0	ND			NO			0.506	0.50	101.6	0.505	0.50	101.0
p,p-DDT	1.0	NO			ND			0.475	0.50	95.0	0.459	0.50	91.8
Alpha-BHC	1.0	ND			ND			ND			ND		
Beta-BHC	1.0	ND			ND			ND			NO		
Delta-BHC	1.0	NO			ND			ND			ND		
Heptachlor epoxide	1.0	ND			ND			ND			NO		
Endosulfan I	1.0	ND			ND			ND			NO		
4,4-DDE	1.0	ND			NO			ND			ND		
Methoxychlor *	1.0	ND			ND			ND			ND		
Chlordane *(alpha and gamma)	1.0	ND			NO			ND			NO		
Toxaphene *	1.0	ND			ND			ND			ND		
p,p-DDD	1.0	ND			ND			ND			ND		
Endosulfan sulfate	1.0	ND			NO			ND			NO		
Endrin ketone	1.0	ND			ND			ND			NO		
Endosulfan II	1.0	NO			NO			ND			ND		
2,4,5-TP (Silvex) *	1.0	ND			ND			ND			NO		
2,4-Dichlorophenoxy acetic * acid	1.0	ND			ND			ND			NO		
Surrogates:													
Dibutylchlorendate		0.0551	0.1	55.1	0.078	0.1	78.0	0.0915	0.1	91.5	0.077	0.1	77.0
Dichlorophenylacetic acid		0.300	0.5	60.0	0.465	0.5	93.0						

* TCLP PESTICIDES & HERBICIDES

Certified by: _____
MICHAEL S. BONNER, Ph. D.
BONNER ANALYTICAL TESTING COMPANY

Hercules
Forrest Co
MS 0001830
4/M

Mississippi Department of Environmental Quality
Office of Pollution Control
Water Compliance Inspection Report

Site Name: Hercules Inc

Permit Number(s): Water - NPDES Permit No. MS0001830

Physical Address
613 West 7th Street
Hattiesburg, MS 39401
Forrest County

Mailing Address
613 West 7th Street
Hattiesburg, Mississippi 39401

Evaluation Type: Compliance Evaluation Inspection - NPDES

Date of Evaluation: 7/12/2012

Facility Type: Industrial

Inspection Participants: Jan Patton, MDEQ
Charlie Jordan, Private Contractor for Hercules, Inc

Purpose of Inspection
MDEQ conducted this inspection in order to evaluate Hercules Inc's compliance with NPDES permit MS0001830 and the Mississippi Water Regulations.

Permit Status
MDEQ issued NPDES Permit No. MS0001830 on March 26, 2009 and allowed it to expire on April 30, 2012.

Facility Description
Hercules manufactured specialty organic chemicals for use in the manufacturing of paper products. Hercules had been downsizing operations for the past several years. As of October 2009, they had ceased all processes and are closed. They do have contract employees on-site for property maintenance and paperwork necessary for environmental matters. The property is approximately 175 acres. Most of the buildings have been demolished.

Inspection Summary
Since the permit expired on April 30, 2012, the inspection focused mainly on the record keeping requirements of MS0001830. However, during the facility walk-through I did note there were no longer any sources of the non-contact cooling water identified as the wastewater stream in the permit.

I viewed the Discharge Monitoring Reports (DMRs) for MS0001830. Hercules had the DMRs as far back as 2007 (meeting the three year minimum). I also reviewed the analytical support documentation for the DMRs. I compared the values listed on the

analyticals for June 2012 to the values reported on the DMR and confirmed they were correct. I also confirmed they had the minimum of three years worth.

Conclusions

Hercules is maintaining the necessary records to meet the requirements of the Mississippi Water Regulations after the expiration of Permit No. MS0001830. Also, they no longer have any process units producing non-contact cooling water discharges. In light of the aforementioned facts, I did not note any concerns as a result of the inspection.

Signature: Jan M Patton **Date:** 17 Aug 2012

Photos / Other Attachments

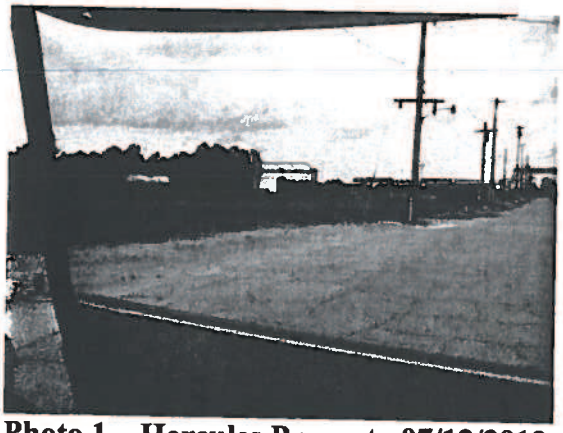

Photo 1 – Hercules Property 07/12/2012



Photo 2 - Hercules Property 07/12/2012



Photo 3 – Hercules Property 07/12/2012



Photo 4 – Hercules Property 07/12/2012

Mississippi Department of Environmental Quality
Office of Pollution Control
Water Inspection Report

Site Name: Hercules Inc

Permit Number: Water-NPDES MS0001830

Physical Address
613 West 7th Street
Hattiesburg, MS 39401
Forrest County

Mailing Address
613 West 7th Street
Hattiesburg, Mississippi 39401

Transaction code: ----------N - new
Completed date: ----------8/25/05
Compliance activity & pcs codes:----CEI-NPDES - C
Facility type: ----------Industrial - 2
Investigator: ----------Jan Patton

Areas Evaluated

S PERMIT	S FACILITY SITE REVIEW
N LABORATORY	N PRETREATMENT
S SELF-MONITORING PROGRAM	N EFFLUENT/RECEIVING WATERS
S RECORDS/REPORTS	N FLOW MEASUREMENT
N SLUDGE DISPOSAL	S OPERATIONS & MAINTENANCE
N COMPLIANCE SCHEDULES	

S-Satisfactory M-Marginal U-Unsatisfactory N-Not Evaluated

COMMENTS: No violations noted during the site inspection and file review.

Signature: Jan M. Patton

Date: 9/27/05

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INC
LOCATION HATTIESBURG Forrest MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

Mature pipe
MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD: FROM YEAR 12 MO 04 DAY 01 TO YEAR 12 MO 04 DAY 30

*** NO DISCHARGE | __ | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******		(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / Plt Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 5453460
DATE: YEAR 12 MO 5 DAY 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* Flow Recorder not working. Request made to terminate the permit based upon Plant Shut down in 2009.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

FORREST
00310 / This Form.

PAGE OF

EE NAME/ADDRESS (Include Facility Name/Location if Different)

HERCULES INC
ESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INC
LOCATION HATTIESBURG Forrest MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
CHE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	04	01	TO	12	04	30

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	6.7	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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JUN 25 2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / Plt Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
41	545 3450	12	5	22

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

← Flow Recorder not working. Request made to terminate the permit based upon Plant Shut down in 2009.

FORREST

PA Form 3320-1 (Rev. 3/99) Previous editions may be used

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INC
LOCATION HATTIESBURG Forrest MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	03	01	TO	12	03	31

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	70	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.0	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / PLT MGR.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 545 3450

DATE: YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow Recorder not working. Request made to terminate the permit based upon Plant shutdown in 2009

A Form 3320-1 (Rev. 3/99) Previous editions may be used

FORREST
00309/ This is a 4-day form PAGE OF

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

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INC
LOCATION HATTIESBURG Forrest MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	02	01	TO	12	02	29

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	63	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	6.9	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / Plt Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	12	3	12

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

* Flow Recorder Not Working, Request made to terminate the Permit based upon Plant Shutdown in 2009

FORREST

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00308/111208-1227 This form. PAGE OF

NAME (Include Facility Name/Location if Different)
HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY LOCATION HERCULES INC HATTIESBURG Forrest MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: YEAR 12 MO 01 DAY 01 FROM — YEAR 12 MO 01 DAY 31 TO

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	61	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.1	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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FEB 29 2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / Plt Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE (601) NUMBER 545 3450

DATE: YEAR 12 MO 2 DAY 15

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* FLOW RECORDER NOT WORKING - REQUEST MADE TO TERMINATE THE PERMIT BASED ON PLANT SHUTDOWN IN 2009

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

FORREST
00307 This form

PAGE OF

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHE
STORM WATER NONCONTACT COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	11	01	TO	11	11	30

*** NO DISCHARGE ( ) ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	70	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	6.9	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / Plt Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 545 3450

DATE: YEAR 11 MO 12 DAY 14

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

FLOW RECORDER NOT WORKING. REQUEST MADE TO TERMINATE THE PERMIT BASED UPON PLANT SHUTDOWN IN 2009

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER
MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING

MONITORING PERIOD: FROM YEAR 11 MO 10 DAY 01 TO YEAR 11 MO 10 DAY 31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	75	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.1	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NODI = G J. Patton

RECEIVED
NOV 17 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / Pet Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 545 3450
DATE: YEAR 11 MO 11 DAY 14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*FLOW RECORDER NOT WORKING. REQUEST MADE TO TERMINATE THE PERMIT BASED UPON PLANT SHUTDOWN IN 2009.

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR ! DAN BROOKS

(Mail or Facility Name/Location if Different)

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

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MINOR
(SUBR 50)
F - FINAL
STORM WATER NONCONTACT COOLING
OTHER

MONITORING PERIOD
FROM YEAR 11 MO 08 DAY 01 TO YEAR 11 MO 08 DAY 31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	86	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
P[redacted] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.8	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
SEP 22 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 601 NUMBER 545 3450

DATE YEAR 11 MO 9 DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
FLOW RECORDER NOT WORKING. REQUEST MADE TO TERMINATE THE PERMIT BASED UPON PLANT SHUTDOWN

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00403/ [redacted] 30314-6[redacted]

PAGE OF

...ATTIESBURG

FACILITY ...DREST COUNTY

LOCATION HATTIESBURG

ATTN: M. RODNE... LTOP

M. P.43...

MS 940

...ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MSPO...6

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
PROCESS W/ T...PAT ...

Form Approved.
OMB No. 2040-0...

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	08	01	TO	11	08	31

*** NO DI... IARGE (...) **;

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	NODI=B REPORT MO AVG	NODI=B REPORT DAILY MX	(19) MG/L	0	AS NOTED TWICE/ MONTH	
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	6.1 5.0 MINIMUM	******	6.6 11.0 MAXIMUM	(12) SU	0	AS NOTED THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	4 REPORT MO AVG	4 REPORT DAILY MX	(19) MG/L	0	AS NOTED TWICE/COMP24 MONTH	
OIL AND GREASE 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	NODI=B REPORT MO AVG	NODI=B REPORT DAILY MX	(19) MG/L	0	AS NOTED TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001 REPORT MO AVG	0.005 REPORT DAILY MX	(03) MGD	******	******	******	**** ****	0	AS NOTED DAILY RECORDR	
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / Dist Mgr

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545-3460	11	9	20

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

...rm 3320-1 (Rev. 3/99) Previous editions may be used.

SEP 22 2011

...SCHARGE ELIMINATION SYSTEM (NPDES)
...MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

...NAL POLLUTANT DI... DISCHARGE M...

...RMIT NUMBER

001 A
DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEF

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
...M	11	07	01	TO	11	07	31

*** NO DISCHARGE [illegible] ***

NOTE: Read Instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HERCULES INCORPORATED
ADDRESS 613 W 7TH ST
...

...ata
...er of
...be obtain

...UE

SUS.
00530
EFFLUENT
OIL AND GRE...

03582 1 0 0
EFFLUENT GROSS VALUE
FLOW, IN CONDUIT OR
THRU TREATMENT PLANT
50050 1 0 0
EFFLUENT GROSS VALUE

	...Y OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	*****	******		******	19	34	(19)	0	As Noted	
	***	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
	******	******		6.8	******	6.9	(12)	0	As Noted	
	******	******	**** ****	5.0 MINIMUM	******	11.0 MAXIMUM	SU		THREE/GRAB WEEK	
...MENT	******	******		******	13	21	(19)	0	As Noted	
...MIT ...REMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
SAMPLE ...EASUREMENT	******	******		******	NODI = B	NODI = B	(19)	0	As Noted	
PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/GRAB MONTH	
SAMPLE MEASUREMENT	0.024	0.171	(03)	******	******	******		0	As Noted	
PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY RCORDR	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

...AME/TITLE PRINCIPAL EXECUTIVE OFFICER

...dney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	545 3450			

...MMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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AUG 10 2011

Form 3320-1 (Rev. 3/99) Previous editions may be used

00190/...

RMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
ME HERCULES INCORPORATED
DRESS 613 W 7TH ST
HATTIESBURG MS 39401
CILITY FORREST COUNTY
CATION HATTIESBURG MS 39401
TTN: MR RODNEY S BOLTON

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

PERMIT NUMBER	DISCHARGE NUMBER
MSP091286	001 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	07	01	TO	11	07	31

MINOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-000

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 0310 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	19	34	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	COMPE
H 0400 1 0 1 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	6.9	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	5.0 MINIMUM	******	11.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL USPENDED 0530 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	13	21	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	COMPE
OIL AND GREASE 3582 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	NODI=B	NODI=B	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR HRU TREATMENT PLANT 0050 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.024	0.171	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	RCORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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AUG 2 9 2011

AME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / PLT MGR
TYPED OR PRINTED

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RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	11	8	24

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

A Form 3320-1 (Rev. 3/99) Previous editions may be used

00190/ 1013014-0835 This is a 4-part form.

PAGE OF

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	07	01	TO	11	07	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	84	(15)	0	AS NOTED THREE/INSTANT WEEK	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	6.3	(12)	0	AS NOTED TWICE/GRAB MONTH	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	AS NOTED CONTINRCORDR VOUS	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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AUG 10 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / Plt Mgr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 545 3450

DATE: YEAR MO DAY

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

* Flow Recorder not working. Request made to terminate the permit based upon plant shutdown.

ME HERCULES INC
DRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
CILITY FORREST COUNTY
CATION HATTIESBURG MS 39403-1937
TTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
CH

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	07	01	TO	11	07	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER EG. FAHRENHEIT 0011 1 0 0 EFFLUENT GROSS VALUE CH	SAMPLE MEASUREMENT	******	******		******	******	84	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTA
0400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	6.3	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 29 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / Plt Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 | NUMBER 545 3450

DATE: YEAR 11 | MO 8 | DAY 24

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

* Flow Recorder not working. Request made to terminate the permit based upon plant shutdown.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used

00402 / This is a 4-part form.

PAGE 1 OF

NAME (Include Facility Name/Location if Different) HERCULES INCORPORATED

ADDRESS 613 W 7TH ST
HATTIESBURG MS 39401

FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39401

ATTN: MR RODNEY S BOLTON

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

Form Approved.
OMB No. 2040-0004

MSP091286	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	06	01	TO	11	06	30

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	4	8	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	7.2	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	5.0 MINIMUM	******	11.0 MAXIMUM	SU		THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	23	41	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
OIL AND GREASE 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	NODI=B	NODI=B	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.005	0.040	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY RCORDR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUL 21 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / DET MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545 3450	11	7	15

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

~~*From Recorder not working. Repair made to terminate the permit~~
~~based upon Permit Schedule~~

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00189 / [illegible] 2014-0015

This Form.

PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR 50)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	06	01	TO	11	06	30

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	82	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	6.8	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	11	7	15

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

* Flow Recorder not working. Request made to terminate the permit based upon plant shutdown.

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00401/ 1012014-0975 This is a 4-part form.

PAGE 1 OF

NAME HERCULES INCORPORATED
ADDRESS 613 W 7TH ST
HATTIESBURG MS 39401

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39401
ATTN: MR RODNEY S BOLTON

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MSP091286	001 A

MINOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	05	01	TO	11	05	31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	NODI = B	NODI = B	(19)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.2	******	6.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	5.0 MINIMUM	******	11.0 MAXIMUM	SU		THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3	4	(19)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
OIL AND GREASE 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	NODI = B	NODI = B	(19)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.05	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY RCORDR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 17 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	5453456	11	06	13

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

PA Form 3320-1 (Rev. 3/99) Previous editions may be used

00188/ 10120 14-0835 This is a 14-part form.

PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-193

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-193

ATTN MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL CH M
STORM WATER NONCONTACT C OLING

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
11	05	01	11	05	31

*** NO DISCHARG [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	81	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.6	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINR UOUS	CORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 17 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	5453456	11	06	13

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

*Flow Recorder NOT WORKING. Request made to terminate permit based upon plant shutdown.

PA Form 3320-1 (Rev. 3/99) Previous editions may be used

00400/ 1013014-0835 This is a 14-part form. PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

MS0001830 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 11 MO 04 DAY 01 TO YEAR 11 MO 04 DAY 30

MINOR
(SUBR 80)
F - FINAL
STORM WATER NONCONTACT COOLING
CHEM

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	77	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTANT WEEK	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.4	******	6.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 20 201

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton Pot/Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 5453456

DATE: YEAR 11 MO 5 DAY 18

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

* Recorder not working. Request made to terminate/suspend permit based upon plant shutdown.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00399 / 1Rh13Ca14-0835

This Form. PAGE OF

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

NAME HERCULES INCORPORATED

ADDRESS 613 W 7TH ST
HATTIESBURG MS 39401

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39401

ATTN: MR RODNEY S BOLTON

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

MSP091286	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	04	01	TO	11	04	30

MINOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

CHEM

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	50	99	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	COMP24
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	7.2	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	5.0 MINIMUM	******	11.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5	8	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	COMP24
OIL AND GREASE 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	NODI=B	NODI=B	(19)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.004	0.082	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 20 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton PLT/MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolt
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	545 3450	11	5	18
AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00187/1012014-0935 This is a 4-part form.

PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	03	01	TO	11	03	31

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING

CHEM

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	68	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
P[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.5	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	* NODI=G JMP	******	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
APR 21 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	11	4	15

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

* Flow Recorder not working. Permit terimation Requested. Permit suspension in-progress.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used

00398/ This is a 4-part form. PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	02	01	TO	11	02	28

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	68	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.4	******	6.4	(12)	0	"	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	"	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAR 22 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545 3450	11	3	16

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

*FLOW RECORDER NOT WORKING. REQUEST MADE TO TERMINATE permit based upon facility shut-down

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00397/1013014-0935 This is a 4-part form.

PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN. MR T DAN BROOKS

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

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	11	01	01	TO	11	01	31

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING

CHEM

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	55	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
P[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	6.7	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAR - 2 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545.3450	11	2	23

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

* Flow Recorder not working. Request made to terminate permit based upon facility shutdown.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used

00396/1013014-0835 This is a 4-part form.

PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	12	01	TO	10	12	31

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	59	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.3	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTIN VOUS	RCORDR
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 27 2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / PLT MGR.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545-3450	11	01	24

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

*Flow Recorder NOT Working. Request made to terminate permit based upon facility shutdown.

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	11	01	TO	10	11	30

*** NO DISCHARGE [ ] ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	68	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
DEC 16 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S. Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	10	12	13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*Flow Recorder not working. Request made to terminate permit based upon facility shut down.

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00463/071201-0403 This is a 4-part form. PAGE 1 OF

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD: YEAR 10 MO 10 DAY 01 FROM — YEAR 10 MO 10 DAY 31 TO

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******		(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		*	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 29 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S. Bolton Plt Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 545 3450
DATE: YEAR 10 MO 11 DAY 18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* Flow Recorder NOT Working. Request made to terminate permit based upon Facility Shut down

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00462/0511301-0703 This 1 4-part form.

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	09	01	TO	10	09	30

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	81	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.1	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		*	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINR UOUS	CORDR
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

RECEIVED OCT 22 2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton Plt MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	10	10	18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*Flow Recorder not working. Request made to terminate permit based upon facility shut down

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00461/071201-0903 This is a 4-part form.

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

Form Approved.
OMB No. 2040-0004

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	08	01	TO	10	08	31

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	86	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		*		
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
SEP 15 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	10	9	13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow Recorder not working. Request made to terminate permit based upon facility shut down.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00460/0711201-0703 This is a 4-part form.

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

Form Approved.
OMB No. 2040-0004

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	07	01	TO	10	07	31

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	84	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	6.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	******	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	10	8	23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTIRE FACILITY WAS SHUT DOWN IN 2009. Permit termination Request was filed with MDEQ on 6/18/10 in part because flow Recorder was destroyed by lightning and permit is no longer applicable

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00459/0[illegible] This is a 4-part form.

PAGE 1 OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	06	01	TO	10	06	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	86	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.4	******	6.5	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	****** **** ****		6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.161*	******	(03)	******	******	******		0*	AS NOTED*	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUL 20 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / PLT / MGR.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 6453450

DATE: YEAR 10 MO 7 DAY 15

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

*ELECTRICAL STORM on 6/16 Destroyed flow Recorder. Request made with MDEQ to Terminate permit and NOT Replace flow Recorder.

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

Form Approved.
OMB No. 2040-0004

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	05	01	TO	10	05	31

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	82	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.9	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.042	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 22 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S. Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	10	6	16

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

MS0001830 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	10	04	01
TO	10	04	30

✓

Form Approved.
OMB No. 2040-0004

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	77	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	****** ****	****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
P[redacted] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.8	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	****** ****	****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.024	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCRDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / PE MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
601	545 3460

DATE

YEAR	MO	DAY
10	5	17

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

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

NAME: HERCULES INC

ADDRESS: 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY LOCATION: FORREST COUNTY
HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE | | ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	03	01	TO	10	03	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	70	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.7	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.062	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

RECEIVED
APR 22 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Rodney S. Bolton / Plt Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	RS Bolton	601	545 3450	10	4	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

00455/0P1201 0703

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
10	02	01	TO	10	02	28

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
CHEM

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	61	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.0	(12)	0	AS NOTED	X
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.159	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rooney S Bolton / Dist Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	5453450	10	3	24

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	01	01	TO	10	01	31

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	61	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.2	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.081	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

RECEIVED
MAR 01 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / Asst Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE NUMBER

DATE
YEAR 10 MO 2 DAY 25

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

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if Different*)
NAME HERCULES INC
ADDRESS 813 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

MS0001538	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	12	01	TO	99	12	31

Form Approved.
OMB No. 2040-0004

MINOR
(SEMI SO)
F - FINAL
STORM WATER NONCONTACT COOLING
CHEM
*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						70	(15)	0	AS NOTED	
	PERMIT REQUIREMENT						90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
P H 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.9		7.2	(12)	0	AS NOTED	
	PERMIT REQUIREMENT				6.0 DAILY MN		9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.369		(03)					0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG		MGD						CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 27 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Rodney S. Bolton / Pit Mgr	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	R S Bolton	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	545 3450	10	1	21

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBE 50)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	64	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	****	******	******	90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
P[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.4	******	7.4	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.018	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED DEC 2009

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545 3450	09	11	9

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	10	01	TO	09	11	30

(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
CHEM
*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						79	(15)	0	AS NOTED	
	PERMIT REQUIREMENT						90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
	SAMPLE MEASUREMENT				7.2		7.4	(12)	0	AS NOTED	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				5.0 DAILY MN		9.0 DAILY MX	SU		THICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.063		(03)					0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG		MGD						CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Gary Shelley / OP. MGR.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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NOV 17 2009
DEQ-OPC

Gary Shelley
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
601	545	3450	09	11	17

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

RMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

OMB No. 2040-0004

ME HERCULES INC
DRESS 513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

CILITY FORREST COUNTY
CATION HATTIESBURG MS 39403-1937
TTN: MR T DAN BROOKS

PERMIT NUMBER	DISCHARGE NUMBER
MS0001580	002 A

MINOR
(SUBP SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE | | ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	08	31	TO	09	09	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
EMPERATURE, WATER EG. FAHRENHEIT 0011 1 0 0 FFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	******	82	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		THREE/INSTAN WEEK	
00400 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.6	******	7.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		THICE/GRAB MONTH	
LOW, IN CONDUIT OR HRU TREATMENT PLANT 50050 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINRCORDE UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Rodney S Bolton / PLT MBR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	RS Bolton	601	545 3450	09	09	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00589/041203-1033

PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001333	002

(SUB SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	07	01	TO	09	07	31

NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						84	(15)	0	AS NOTED	
	PERMIT REQUIREMENT						90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.2		7.4	(12)	0	AS NOTED	
	PERMIT REQUIREMENT				6.0 DAILY MN		9.0 DAILY MX	SU		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032		(03)					0	AS NOTED	
	PERMIT REQUIREMENT	REPORT 30 DAY		MGD						CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 2009

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Gary Shirley / OP. MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545-3450	09	08	14

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE 1 OF

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

AME HERCULES INC

DDRESS 613 WEST 7TH STREET

HATTIESBURG MS 39403-1937

ACILITY FORREST COUNTY

OCATION HATTIESBURG MS 39403-1937

TTN: MR T DAN BROOKS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001832	002 A

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	06	01	TO	09	06	30

FEE NO DISCHARGE [ ] [illegible]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	81	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.6	******	7.6	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0095	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED AUG 2009

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / PLT MGR

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545 3450	09	07	15

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

This is a 4-part form.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

OMB No. 2040-0004

AME HERCULES INC

DDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

ACILITY FORREST COUNTY

OCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SIBR 50)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	05	01	TO	09	05	31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	72	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	90 DAILY MX	DEG.F		THREE/ WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	*****	7.5	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	*** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.16	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 2009

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Gary Shelley / OP MGR

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Gary H Shelley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545 3450	09	06	15

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

This is a 4-part form.

PAGE 1 OF

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00585/0812 03-1933

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

NAME HERCULES INC

ADDRESS 513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
NO DISCHARGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	04	01	TO	09	04	30

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						66	(15)	0	As Noted	
	PERMIT REQUIREMENT						90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
pH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				~~7.6~~ 7.6 ~~to 6.6~~ STD UNITS		~~9.6~~ 7.7 ~~to 6.6~~ STD UNITS	(12)	0	As Noted	
	PERMIT REQUIREMENT				6.0 DAILY MN		9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.109		(03)					0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG		MGD						CONTINRECORDR DOWS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 2009

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Gary Shelley VP HER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Shelley	AREA CODE 601	NUMBER 545 3450	YEAR 09	MO 05	DAY 15
TYPED OR PRINTED							

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: MR 1 DAN BROOKS

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

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001 30	002

MS 00
(SUBP SO)
F - FINAL CHEM
FORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	03	01	TO	09	03	31

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	64	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	***	******	******	90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
P[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.3	******	8.2	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	***	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.182	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Gary Shelley / PLT OP MGR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	601	545 3450	09	04	14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00534/051203-1033

PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: MR T DAN BROOKS

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

OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 99 MO 01 DAY 01 TO YEAR 99 MO 01 DAY 31

(SURF - O)
F - FINAL
STORM WATER NONCONTACT COOLING
MAJOR DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						68	(15)	0	AS NOTED	
	PERMIT REQUIREMENT						90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.3		7.6	(12)	0	AS NOTED	
	PERMIT REQUIREMENT				6.0 DAILY MN		9.0 DAILY MX	SU		THICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.040		(03)					0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG		MGD						CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Gary Sherrey / GR MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 544-3450

DATE: YEAR 99 MO 02 DAY 16

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

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

NAME HERCULES INC

ADDRESS 513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	00

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	01	01	TO	09	01	31

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
CHEM
*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	65	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	*****	******	******	90 DAILY MX	DEG.F		THREE/WEEK	INSTAN
P[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.4	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	*****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.04	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	*****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FNF 8/31/09

RECEIVED FEB 2009

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Gary Sheney / OP. MGR.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Gary Sheney

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	09	02	24

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE 1 OF

NAME [illegible] INC (Address Facility Name/Location if Different)

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 35403-1937

FACILITY [illegible]

LOCATION HATTIESBURG MS 35403-1937
[illegible]

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

Form Approved.
OMB No. 2040 0004

PERMIT NUMBER	DISCHARGE NUMBER
[illegible]	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTAC COOLING
CHEM
*** NO DISCHARGE [ ]

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	11	[illegible]	TO	08	[illegible]	[illegible]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
[illegible] DEG. FAHRENHEIT [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	70	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.6	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	5.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
[illegible] THRU TREATMENT PLANT [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.214	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	CORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED DEC 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Gary Sheeley / OP. MGR.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450	08	12 ~~11~~	15

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

per call from C Jordan change 11 to 12 [initials]

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00572/0[illegible] This is a 4-part form. PAGE OF

NAME [redacted]

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY [redacted]

LOCATION HATTIESBURG MS 39403-193[illegible]
[illegible] W. T. DYER BLDG.

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

Form Approved.
OMB No. 2040-0004

MS0001830
PERMIT NUMBER

002 M
DISCHARGE NUMBER

(1)NUK
(SUBR SU)
F FINAL
CHLM
STORM WATER NUNCONTACT COOLING

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	10	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	72	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[redacted] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.056	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED NOV 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GARY F. SHELLEY / OPERATIONS MANAGER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	5453450	08	11	18

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

ERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
AME [illegible]
DDRESS 613 WEST 7TH STREET
[illegible] MS 39403-1937
ACILITY [illegible]
OCATION HATTIESBURG MS 39403-1937
[illegible]

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

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	30

MINOR
(SUBR 50)
F FINAL
STORM WATER NONCONTACT [illegible]
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
EMPERATURE, WATER EG. FAHRENHEIT [illegible] FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	84	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
[illegible] FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.4	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
[illegible] IN CONDUIT OR HRU TREATMENT PLANT [illegible] FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.223	******	(03)	******	******	******		(1)		
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINR UOUS	CORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
OCT 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GARY F. SHELLEY / OPERATIONS MANAGER
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	5453450	08	10	17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
1) ON SEPT 7TH, 2008 THE FLOW READING WAS MISSED DUE A COMPUTER FAILURE

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

NAME [illegible]

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY [illegible] COUNTY

LOCATION HATTIESBURG MS 39403-193[illegible]
[illegible] MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	08	08	31

*** NO DISCHARGE ! ! ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	82.4	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
[illegible] 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.411	******	(03)	******	******	******		*		
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINR VOUS	CORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED SEP 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
GARY F. SHELLEY / OPER. MGR.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	5843450 NUMBER	08 YEAR	09 MO	18 DAY

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

* FLOW RATES WERE NOT RECORDED FROM 8/1 THRU 8/26 DUE EQUIPMENT MALFUNCTION.
MONTHLY FLOW RATE CALCULATED USING MEASURED FLOW FROM 8/27 THRU 8/31

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00569/07[illegible] This is a 4-part form.

PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY
LOCATION HATTIESBURG MS 39403-1937

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

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SD)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	82	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[redacted] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.2	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.085	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
GARY F. SHELLEY / DEL. MGR.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	601	545 3450	08	08	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

ERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
AME
DDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
ACILITY
OCATION HATTIESBURG MS 39403-193
FIL MR T DAN BROOKS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 50)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
00	06	01	TO	00	06	30

*** NO DISCHARGE ( ) ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	87.8	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[redacted] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.3	******	7.5	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.036	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Rodney S Bolton/Plt Mngr	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	RS Bolton	601	5453450	08	07	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY
LOCATION HATTIESBURG

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING
*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	05	01	TO	08	05	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	86	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	90 DAILY MX	DEG F		THREE/INSTAN WEEK	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.1	*******	7.3	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	*******	*******	*** ****	6.0 DAILY MN	*******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.078	*******	(03)	*******	*******	*******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	*******	MGD	*******	*******	*******	*** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / Dist Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
601	5453450

DATE

YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME
ADDRESS 515 WEST 7TH STREET
FACILITY
LOCATION

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

Form Approved.
OMB No. 2040 0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001330	002 A

MINOR
(SUBR SD)
F - FINAL
STORM WATER NONCONTACT COOL
*** NO DISCHARGE ***

MONITORING PERIOD	YEAR	MO	DAY
FROM	08	04	01
TO	08	04	30

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEC FAHRENHEIT 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	*** ***	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.4	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	*** ***	5.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.07	******	(03)	******	******	******		*	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	****** ****	****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / Plt Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	545-3450	08	5	28

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

* MALFUNCTION FLOWRATE TOTALIZER WAS REPAIRED AND PLACED BACK IN SERVICE ON 4/25/08

ERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
AME
DDRESS 613 NIST 4TH STREET
HATTIESBURG MS 39403 1937
ACILITY
OCATION HATTIESBURG

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

Form Approved.
OMB No 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBM SO)
FINAL
FLOW WATER NONCONTACT COOL
*** NO DISCHARGE ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	03	01	TO	08	03	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WTR DEG. FAHRENHEIT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	75	(15)	*	AS NOTED	
	PERMIT REQUIREMENT	******	******	****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
[redacted] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.4	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
LOAD TO CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.046	******	(03)	******	******	******		**	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary Shelley / Prod. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary A Shelley	601 584 3220		08	04	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
*On 3/3 and 3/7, samples were inadvertently not caught for temperature measurement. Temperatures this time of the year are well below ther permit max. This oversight has been corrected.
: The flowrate totalizer malfunctioned on 3/4. A replacement has been ordered and expected to be shipped on 4/14/08 and installe as soon as it is received.

CMRRR: 7005 0390 0000 7105 7240

OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

RMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

ME [illegible]

DRESS 613 WEST 7TH STREET

HATTIESBURG MS 39403-1937

CILITY [illegible] COUNTY

CATION HATTIESBURG MS 39403-1937

[illegible] BROOKS

PERMIT NUMBER	DISCHARGE NUMBER
MS0001330	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	02	01	TO	08	02	29

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
[illegible] WATER EG FAHRENHEIT [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	75	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
[illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.4	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
[illegible] IN CONDUIT OR THRU TREATMENT PLANT [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.050	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINR VOUS	CORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAR 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Bolton / PLT MGR

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	5453450	08	03	17

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

This is a 4-part form.

PAGE 1 OF

00563/0[illegible]

[illegible] 9/99) Previous editions may be used.

CANCEL: 1003 : 0510

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
AME [illegible]
DDRESS 61[illegible] WEST 7TH STREET
HATTIESBURG MS 39401-1937

ACILITY [illegible]
OCATION HATTIESBURG [illegible]

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

PERMIT NUMBER	DISCHARGE NUMBER
[illegible]001830	002 A

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
[illegible]	01	[illegible]	FROM	[illegible]	01	01

Form Approved
OMB No. 2040 0004

MINOR
(SUBR 30)
F - FINAL
STORM WATER MONSON ACT [illegible]

*** NO DISCHARGE [illegible]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
[illegible] WATER DEG. FAHRENHEIT [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
[illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.6	******	7.8	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
[illegible] IN CONDUIT OR THRU TREATMENT PLANT [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.157	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******		******	******	******	**** ****		CONTINR UOUS	CORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED FEB 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rodney S. Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	545 3450			

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00562/0[illegible] This is a 4-part form.

PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible]
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39401-3453
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39401-1907

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

OMB No 2040-0004

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MINOR
(SUBR SD)
E - FINAL
SURFACE WATER MUNICIPAL - DOMESTIC

MONITORING PERIOD
FROM YEAR 07 MO 12 DAY 01 TO YEAR 07 MO 12 DAY 31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 C 0	SAMPLE MEASUREMENT	******	******		******	******	75	DEG F	0	AS NOTED THREE/WEEK	INSTAN
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX				
[redacted] 00400 1 C 0 PERLUBNE GRAB SAMPLE	SAMPLE MEASUREMENT	******	******		7.2	******	7.3		0	AS NOTED TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******		6.0 DAILY MN	******	9.0 DAILY MX	SU			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 C 3 PERLUBNE GROSS VALUE	SAMPLE MEASUREMENT	0.088	******	MGD	******	******	******		0	AS NOTED CONTINUOUS	RECORDR
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED FEB 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R S Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 545-3450

DATE: YEAR 08 MO 02 DAY 26

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

ERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

AME HERCULES INC

DDRESS 613 WEST 7TH STREET

HATTIESBURG MS 39403-1937

ACILITY [illegible]

OCATION HATTIESBURG MS 39403-1937

ITN MR I OAM [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR 50)
F - FINAL CHEM
STORM WATER NONCONTACT CODE [illegible]

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
EMPERATURE, WATER ES, FAHRENHEIT 0000 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	77	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
0400 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	6.9	(12)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
LOW, ON CONDUIT OR HRU TREATMENT PLANT 0050 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.02	******	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JAN 2008

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
RODNEY S. BOLTON / PLT MGR. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	RS Bolton SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	545 3450 NUMBER	YEAR	MO	DAY

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

This is a 4-part form.

PAGE OF

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00142/0

ERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

AME [illegible]

DDRESS [illegible] STREET

[illegible] MS 39403-1937

ACILITY [illegible]

OCATION [illegible] MS [illegible]

[illegible] DAM BROOKS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SOAR 50)
P - FINAL
STORM WATER NONCONTACT [illegible]

*** NO DISCHARGE [illegible] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
[illegible]	SAMPLE MEASUREMENT	******	******		******	******	79	(75)	0	As Noted	
	PERMIT REQUIREMENT	******	******	****	******	******	90 DAILY MX	DEG F		HREE/ WEEK	INSTAN
[illegible]	SAMPLE MEASUREMENT	******	******		7.2	******	7.3	(12)	0	As Noted	
	PERMIT REQUIREMENT	******	******	****	6.0 DAILY MN	******	9.0 DAILY MX	SU		WICE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	0.07	******	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED NOV 2007

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RODNEY S. BOLTON / PLT MGR

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545 3450	07	11	12

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

NAME

ADDRESS (Include Facility Name/Location if Different)

FACILITY LOCATION

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

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001350	001 A

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	01	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	86	(15)		AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
PH STANDARD UNITS 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.7	(12)		AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	5.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.16	******	(03)	******	******	******	****		AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED OCT 2007

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S. Bolton / Plt Mgr

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601, NUMBER 545 3450

DATE: YEAR, MO, DAY

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

NAME

ADDRESS (Include Facility Name/Location if Different)

FACILITY

LOCATION

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

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	07	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	AS NOTED	
00400 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	******	90 DAILY MX	DEG F		THREE/ WEEK	INSTAN
[redacted]	SAMPLE MEASUREMENT	******	******		6.6	******	6.8	(12)	0	AS NOTED	
00400 1 0 0	PERMIT REQUIREMENT	******	******	*****	6.0 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.06	******	(03)	******	******	******		0	AS NOTED	
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	******	MGD	******	******	******	****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED SEP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Rodney S. Bolton / PLT MGR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	RS Bolton	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			601	545-3450	07	08	28

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [redacted]
ADDRESS [redacted]

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

Form Approved
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 10)
F - FINAL
STORM WATER NONCONTACT COOLING

FACILITY [redacted]
LOCATION [redacted]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	07	31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	81	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 DAILY MX	DEG F		THREE/ WEEK	INSTAN
[redacted] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	(12)		AS NOTED	
	PERMIT REQUIREMENT	*****	*****	*****	5.0 DAILY MN	*****	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.09	*****	(03)	*****	*****	*****			AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	*****	MGD	*****	*****	*****	***		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED AUG 20

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Rodney S Bolton / Plt Mgr	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	R S Bolton	601	545 3450	07	7	31
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	(SUBR SO)
		F - FINAL

STORM WATER NONCONTACT COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[redacted] IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.14	0.90	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
PH	SAMPLE MEASUREMENT				7.3		7.4		0	TWICE MONTH	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 2007

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rodney S Boccon / Plt Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RS Bolton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
601	545	3459	07	06	19

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

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

NAME HERCULES INC

ADDRESS 618 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN WALTER D LANGHANS

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

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

MINOR
(SUBR 50)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE ( ) ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	As Noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[illegible] IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.12	1.01	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
pH	SAMPLE MEASUREMENT				6.6		7.6		0	twice MONTH	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAY 2007

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TERRY D. BROOKS / PLT MGR

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Terry D Brooks

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	5453450	07	05	09

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00245/0103074-part form.

PAGE OF

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

NAME [illegible] INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

[illegible] WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE ! ! ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[illegible] IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.13	0.33	(03)	******	******	******		0*	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
pH	SAMPLE MEASUREMENT				7.1		7.2		0	TWICE MONTH	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAY 2001

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAN BROOKS / PLT MGR

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Dan Brooks

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545 3450	07	04	23

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

*FLOWRATES WERE CALCULATED ON 3/11,12,13,14 DUE TO EQUIPMENT MALFUNCTION

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00244/0[illegible] This is a 4-part form.

PAGE 1 OF

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

NAME [redacted]

ADDRESS 611 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY [redacted]

LOCATION HATTIESBURG MS 39403-1937
ATTN: WALTER D LANGHANS

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

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

MINOR
(SUBR 50)
F - FINAL
STORM WATER NONCONTACT COOLING
*** NO DISCHARGE ***

RECEIVED
MAR 26 2007
Dept of Environmental Quality
Office of Pollution Control

Form Approved.
OMB No. 2040-0004

CHEM

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	66	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[redacted] M, IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.13	0.26	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.4		7.5		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Terry D. Brooks, Plant Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3238	07	03	23

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

00243/0763/07/4-PC

CMRRR: 7005 0390 0000 1703 8748

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN WALTER D LANGHANS

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

Form Approved
OMB No 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR 50)
F - FINAL
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE ( ) ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	72	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	90 DAILY MX	DEG F		FREEZ INSTAN WEEK	
[illegible] IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.16	0.90	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*** ****		[illegible] VOUS	
pH	SAMPLE MEASUREMENT				7.0		7.1		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAR 2002

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Terry D. Brooks, Plt. Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Terry D Brooks
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	584-3220	07	02	23

COMMENTS 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT								0	As noted.	
	PERMIT REQUIREMENT						90 DAILY MX			THREE/INSTAN WEEK	
	SAMPLE MEASUREMENT	0.14	1.06						0*	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINRECORDR UOOS	
pH	SAMPLE MEASUREMENT				7.3		7.6		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JAN 2007

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Terry D. Brooks, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	601 584-3220	07	01	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

*Flowrate adjustment calculations were made on 12/6/06 due to resetting totalized recorder.

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						75		0	As noted.	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	0.16	0.70						0	As noted.	
	PERMIT REQUIREMENT										
pH	SAMPLE MEASUREMENT				7.0		7.6		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
DEC 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Terry D. Brooks, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		601	584-3220	06	12	14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS 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)*

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
	002 A

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						79		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX	DEG. F		THREE/(INSTAN NEEK	
	SAMPLE MEASUREMENT	0.13	0.17						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINRCORDR UOUS	
pH	SAMPLE MEASUREMENT				7.0		7.1		0	Twice Monthly	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED DEC 200

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Terry D. Brooks, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		601 584-3220	06	11	28
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS 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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						84		0	As noted.	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	0.22	0.87						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX								
pH	SAMPLE MEASUREMENT				7.3		7.7		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
T. Dan Brooks, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dan Brooks	AREA CODE: 601	NUMBER: 584-3220	YEAR: 06	MO: 10	DAY: 23
TYPED OR PRINTED							

COMMENTS 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)*

OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						83		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/WEEK	INSTAN
[redacted]	SAMPLE MEASUREMENT	0.16	0.40						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.5		7.6		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED SEP 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
T. Dan Brooks, Plant Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	T. Dan Brooks	601	684-3220	06	09	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS 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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						84		0	As noted.	
	PERMIT REQUIREMENT						90 DAILY MX			THREE/WEEK	INSTAN
	SAMPLE MEASUREMENT	0.11	0.46						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.1		7.2		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Terry D. Brooks, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		601	584-3220	06	08	14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME

ADDRESS

FACILITY

LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						84		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/WEEK	INSTAN
	SAMPLE MEASUREMENT	0.076	0.21						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				6.9		7.0		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUL 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Terry D. Brooks, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Terry D. Brooks	601 584-3220	06	07	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1932
FACILITY [illegible] COUNTY
LOCATION HATTIESBURG MS 39403-1937
[illegible] WALTER B LANGHAMS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
[illegible]	002 A

[illegible]
[illegible]
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	05	01	TO	06	05	31

*** NO DISCHARGE [illegible] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	81	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG F		THREE/ WEEK	INSTAN
[illegible] IN CONDUIT OR [illegible] TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.20	0.742	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
pH	SAMPLE MEASUREMENT				7.0		7.3		0	Twice Mthly	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Terry D. Brooks, Plt. Mgr.

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	584-3220	06	06	19

RECEIVED JUN 2006

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE OF

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
	002 A

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						82		0	As noted.	
	PERMIT REQUIREMENT						90 DAILY MX			THREE/INSTAN WEEK	
	SAMPLE MEASUREMENT	0.50	1.90						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINRCORDR UOUS	
pH	SAMPLE MEASUREMENT				7.0		7.0		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	06	05	23
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM			
TO			

NOTE: Read instructions before completing t

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS
pH	SAMPLE MEASUREMENT	0.29	0.63		6.9		7.1		0	As no
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								*	As noted
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT								0	Twice Month
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE: 601 | NUMBER: 684-3220

DATE

YEAR: 06 | MO: 04 | DAY: 10

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

* On March 2, 3, and 4, flow measurements were not recorded as the result of an inadvertent shut-off of power

Form 3320-1 (Rev. 3/99) Previous editions may be used.

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						66		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/INSTAN WEEK	
	SAMPLE MEASUREMENT	0.38	1.36						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINRCORDR UOUS	
pH	SAMPLE MEASUREMENT				7.1		7.3		0	Grab	Twice Month
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

MAR 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		601	584-3220	06	03	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						66		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX	DEG F		THREE/INSTAN WEEK	
	SAMPLE MEASUREMENT	0.37	0.70				******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINRECORDR USGS	
pH	SAMPLE MEASUREMENT				6.9		7.2		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Walter D. Langhans, Plt. Mgr.

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
601	584-3220

DATE

YEAR	MO	DAY
06	02	10

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

NAME

ADDRESS

FACILITY

LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						68		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/INSTAN WEEK	
	SAMPLE MEASUREMENT	0.36	0.96						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	
pH	SAMPLE MEASUREMENT				7.1		7.3		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	06	01	09
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						79		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/1NSTAN WEEK	
	SAMPLE MEASUREMENT	0.18	0.31						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	
pH	SAMPLE MEASUREMENT				7.0		7.3		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NOV 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	05	11	07
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME

ADDRESS

FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						81		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/WEEK	INSTAN
	SAMPLE MEASUREMENT	0.46	0.88						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	RCORDR
pH	SAMPLE MEASUREMENT				7.4		7.5		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
OCT 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
601	584-3220

DATE

YEAR	MO	DAY
05	10	18

COMMENTS 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						82		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/7INSTAN WEEK	
	SAMPLE MEASUREMENT	0.80	2.52						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******	**** ****		CONTINUOUS	
pH	SAMPLE MEASUREMENT				7.4		7.4		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED 2005 SEP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 | NUMBER 584-3220

DATE: YEAR 05 | MO 09 | DAY 16

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

No samples, no data available during Hurricane Katrina.

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

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						84		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/WEEK	
	SAMPLE MEASUREMENT	0.29	1.04						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******	****		CONTINUOUS	
pH	SAMPLE MEASUREMENT				7.1		7.3		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.		601 584-3220	05	08	09
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						82		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/ENSTAR WEEK	
	SAMPLE MEASUREMENT	0.22	0.65						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	
pH	SAMPLE MEASUREMENT				7.3		7.3		0	Twice Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUL 2006

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	05	07	15

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form

NAME

ADDRESS

FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						73		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/WEEK	INSTAN
	SAMPLE MEASUREMENT	0.19	0.43						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.1		7.2		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt.Mgr.

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE: 601 | NUMBER: 584-3220

DATE

YEAR: 05 | MO: 06 | DAY: 20

COMMENTS 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						75		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/WEEK	
	SAMPLE MEASUREMENT	0.19	0.86						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINUOUS	
pH	SAMPLE MEASUREMENT				6.9		7.3		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	05	05	20
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME

ADDRESS

FACILITY LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						70		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/INSTAN WEEK	
	SAMPLE MEASUREMENT	0.35	2.00						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******			CONTINRCORDR UOUS	
pH	SAMPLE MEASUREMENT				6.9		7.2		0	Twice monthly	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	05	04	15
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
	002 A

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						72		0	As noted.	
	PERMIT REQUIREMENT						90 DAILY MX	DEG F		THREE/WEEK	INSTAN
	SAMPLE MEASUREMENT	0.29	0.92						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				6.9		7.1		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAR 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
601	584-3220		05	03	21
AREA CODE	NUMBER		YEAR	MO	DAY

COMMENTS 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)*

OMB No. 2040-0004

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY

NOTE: **Read instructions before completing this form.**

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT						77		0	As noted.	
	PERMIT REQUIREMENT	******	******		******	******	90 DAILY MX			THREE/WEEK	
	SAMPLE MEASUREMENT	0.27	0.93			******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.0		7.3		0	Twice/ month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED FEB 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		601	584-3220	05	02	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR 90)
F - FINAL
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE. [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
F[illegible], IN CONDUIT OR T[illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.19	0.48	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
pH	SAMPLE MEASUREMENT				7.0		7.2		0	Time Month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JAN 2005

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	584-3220	05	01	18

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00874/031217-1032

PAGE OF

NAME/ADDRESS (Include Facility Name/Location if Different)

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1707
ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A	MINOR (SUBR SU) F - FINAL CHEI STORM WATER NONCONTACT COOLING
PERMIT NUMBER	DISCHARGE NUMBER	

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.56	1.26	(03)	******	******	******			As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
pH	SAMPLE MEASUREMENT				7.1		7.2		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 | NUMBER 584-3220

DATE: YEAR 04 | MO 12 | DAY 17

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

DEC 2004 RECEIVED

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 80)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG F		THREE/WEEK	INSTAN
[redacted] IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT	0.52	1.28		7.1		7.2		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NOV 2004
RECEIVED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601	584-3220	04	11	10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

00882/051217/PAGE

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-193
ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MINOR
(SUBR 90)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD FROM: YEAR 04 MO 07 DAY 01 TO: YEAR 04 MO 09 DAY 30

*** NO DISCHARGE ( ) ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
F[illegible]: IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.59	0.70	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
pH	SAMPLE MEASUREMENT				7.1		7.2		0	Twice month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[illegible]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 584-3220

DATE: YEAR 04 MO 10 DAY 15

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN WALTER D LANGHANS

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

Form Approved
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 90)
F - FINAL
CHEI
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	31	TO	04	08	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.59	0.94	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.2		7.2		0	Twice month.	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SEP 20 RECEIVED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	04	09	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR 50)
F - FINAL
CHEI
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY
FROM	03	07	01
TO	04	07	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	90 DAILY MX	DEG F		THREE/WEEK	INSTAN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.30	1.05	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*** ****		CONTINUOUS	RCORDR
pH	SAMPLE MEASUREMENT				7.2		7.2		0	Twice Month	Grab
	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		
Walter D. Langhans, Plt. Mgr.		601	584-3220	04	08	19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

RECEIVED AUG 2004

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

NAME/ADDRESS (Include Facility Name/Location if Different)

NAME HERCULES INC

ADDRESS 412 WEST 7TH STREET
HATTIESBURG MS 39403-1737

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1737

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A	MINOR (SUBR SD) F - FINAL
PERMIT NUMBER	DISCHARGE NUMBER	STORM WATER NONCONTACT COOLING

CHEP

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.69	1.45	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.2		7.3		0	Twice Monthly	Grab
	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		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		601	584-3220	04	07	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

JUL 2004 RECEIVED

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE OF

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: WALTER D LANGHANS

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

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 80)
F - FINAL
STORM WATER NONCONTACT COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.26	2.32	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.0		7.0			Two MONTH	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

JUN 2004
RECEIVED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		601 584-3220	04	06	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 3940 . 15

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR 50)
F - FINAL
STORM WATER NUMERICAL LOADING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		75	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.14	1.25	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
pH	SAMPLE MEASUREMENT				7.1		7.1		0	TWO/ MONTH	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAY 2004

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	04	05	13

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

NAME HERCULES INC

ADDRESS 619 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SD)
F - FINAL
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		72	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG F		THREE/ WEEK	INSTAN
[redacted], IN CONDUIT OR ... TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.97	1.92	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.1		7.3		0	Twice/ month	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
APR 200 J

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt.Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	04	04	15
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME HERCULES INC

ADDRESS 410 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A	MINOR (SUBR SD)
PERMIT NUMBER	DISCHARGE NUMBER	F - FINAL

CHEM

STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	01

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		66	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[redacted] FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.58	2.63	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*****		CONTINUOUS	RECORDR
pH	SAMPLE MEASUREMENT				7.0		7.1		0	Daily Grab.	
	PERMIT REQUIREMENT				6.0		9.0				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAR 2004

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	04	03	29

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INC
ADDRESS 610 WEST 7TH STREET
HATTIESBURG MS 39401-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG
ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUB BD SO)
FINAL
STORM WATER RUN OFF INTACT MDL 2%
SEE INSTRUCTIONS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		70	(15)	0	AS NOTED	
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
[redacted] IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.27	0.61	(03)	******	******	******		0	AS NOTED	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
pH	SAMPLE MEASUREMENT				7.0	XXX	7.2		0		
	PERMIT REQUIREMENT									2/MONTH GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
WALT LANGHANS / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	545450	04	02	17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
A PINE OIL RELEASE ON 1-5-04 WAS REPORTED TO MDEQ.
A WRITTEN REPORT DOCUMENTATION WAS SUBMITTED AFTER CLEAN-UP WAS COMPLETED

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL
STORM WATER NONCONTACT COOLING CHEI

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
03	12	01	TO	03	12	31

*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

RECEIVED
JAN 26 2004
ECED

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		72	(15)	0	✓	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.4	(12)	0	✓	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.48	1.08	(03)	******	******	******		0	✓	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
WALT LANGHANS / PLT MGR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
1001	5453450	04	01	22

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

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00096/030 1 24-part form. This is a 4-part form. PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
03	11	01	03	11	30

*** NO DISCHARGE | | | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	******	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.2	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.51	1.14	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
DEC - 9 2003
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 | NUMBER 584-3220

DATE: YEAR 03 | MO 12 | DAY 04

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00095/030124-110.dmr

PAGE OF

CM-RRR: 7001 2510 0008 8523 7083

Form Approved
OMB No. 2040-000

c NAME/ADDRESS *(Include Facility Name/Location if Different)*
HERCULES INC
DRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY LOCATION
FORREST COUNTY
HATTIESBURG MS 39403-1937
ATTN: WALTER D LANGHANS

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

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	10	01	TO	03	10	31

MINOR
(SUBR SO)
F - FINAL C
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		75	(15)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INST
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	6.8	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.52	1.03	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCOR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAR 2004

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	03	11	17
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	10	01	TO	03	10	31

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		75	(15)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	6.8	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 21 2003
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	03	11	17

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

PERMITTEE NAME/ADDRESS *(Includes Facility Name/ Location if Different)*
NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: WALTER D LANGHANS

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

OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD					
YEAR	MO	DAY		YEAR	MO	DAY
03	09	01	TO	03	09	30

*** NO DISCHARGE | __ | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		82	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.0	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	****** **** ****		6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.50	0.89	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	601 584-3220	03	10	17
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

CMRRR: 7001 2510 0008 8523 7137

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

NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

MS0001830 PERMIT NUMBER

002 A DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	08	01	TO	03	08	31

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

ATTN: WALTER D LANGHANS

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		84	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.7	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.48	1.13	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
OCT - 3 2003
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	584-3220	03	09	29

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

On 8/16, our industrial wastewater, which normally discharges to the POTW, was bypassed to NPDES Outfall 002 for 40 min. This was beyond the reasonable control of the facility because it was caused by greater than a 10 year rain event.

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD					
YEAR	MO	DAY		YEAR	MO	DAY
03	07	01	TO	03	07	31

*** NO DISCHARGE | __ | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		79	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.0	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.73	1.40	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	03	08	14

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00091/036124-1032

PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	06	01	TO	03	06	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		79	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/INSTAN WEEK	
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.3	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.68	1.44	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUL 23 2003
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	03	07	16

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

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00090/030124-1032

PAGE OF

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		79	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
pH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.1	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.99	1.39	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt.Mgr.		601	584-3220	03	06	12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET

, HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	04	01	TO	03	04	30

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******		77	(15)	0	Daily	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
	SAMPLE MEASUREMENT	******	******		6.9	******	7.3	(12)	0	Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.98	1.95	(03)	******	******	******		0	As noted.	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	03	05	15

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00088/030124-1032

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR SD)
F - FINAL
STORM WATER NONCONTACT COOLING
CHEM

RECEIVED
APR 23 2004

*** NO DISCHARGE | __ | ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	03	01	TO	03	03	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		73	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.4	(12)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.72	1.62	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	03	04	16

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

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

NAME HERCULES INC

ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MINOR
(SUBR SO)
F - FINAL CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	02	01	TO	03	02	28

*** NO DISCHARGE ( ) ***

NOTE: Read instructions before completing this form.

MAR 20 2003

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		70	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/ WEEK	INSTAN
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.4	(12)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.51	1.06	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	03	03	14

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

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00086/030124-1032 This is a 4-part form.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INC
ADDRESS 613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: WALTER D LANGHANS

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

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MINOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER NONCONTACT COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	01	01	TO	03	01	31

*** NO DISCHARGE | __ | ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		69	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		THREE/WEEK	INSTAN
[redacted] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.4	******	7.3	(12)	1	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.38	0.67	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt.Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	584-3220	03	02	18

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: CHARLES JORDAN

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

OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
001 Q — DISCHARGE NUMBER
MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER
CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	10	01	TO	02	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CARBON, TOT ORGANIC (TOC) 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******	******	******				
	PERMIT REQUIREMENT	2013 QRTR AVG	3019 QRTR MAX	LBS/DY	******	******	******	****		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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MAR 30 2003
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.		601 584-3220	03	01	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

CMRR# 7001 2510 0000 0525 7207

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
LOCATION HATTIESBURG MS 39403-1937
ATTN: CHARLES JORDAN

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

OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 J — DISCHARGE NUMBER

MAJOR
(SUB-CATEGORY)
X - FINAL
BROADBAY REQUIREMENTS
CHECK IF NO DISCHARGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	10	01	TO	02	12	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TC25 STATIC 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******					(23)	*		
	PERMIT REQUIREMENT	******	****** **** ****		100 MINIMUM	******	******	PER-CENT		1/QTRLY	COMP24
STATIC 7DAY CHR CHARLES TPBC 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)	*		
	PERMIT REQUIREMENT	******	****** **** ****		100 MINIMUM	******	******	PER-CENT		1/QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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JUN 30 2003
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 584-3220

DATE: YEAR 03 MO 01 DAY 28

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

* No longer a permit requirement.

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

NAME [illegible]

ADDRESS [illegible]

FACILITY FORREST COUNTY

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

MS0061930 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MAJOR
(SUBS SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN — CHEM

*** NO DISCHARGE | | ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	12	01	TO	02	12	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 .2; MIN., WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT						75	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT MO AVG	90 DAILY MX	DEG.F		5 DAYS/ WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				6.6		7.6	(12)	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.41	1.49	(03)	*****	*****			0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 30 2003
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601 584-3220		03	01	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

NAME: HERCULES INCORPORATED

ADDRESS: P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY: FORREST COUNTY

LOCATION: HATTIESBURG MS 39403-1937

ATTN: CHARLES JORDAN

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

OMB NO. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBB SO)
F - FINAL
PROCESS WASTEWATER
CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	12	01	TO	02	12	31

[ ] NO DISCHARGE [X]

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			*******	*******	(20)			
	PERMIT REQUIREMENT	******	******	*****	6 MO MIN	******	******	MG/L		5 DAYS/ WEEK	GRAB
[redacted] 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		5 DAYS/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		5 DAYS/ WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		5 DAYS/ WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		5 DAYS/ WEEK	COMP24
[redacted]ON, TOT ORGANIC [redacted]) [redacted]30 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	152.1 MO AVG	228 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
SELENIUM, TOTAL RECOVERABLE 00981 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTI

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 601	NUMBER 584-3220	YEAR 03	MO 01	DAY 28
TYPED OR PRINTED							

RECEIVED
JAN 30 2003
DEQ-OPC

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00999/02.117-1145

PAGE 1 OF

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

NAME HARCULES INCORPORATED

ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: CHARLES JORDAN

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

OMB No. 2040-0004

MS0001830 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	12	01	TO	02	12	31

CHK NO DISCHARGE [X]

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26) LBS/DY	*******			(19) MG/L			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	REPORT MO AVG	REPORT DAILY MX			TWICE/MONTH	CONTIN
[redacted] RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26) LBS/DY	*******			(19) MG/L			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	REPORT MO AVG	REPORT DAILY MX			TWICE/MONTH	CONTIN
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26) LBS/DY	*******			(19) MG/L			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	REPORT MO AVG	REPORT DAILY MX			TWICE/MONTH	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26) LBS/DY	*******			(19) MG/L			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	REPORT MO AVG	REPORT DAILY MX			TWICE/MONTH	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26) LBS/DY	*******			(19) MG/L			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX		*******	REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	GRAB
[redacted], IN CONDUIT OR TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03) MGD	*******	*******	*******	*******			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	*******	*******	*******		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	03	01	28

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

RECEIVED
JAN 30 2003
DEQ-OPC

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

01000/02117-1143

Hercules
Forrest
MS000 1830
GMP

STATE OF MISSISSIPPI
PHIL BRYANT
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
TRUDY D. FISHER, EXECUTIVE DIRECTOR

August 17, 2012

Mr. Rodney S. Bolton
Ashland Hercules Water Technologies
5228 North Hopkins Street
Milwaukee, WI 53209-4634

Dear Mr. Bolton:

Re: Inspection Report
Hercules Inc
Hattiesburg, Mississippi
Forrest County
Water – NPDES Permit No. MS0001830
Water – Pretreatment Permit No. MSP091286
GP – Construction Coverage No. MSR103943

Enclosed are copies of the inspection reports completed as a result of this office's inspections at Hercules Inc on 7/12/2012. The reports should be used by you as a guide for complying with requirements and limitations stated in your permits.

If you have any questions concerning this matter, please contact me at (601) 961-5782.

Sincerely,

Jan M. Patton
Chemical Branch
Environmental Compliance and Enforcement Division

Agency Interest No.2022
INS20120002

ASHLAND

Ashland Water Technologies

Hattiesburg, MS Plant
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450

June 20, 2012

Jan Patton
Chemical Branch
Environmental Compliance and Enforcement Division
Bureau of Pollution Control
P. O. Box 2261
Jackson, MS 39225-2261

Re: Hercules Inc
Hattiesburg, Mississippi
Forrest County
Discharge Monitoring Report (DMR) Issues

Dear Ms. Patton:

The purpose of this letter is to provide MDEQ with written response to your May 31, 2012 letter regarding our submission of the April site DMR. Per your recent discussion with Hercules' representatives, when only one sample was taken for a specific parameter our previous understanding was to report the result in the DMR maximum column only. However, based on your instructions, we will now report the result in all columns so that there are no empty fields on the DMR. In regard to the pH result for Outfall 002A, the pH was sampled as required (twice/month), analyzed, and recorded in the operating log. However, the two sample results were inadvertently not recorded on the DMR. I have attached corrected copies of the DMRs that I believe remedy the noted issues.

In addition, for your information, I have relocated. I would appreciate your changing my mailing address to the following:

Mr. Rodney S. Bolton
Ashland Water Technologies
2401 Doyle Street
Greensboro, NC 27406

If I can provide any additional information, please contact me at 336-335-3776.

Sincerely,

RS Bolton

ASHLAND INCORPORATED
Rod Bolton
Regional Plant Manager

JUN 25 2012

HERCULES

Hercules
Forrest Co
MS0001830
gmp

STATE OF MISSISSIPPI
PHIL BRYANT
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
TRUDY D. FISHER, EXECUTIVE DIRECTOR

May 31, 2012

Via Certified Mail: 7011 1150 0001 1255 5586

Mr. Rodney S. Bolton
Ashland Hercules Water Technologies
5228 N. Hopkins Street
Milwaukee, WI 53209

Re: Hercules Inc
Hattiesburg, Mississippi
Forrest County
Discharge Monitoring Report (DMR) Issues

Dear Mr. Bolton:

This letter is in reference to the DMRs submitted for Outfalls 001S 001A, and 002A signed May 22, 2012. Several fields on the reports were left blank (i.e. the average loading and average concentration for methylene chloride) when values were provided for the maximum. All empty fields on a DMR are to be filled in by the permittee. If the field is left blank, MDEQ is required to code the field in the EPA reporting database as "non-submittal of required information" and that is considered a violation. Please review your copies of the aforementioned DMRs, fill in any blank fields and re-submit them to our office.

Also, the pH for Outfall 002A was left completely blank. Is this a result of an oversight or was the pH not taken for this reporting period? Please include an explanation with your re-submittal.

If you have any questions concerning this matter, please contact me at (601) 961-5782.

Sincerely,

Jan M. Patton
Chemical Branch
Environmental Compliance and Enforcement Division

Flow notations on the DMR for Hercules

Jan Patton to: rsbolton
Cc: Rick Sumrall, Annette Brocks, Lisa Crumpton

05/04/2011 11:11 AM

From: Jan Patton/ECED/OPC/DEQ
To: rsbolton@ashland.com
Cc: Rick Sumrall/ECED/OPC/DEQ@DEQ, Annette Brocks/GW/OPC/DEQ@DEQ, Lisa Crumpton/OPC/DEQ@DEQ

Good Morning Mr. Bolton,

We have received the Discharge Monitoring Report (DMR) for the Hercules facility in Hattiesburg, MS. In the fields for flow, asterisks were used and a notation made in the comment field of "Less than 100 GPD". Please utilize numerical values in the data fields and the units of MGD as required by the permit when possible. If no discharge occurs, please check the "No Discharge" box at the top of the DMR.

Our database is set up based on the DMR. If the information supplied on the DMR does not match what the database is looking for, the computer records it as "Information Not Reported". Also, we are not supposed to alter the information submitted on the DMR by the facility. So, even though 100 GPD to MGD isn't difficult, we are not supposed to alter your information to make it match what should have been reported.

Thank you!!

jan

Jan M. Patton
Environmental Compliance and Enforcement Division
Mississippi Department of Environmental Quality
Phone: (601) 961-5782
Fax: (601) 961-5674

October 18, 2010

CERTIFIED MAIL No.: 7006 2760 0001 5667 3594
Mr. Rodney Bolton
Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

Dear Mr. Bolton:

Re: Hercules Inc
Water Ref. No.MS0001830
Forrest County

Your current permit MS0001830 was scheduled to expire on April 30, 2012. Please be advised per the date of this letter, the above referenced environmental permit is hereby revoked.

If you have any questions regarding this matter or any future environmental permitting matters, please contact Ebonye Allen at (601) 961-5553.

Sincerely,

Harry M. Wilson III, P.E., DEE
Chief, Environmental Permits Division

cc: DID
SRO (via email)
ECED (via email)

2022 PER20090002

Hercules Forrest Co MSP 091286

"Rodney S. Bolton" <rsbolton@ashland.com>
06/17/2010 10:40 AM

To Jan_Patton@deq.state.ms.us
cc "Charles S. Jordan" <csjordan@ashland.com>, "Kristina Woods" <kwoods@ashland.com>, "Kara Long" <klong@ashland.com>
bcc
Subject Fw: Effluent discharge- Flow Monitoring Upset

History: This message has been forwarded.

Jan:

Here is our official notification of the flow monitoring upset due to a lightning strike damaging the equipment at the Hattiesburg site. We are in the process of repairing the equipment as soon as possible. Charlie Jordan will inform you when the system is operational again.

Please contact me if you need additional information.

Thank you.

Rod Bolton
Ashland Hercules Water Technologies
Plant Manager
Milwaukee, WI and Hattiesburg, MS
414-461-4000, ext. 157
Cell: 414-331-0708

---- Forwarded by Rodney S. Bolton/Remote/NA/Herc on 06/17/2010 10:34 AM ----

Charles S. Jordan/Hattiesburg/NA/Herc
06/16/2010 12:56 PM

To Rodney S. Bolton/Remote/NA/Herc@Ashland
cc
Subject Effluent discharge

On Tuesday, June 15, 2010, we experienced a normal rainfall event coupled with a lightning storm. We had severe lightning damage to the PLC and associated flow rate equipment. We are in the process of determining the exact damage and will make repairs in a timely manner. I called Jan Patton today to report this.

This e-mail contains information which may be privileged, confidential, proprietary, trade secret and/or otherwise legally protected. If you are not the intended recipient, please do not distribute this e-mail. Instead, please delete this e-mail from your system, and notify us that you received it in error. No waiver of any applicable privileges or legal protections is intended (and nothing herein shall constitute such a waiver), and all rights are reserved.

Hercules
Forrest C
MS000 18
JW

ASHLAND

Ashland Inc.

Environmental, Health and Safety

P. O. Box 2219
Columbus, OH 43216
Tel: 614 790-3333, Fax: 614 790-6080
www.ashland.com

April 8, 2010

Ms. Jan Patton
Mississippi Department of Environmental Quality
Office of Pollution Control
Environmental Compliance and Enforcement Division
P.O. Box 2261
Jackson, MS 39225

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

RE: Delegation of Signatory for Environmental Reports and Documents
Hercules Incorporated
Hattiesburg, MS

As President, Global Supply Chain, and Vice-President of Ashland Inc., parent company of Hercules Incorporated, I am the responsible corporate officer with respect to operations at the above-referenced facility. Therefore, in accordance with USEPA, State of Mississippi, and Local Authority regulations, I authorize the following positions for the facility to sign, certify and submit all reports, applications, notifications and other documents associated with the above-referenced permit(s), as well as any other information relating to air quality, water quality, solid and hazardous waste, remediation, water usage, watershed, toxic release inventory related activities at the above-referenced facility:

Manufacturing Director, North America
Regional Plant Manager
Remediation Project Manager

Please contact Rod Bolton at 414-461-4000, ext. 157 or rsbolton@ashland.com should you have any questions or require any changes to this delegation.

Thank you in advance for your attention to this matter.

Respectfully yours,

Theodore L. Harris
President, Global Supply Chain & EH&S
Vice President, Ashland Inc.

cc: Mr. Rick Sumrall
Mississippi Department of Environmental Quality
Office of Pollution Control
Environmental Compliance and Enforcement Division
P.O. Box 2261
Jackson, MS 39225

Hercules
Forrest Co
MS 0001830
JWD

ASHLAND.

Rod Bolton
Regional Plant Manager

Ashland Hercules Water Technologies

Hattiesburg, MS Plant
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450

RECEIVED
MAR 12 2009
Dept of Environmental Quality
Office of Pollution Control

March 9, 2009

Ms. Jan Patton
Mississippi Department of Environmental Quality
Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39255

Re: Closure of Ashland Hercules Water Technologies Facility
613 W. 7th Street
Hattiesburg, MS 39401

Dear Ms. Patton:

This letter will serve as official notice of the closing of Ashland's Hattiesburg Plant, formerly the Hercules Incorporated Hattiesburg Plant. The closure is scheduled to permanently terminate production of specialty chemicals effective September 30, 2009. Please note this target date may be adjusted based upon the successful completion of production being relocated at other facilities.

The Hattiesburg facility currently operates with 21 employees. The reductions in force are scheduled to begin in July 2009, and will conclude by early 2010. The plant is scheduled to be completely decommissioned in the first quarter of 2010.

The required closure plan for the facility will be submitted 90 days prior to permanently closing the facility.

If you should have any questions, please feel free to call Mr. Gary Shelley at 601-584-3220, or me at (414) 461-4000, ext. 157.

Sincerely,

RS Bolton

Rod Bolton
Regional Plant Manager

HERCULES

NPDES # MS0001830

ASHLAND

Rod Bolton
Regional Plant Manager

Ashland Hercules Water Technologies

Hattiesburg, MS Plant
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450

March 26, 2009

VIA FACSIMILE (601-354-6612) AND EXPRESS U.S. Mail

Christopher G. Wells, Esq.
Senior Attorney
Office of Pollution Control
Mississippi Department of Environmental Quality ("MDEQ")
P.O. Box 2261
Jackson, Mississippi 39225

Re: Ashland Inc. ("Ashland")-Hercules, Incorporated Hattiesburg Plant
Hattiesburg, Forrest County, Mississippi

Dear Mr. Wells:

Ashland thanks you, Mr. Sanders and Mr. Sumrall for taking the time to discuss your March 19 letter to Gary Shelley with us. As promised during that discussion, this is Ashland's submittal of written plan that we hope will address the concerns of MDEQ expressed in that letter, regarding the Hattiesburg facility's discharge of storm water from the subject basin to the POTW. Please note that our submittal of this plan is entirely voluntary and does not constitute any admission by Ashland that the past or future discharges from the impoundment were or are in violation of any law, regulation or permit.

Ashland is confident based on our knowledge of the history of facility operations and the nature of the basin contents that the storm water discharged from this basin is not a hazardous waste, and does not contain benzene over RCRA TCLP limits, or which exceed our POTW permitted limit. To confirm this, we are analyzing a split sample of the storm water taken during MDEQ sampling on March 25, 2009. If additional sampling is necessary, we will also collect a second sample of the storm water in the basin and have it tested for TCLP VOC's per standard protocol (SW846-1311/8260). We would collect this additional sample after the next storm event so that the water in the basin will be reasonably representative of the water that is discharged when necessary to prevent overflow. We would welcome MDEQ participation with us in this second sampling event and would notify the agency at least twenty-four hours in advance of our intent to collect the sample.

Upon receipt of the results from the sample analysis, Ashland will share the results with MDEQ. If the results confirm that the water is not hazardous for benzene and does not exceed the POTW limits, unless MDEQ directs otherwise, we will resume discharging the storm water to the POTW as allowed in the permit and per past practice.

HERCULES

Based on our knowledge of the nature of the sludge material in the bottom of this impoundment, Ashland believes that none of the sludge has been, or could be, discharged with this planned and controlled storm water discharge. Additionally, the inlet into the pump already has an approximately 1/2 to 3/4 inch mesh screen However, as an extra precaution and to address the MDEQ request, we are planning to use a portable pump with its suction inlet maintained well above the level of the solids in the basin. We will also institute a procedure to ensure that a minimum water level of six inches is maintained in the basin after pumping.

Ashland reiterates that no process waste water or other inlets to the storm water basin exist. The basin receives only direct storm water (rain or other precipitation); minor residual storm water run-off from other areas is not an issue. In particular, no rain water from the process areas reaches the basin. In extremely heavy rain fall events, some water will enter the basin from the immediate surrounding area. We will monitor the contribution from the surrounding area during a significant rain event and take appropriate actions to deter any "sheeting" run-off from entering the basin, if such flow is confirmed and redirection deemed necessary.

MDEQ inquired as to the frequency of storm water transfers from the basin to the POTW. Historically, we have pumped about three feet of water out of the basin approximately six times per year, depending, of course, on the amount of precipitation and other factors such as evaporation rates. However, with the new portable pump, we will likely be pumping the storm water in the basin out more often and in smaller quantities.

Ashland respectfully notes that the best and most sensible long-term solution to all of these concerns and issues is to close the basin. As MDEQ is aware, we have been ready and willing to undertake closure of the basin, and as we did in my December 12, 2008 letter, we again request an opportunity to meet with MDEQ to discuss how the closure should be conducted. We urge MDEQ to complete its review and contact us in this regard as soon as possible.

Please feel free to call me at 414-461-4000, ext. 157 with any questions or comments. Thank you very much.

Sincerely,

RS Bolton

Rodney S. Bolton
Regional Plant Manager

ASHLAND.

Rod Bolton
Regional Plant Manager

Ashland Hercules Water Technologies

Hattiesburg, MS Plant
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450

April 7, 2009



VIA FACSIMILE (601-961-5674) AND EXPRESS U.S. MAIL

Christopher G. Wells, Esq.
Senior Attorney
Office of Pollution Control
Mississippi Department of Environmental Quality ("MDEQ")
P.O. Box 2261
Jackson, Mississippi 39225

Re: Ashland Inc. ("Ashland")-Hercules, Incorporated Hattiesburg Plant
Hattiesburg, Forrest County, Mississippi

Dear Mr. Wells:

Thank you for your April 1, 2009 letter in which you agreed to provide Ashland with a copy of the test results MDEQ obtains from the March 25th split-sampling of the water in the basin. You indicated that these results would be provided as soon as they become available. We will look forward to receiving them.

This letter will also provide a written confirmation, per the request of MDEQ, of the measures we have taken to redirect and divert "sheeting" and runoff. We have revisited our previous storm water diversion efforts and have been able to identify and further minimize some additional street runoff. We have covered three street storm drains with polyethylene and then sand bagged them. This will divert this additional storm water in directions other than toward the basin. We have also constructed a stone berm to redirect this runoff to storm water discharge. Now that we are able to resume discharges in accordance with our permit and with the other voluntary actions we have outlined in our correspondence, we will be able to stabilize the basin and prevent any future concerns.

We appreciate your letting us know in your letter that we will soon be receiving a response from MDEQ in response to our December 12, 2008 letter, and that we will be able to discuss closure of the basin. Again, we emphasize that such closure will eliminate these concerns entirely.

Please feel free to contact me, or have Mr. Sanders contact me, with any questions.

Sincerely,

R S Bolton

Rodney S. Bolton

Regional Plant Manager

Cc: Mr. Chris Sanders

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
TRUDY D. FISHER, EXECUTIVE DIRECTOR

April 1, 2009

Via Facsimile (414-461-4671) and U.S. Mail

Mr. Rodney S. Bolton
Ashland Hercules Water Technologies
5228 North Hopkins Street
Milwaukee, WI 53209-4634

Re: Ashland-Hercules Water Technologies (the "Company") - Hattiesburg Plant
Hattiesburg, Forrest County, Mississippi

Dear Mr. Bolton:

I have received, and thank you for, your letters dated March 26 and March 30, 2009, regarding issues surrounding the discharge of storm water from the inactive wastewater impoundment at the above-referenced facility. Based upon the information presently available to the Mississippi Department of Environmental Quality ("MDEQ"), which includes results (reported by the Company) of laboratory analyses of water samples taken from the impoundment on March 25, 2009, it appears that the storm water most recently discharged from the impoundment did not contain hazardous levels of benzene and did not exceed the effluent limitations contained in the facility's existing pretreatment permit.[1]

However, the concerns that MDEQ has expressed regarding the existence of hazardous waste sludge in the impoundment still exist. In light of those concerns, it is our understanding that the Company has agreed that, until further written notice from MDEQ, any future discharges of storm water from the impoundment will be conducted subject to the following conditions:

(1) The Company will continue to collect, and report on, all effluent sampling required by the existing pretreatment permit;
(2) The Company will maintain an after-pumping, minimum water level of six inches above the sludge;

[1] In your letter of March 30, you requested a copy of MDEQ's analytical results of the March 25 "split" sample. As of the writing of this letter, MDEQ has not completed its analysis of that sample, but a copy of the results shall be provided to you when available.

(3) The Company will ensure that the discharge pump inlet is maintained at a level far enough above the sludge, and that the pump inlet will have a screen or other mechanical filtering device, to ensure that no sludge is removed with the storm water; and

(4) The Company will take measures to divert storm water run-off, or "sheeting" as referred to in your March 26 letter, from areas surrounding the impoundment, so as to minimize the necessity for discharge.

The issue regarding "sheeting" run-off is of particular concern at this point. Prior to this past weekend's rain event, it was MDEQ's understanding that the amount of "sheeting" run-off into the impoundment was minimal. That understanding was based in large part on representations during recent telephone calls regarding the amount of free-board capacity available in the impoundment. The fact that the impoundment overflowed on March 28 makes it appear that the amount of "sheeting" is significant and that re-directing the "sheeting" flow is necessary to minimize the need for discharge from the impoundment. Your March 26 letter acknowledged this as a possibility, and MDEQ now requests that the Company take steps to redirect and divert the "sheeting" run-off. MDEQ requests that the Company provide a written description of whatever measures the Company intends to take to accomplish the diversion.

In the meantime, MDEQ will review all of the existing circumstances to determine whether a modification to the existing pretreatment permit is required. If a modification is deemed necessary, the Company will be so notified.

Finally, in regard to your request for a meeting or conference call to discuss closure of the impoundment, the Company will soon be receiving a letter from MDEQ addressing the issues raised by the Company's response to the November 24, 2008, Notice of Violation. After your receipt of that letter, we will arrange for a meeting to discuss the pending hazardous waste issues.

In the meantime, if you have any questions or concerns regarding the content of this letter, or if we need to further discuss the storm water issues, feel free to contact me at 601-961-5545. Otherwise, we look forward to hearing from the Company regarding the measures to be taken to minimize or avoid "sheeting" run-off into the impoundment.

Sincerely,

Christopher G. Wells
Senior Attorney
Office of Pollution Control

TRANSMISSION VERIFICATION REPORT

TIME : 04/01/2009 08:31
NAME : MDEQ
FAX : 6019615674
TEL : 6019615674
SER.# : 000C8N448862

DATE,TIME	04/01 08:30
FAX NO./NAME	90141446146717206056
DURATION	00:00:55
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Mississippi Department of Environmental Quality
P.O. Box 2261
Jackson, MS 39225-2261
515 East Amite Street
Jackson, MS 39201
Phone: 601.961.5171
Fax: 601.961.5674

Fax

To: Mr. Rodney S. Bolton **From:** Chris Wells

Fax: 414-461-4671 **Pages:** 3

Phone: **Date:** 4/1/09

Re: Hattiesburg Plant **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

STATE OF MISSISSIPPI

HALEY BARBOUR
GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

TRUDY D. FISHER, EXECUTIVE DIRECTOR

March 26, 2009

CERTIFIED MAIL 70063450000023675693
Mr. Rodney Bolton
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

Dear Mr. Bolton:

Re: Hercules Inc
Air Title V Permit, NPDES Permit, Pre-treatment Permit, Large Construction Coverage, and Baseline Coverage
Forrest County

The Environmental Permits Division has approved the modification of all valid permits and permit coverages for Hercules Inc., per your notification that Hercules, Inc. is now a wholly–owned subsidiary of Ashland, Inc. Please replace the first page of the above referenced permits and coverages with the enclosed modified pages. Note the limitations, schedules of compliance, monitoring requirements, and monitoring reporting dates found in these permits are still applicable.

If you have any questions, please call me at (601) 961-5067.

Sincerely,

Toby M. Cook, P.E.
Chief, Chemical Manufacturing Branch
Environmental Permits Division

Enclosures

2022 PER20090002

ASHLAND

Ashland Hercules Water Technologies

613 West 7th Street
Hattiesburg, MS 39401
Tel (601) 584-3238
Fax (601)584-3226

RECEIVED
DEC 19 2008
Dept of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL: RETURN RECEIPT REQUESTED
Cert #: 7005 0390 0000 1703 8953

December 2, 2008

Roy Furrh, Esq.
General Counsel
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson, MS 39225-2261

RE: Ashland Inc. acquisition of Hercules

Dear Mr. Furrh:

The purpose of this letter is to confirm that on November 13, 2008, Ashland Inc. completed the acquisition of Hercules Incorporated. Hercules is now a wholly owned subsidiary of Ashland Inc., and remains the owner and operator of all of its assets, businesses, facilities, plants and subsidiaries. The attached news release published at 222.ashland.com provides further information on the transaction.

If you require any additional information, please feel free to contact me at (414) 461-4000.

Very truly yours,
ASHLAND HERCULES WATER TECHNOLOGIES

RS Bolton

Rodney S. Bolton
Plant Manager

RSB/

cc: Toby Cook
Jerry Banks
Chris Sanders

HERCULES

Chimese Jones/Plaza/NA/Herc
11/13/2008 01:13 PM

To roy_furrh@deq.state.ms.us, ROYHFURRH@AOL.com
cc Richmond L. Williams/Plaza/NA/Herc@Hercules
Bcc
Subject Permit Transfer at Hattiesburg

Roy,

Rich asked me to send you the below document in consistence with your telephone call of yesterday.

The original will be sent out today via Fedex.

If you have questions or concerns, please contact Rich.

Thanks.

Chimese

RECEIVED
NOV 14 2008
DEQ-OPC

NOV 14
MS DEPT OF E

20081113123959427.pdf

This e-mail contains information which may be privileged, confidential, proprietary, trade secret and/or otherwise legally protected. If you are not the intended recipient, please do not distribute this e-mail. Instead, please delete this e-mail from your system, and notify us that you received it in error. No waiver of any applicable privileges or legal protections is intended (and nothing herein shall constitute such a waiver), and all rights are reserved. In addition, no information or statements set forth in this e-mail shall be deemed to legally bind Hercules Incorporated (or its affiliated companies) ("Hercules") unless the intent to bind Hercules is expressly and specifically set forth herein, and other required elements to constitute a legally binding agreement are present.

HERCULES

NOV 13

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

CERTIFIED MAIL: RETURN RECEIPT REQUESTED
Cert #: 7005 0390 0000 1703 9462

November 12, 2008

Roy Furrh, Esq.
General Counsel
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson, MS 39225-2261

RE: Request for Transfer of Permit Form
Hercules Incorporated Stock Transfer
Hattiesburg Facility

Dear Mr. Furrh:

Enclosed please find the Request for Transfer of Permit form of Hercules Incorporated. We understand that this form is required by the Mississippi Commission on Environmental Quality Regulation WPC-1, even in the event of change of control of a permit holder through the sale of stock.

As described in our September 9, 2008, letter (attached), as a result of a pending transaction scheduled to occur on this coming Thursday, November 13, 2008, Ashland, Inc. will be acquiring all of the stock of Hercules Incorporated. Hercules will then become a wholly owned subsidiary of Ashland. Hercules will remain the owner and operator of Hercules' manufacturing plant in Hattiesburg, Mississippi.

As a result of the structure of the transaction, although Hercules is submitting the required form, it will remain the permittee on all of the listed permits.

If you have any questions about the enclosed form, please call Richmond Williams, Esquire of our Law Department at 302-594-7020.

Sincerely,
HERCULES INCORPORATED

RS Bolton

Rodney S. Bolton
Plant Manager

RSB/
Attachment:

cc: Richmond L. Williams
Toby Cook
Jerry Banks
Chris Sanders

RECEIVED NOV 13 2008

Environmental Permits for Industrial Facilities
Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I.

Facility Name: HERCULES INC

Location: (Do Not Use P.O. Box)

Street: 613 WEST 7TH STREET

City: HATTIESBURG State: MS Zip: 39401

County: FORREST

Telephone: (601) 584 3220

Item II.

Responsible official after transfer or name change.

Name: RODNEY S. BOLTON

Title: PLANT MANAGER

Mailing Address:

Street/P.O. Box: 613 WEST 7TH STREET

City: HATTIESBURG State: MS Zip: 39401

Telephone (414) 461 4000 EXT 157

Item III.

Previous Permittee[1]: HERCULES INC.

Mailing Address:

Street/P O. Box: 613 WEST 7TH STREET

City: HATTIESBURG State: MS Zip: 39401

Telephone: (601) 584 3220

Item IV.

New Permittee[1]: HERCULES INC.

Mailing Address:

Street/P.O. Box: 613 WEST 7TH STREET

City: HATTIESBURG State: MS Zip: 39401

Telephone: (601) 584 3220

Item V.

Industrial Activity SIC Code: 2821 & 2899

Brief Description:

CHEMICALS MANUFACTURING

Item VI.

Will Facility Operations Change? Yes [ ] No [*]

If yes, the appropriate applications and permits may require modification prior to change.

Item VII.

Will Facility Name Change? Yes [ ] No [*]

If Yes, Provide New Name for Permit Coverage.

New Name:

Item VIII.

Signature for Name Change

Print Name: RODNEY S. BOLTON

Authorized Signature[2]: RS Bolton

Title: PLANT MANAGER Date: 11/11/08

Item IX.

We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: HERCULES INC

To: HERCULES INC Acquisition Date: NOV 13, 2008

By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.

HERCULES INC (Rod Bolton)	HERCULES INC (Rod Bolton)
Print New Permittee[1] Name	Print Previous Permittee[1] Name
RS Bolton	RS Bolton
New Authorized Signature[2]	Previous Authorized Signature
PLANT MANAGER	PLANT MANAGER
Title	Title
11/11/08	11/11/08
Date	Date

[1]A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
[2]Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-1 and WPC-1.

SEPTEMBER 2000

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

Item X. Storm Water

(Check One)

☐ A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.

☒ The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.

☐ The recipient is submitting a new SWPPP, which is attached to this form.

☐ A copy of the SWPPP cannot be obtained from the original owner.

Item XI. Hazardous Waste ID Number

EPA ID No. MSD 008182081

(Check One)

☐ An EPA Hazardous Waste ID Number is not required for the site.

☒ The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: TITLE V	Permit Type: STORM WATER GENERAL NPDES PERMIT
Permit/Coverage No.: 0800-00001	Permit/Coverage No.: MSR 110153
Permit Issuance Date: 4-22-04	Permit Issuance Date: 12-16-05
Date of General Permit Coverage: AS SPECIFIED HEREIN	Date of General Permit Coverage: AS SPECIFIED HEREIN
Permit Expiration Date: 3-31-09	Permit Expiration Date: 9-30-10
Permit Type: POTW	Permit Type: NPDES
Permit/Coverage No.: MSP 091286	Permit/Coverage No.: MS0001830
Permit Issuance Date: 12-16-05	Permit Issuance Date: 5-4-07
Date of General Permit Coverage: AS SPECIFIED HEREIN	Date of General Permit Coverage: AS SPECIFIED HEREIN
Permit Expiration Date: 10-31-09	Permit Expiration Date: 4-30-12
Permit Type: LARGE CONSTRUCTION STORM WATER GENERAL	Permit Type:
Permit/Coverage No.: MSR 103943	Permit/Coverage No.:
Permit Issuance Date: 1-3-06	Permit Issuance Date:
Date of General Permit Coverage: AS SPECIFIED HEREIN	Date of General Permit Coverage:
Permit Expiration Date: 5-31-10	Permit Expiration Date:
Permit Type:	OTHER INFORMATION:
Permit/Coverage No.:	
Permit Issuance Date:	
Date of General Permit Coverage:	
Permit Expiration Date:	

ASHLAND

Ashland Inc.

Karen T. Murphy
Vice President

Environmental Health and Safety
5200 Blazer Parkway, Dublin, OH 43017
P.O. Box 2219, Columbus, OH 43216
Tel: 614 790-3873 Fax: 614-790-4649
ktmurphy@ashland.com

November 13, 2008

VIA US POSTAL SERVICE AND ELECTRONIC MAIL

Mr. Roy Furrh, Esq.
General Counsel
Mississippi Department of Environmental Quality
P.O. Box 2261
Jackson, Mississippi 39225

Re: Hercules Incorporated
Air—Title V Operating Permit No. 080000001
Water—Stormwater General Baseline Permit No. MSRI 10153
Water—Large Construction Stormwater General Permit No. MSR103943
Water—NPDES Permit No. MS0001830
Water—Pretreatment Permit No. MSP091286
Hattiesburg, Forest County, Mississippi

Dear Mr. Furrh:

Ashland Inc. is submitting this letter in response to a telephone conversation you and Mr. Toby Cook had with Kristina M. Woods, Esq., our Senior Environmental Counsel, yesterday.

As you know, Ashland Inc. (NYSE:ASH) ("Ashland") will be acquiring the stock of Hercules, Incorporated ("Hercules") on or about November 13, 2008. Hercules will become a wholly-owned subsidiary of Ashland, and will remain a legal entity. Hercules will continue to be the permittee on the above-referenced permits, the Hattiesburg facility will continue to be owned and operated by Hercules, and the management and operation of the Hattiesburg facility will not change in any way as a result of this transaction. Given these circumstances, you and Ms. Woods agreed that it is not necessary or appropriate for Ashland to complete the DEQ's "Request for Transfer of Permit, General Permit Coverage, and/or Name Change," as Ashland is not the "new permittee," nor are the permits themselves transferring to Ashland. However, DEQ requested pursuant to its regulations regarding permit transfers that a member of Ashland's senior management acknowledge and provide formal notice on Ashland's behalf that it is acquiring Hercules' stock and that Hercules will be a wholly-owned subsidiary of Ashland. This letter will serve that purpose.

We appreciate the Mississippi DEQ's assistance with this matter. If you have any questions, please call Kristina Woods at 614-790-3678. Thank you very much.

Very truly yours,

Karen T. Murphy
Vice President, Environmental Health and Safety

cc: Kristina Woods
Richmond Williams, Hercules

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

September 9, 2008

CERTIFIED MAIL: RETURN RECEIPT REQUESTED
Cert. #: 7005 0390 0000 1703 9431

RECEIVED
SEP 11 2008
Dept of Environmental Quality
Office of Pollution Control

RECEIVED
SEP 18 2008

Mr. Toby Cook, P.E., Chief
Chemical Manufacturing Branch
Environmental Permitting Division
Mississippi Department of Environmental Quality
P.O. Box 2261
Jackson, MS 39255-2261

Re: Hercules, Inc.
Permits
Hattiesburg, Mississippi
Forrest County

Dear Mr. Cook:

Ashland, Inc. has announced its intention to acquire Hercules Incorporated and thereafter operate Hercules as a wholly owned subsidiary of Ashland. The transaction is expected to close by the end of 2008. After closing, Hercules will remain the owner and operator of all of its assets, businesses, facilities, plants and subsidiaries. Although the board of directors and corporate officers of Hercules will change, the heads of Hercules' major businesses (i.e. Aqualon and Paper Technologies & Ventures) are expected to remain the same.

Please let us know of any additional actions that we must take (e.g. notifications, document/ permit transfers, etc.) with your agency. Meanwhile, thank you for your understanding and cooperation.

If we can provide any additional information or answer any additional questions please contact Mr. Charles Jordan at 601-545-3360, or myself at 414-461-4000 ext. 157.

Sincerely,

HERCULES INCORPORATED

R S Bolton

Rodney S. Bolton
Plant Manager

RSB/

OMB#: 2050-0024 Expires 11/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**
1. Reason for Submittal (See Instructions on page 9) MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) ☒ As a component of the Hazardous Waste Report
2. Site EPA ID Number (page 10)	**EPA ID Number:** MSD008182081
3. Site Name (page 10)	**Name:** HERCULES INCORPORATED
4. Site Location Information (page 10)	**Street Address:** 613 WEST 7TH STREET **City, Town, or Village:** HATTIESBURG **State:** MS **County Name:** FORREST **Zip Code:** 39401
5. Site Land Type (page 10)	**Site Land Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	**A.** 325211 **B.** 325199 **C.** **D.**
7. Site Mailing Address (page 11)	**Street or P. O. Box:** SAME **City, Town, or Village:** **State:** **Country:** **Zip Code:**
8. Site Contact Person (page 11)	**First Name:** ABRAHAM **MI:** **Last Name:** ESCUTIA **Phone Number:** 601 545 3450 **Extension:** 233 **E-mail address:**
9. Operator and Legal Owner of the Site (pages 11 and 12)	**A. Name of Site's Operator:** HERCULES INCORPORATED **Date Became Operator (mm/dd/yyyy):** ~ 1920 **Operator Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other **B. Name of Site's Legal Owner:** SAME **Date Became Owner (mm/dd/yyyy):** SAME **Owner Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

EPA ID NO: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

OMB#: 2050-0024 Expires 11/30/2009

9. Legal Owner (Continued) Address	Street or P. O. Box: SAME
	City, Town, or Village:
	State:
	Country: / Zip Code:

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See Instructions on pages 13 to 16.)

A. Hazardous Waste Activities Complete all parts for 1 through 6.

Y ☒ N ☐ **1. Generator of Hazardous Waste**
If "yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ **2. Transporter of Hazardous Waste**

Y ☐ N ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**
If "yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining

Y ☐ N ☒ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:**

	Managed
a. Batteries	☐
b. Pesticides	☐
c. Thermostats	☐
d. Lamps	☐
e. Other (specify) _____	☐
f. Other (specify) _____	☐
g. Other (specify) _____	☐

Y ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N ☒ **1. Used Oil Transporter**
If "yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID NO: MSD 008 182 081

OMB#: 2050-0024 Expires 11/30/2009

11. Description of Hazardous Wastes (See Instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001-D011	D027-D030	D043	U044	U239		
D018-D019	D035-D036	U012	U125			
D021-D023	D039-D040	U019	U159			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See Instructions on page 17.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(See Instructions on page 17.)**

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
R S Bolton	Rodney S. Bolton (Plant Manager)	02/01/2008

HARRIS COUNTY
HERCULES
AI: 20228
MS000 1830

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
CERTIFIED #: 7005 0390 0000 1703 9301

RECEIVED
MAY 1 - 2008
Dept of Environmental Quality
Office of Pollution Control

April 22, 2008

Jan Patton
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Ms. Patton:

The purpose of this letter is to outline Hercules' plans to exit both our industrial wastewater impounding basin and five million gallon wastewater equalization tank. As you are aware, the company is working towards completing two years of major downsizing operations, while at the same time, improving the remaining operations at Hattiesburg.

The exiting of these units, as outlined in our October 25, 2005 letter to Ms. Carla Brown, and subsequent discussions, is scheduled for completion in the 3rd quarter of 2008. The work will soon be awarded to the successful remediation contractor bid. The sludge will be removed and properly disposed in an approved subtitle D landfill. Once the sludge has been removed, without disturbing the clay bottom, the impounding basin will be back-filled with dirt.

During the final cleanout, we would anticipate some localized odor as a result of disturbing the sludge upon its removal. Any odor will most likely be a mercaptan or sulfur type odor. We will utilize the latest technology-based techniques, such as the possibility of pH adjustment, to minimize the generation of any odors. We anticipate the removal of approximately 10,000 cubic yards of sludge from both units.

Attached is a draft letter we intend to send to area residents before we actually start any sludge removal. We solicit any suggestions you may have as to the content of this letter, as well as how to best communicate this project to the City and to our neighbors. Our goal, of course, is to allay any fears or concerns that any of our neighbors may have.

In addition, attached are a total of seven different past sampling events of the sludge material. We would like to update this data and believe that it may be best if the update data is generated by the State. We would be happy to reimburse the State for the cost of any analysis.

We would like to discuss the above with you at your earliest convenience. Please contact Mr. Charles Jordan, our Environmental Professional, at 601-545-3360, or myself at 414-461-4000 ext. 157, so we may discuss our path forward, including community communications.

Sincerely,

RS Bolton

Rodney S. Bolton
Regional Manager

Attachments:

cc: Toby Cook, MDEQ, CMRRR: 7005 0390 0000 1703 9318
✓Rick Sumrall, MDEQ, CMRRR: 7005 0390 0000 1703 9325
Carla Brown, MDEQ, CMRRR: 7005 0390 0000 1703 9332
Willie McKercher, MDEQ, CMRRR: 7005 0390 0000 1703 9349
Tim Hassett, Hercules Incorporated
Roger Moore, Hercules Incorporated

DRAFT

April 22, 2008

Honorable Mayor, Mr. Johnny Dupree, City of Hattiesburg
Mr. Terry Steed, Executive Director, Emergency Management District
Hercules Hattiesburg CAP members
Area Residents

Dear Neighbor:

The purpose of this letter is to make our community leaders and neighbors aware of current and future planned activities at the Hercules Incorporated Hattiesburg, Mississippi, plant. The company is working towards completing two years of major downsizing operations, while at the same time, improving the operations remaining at Hattiesburg.

This is most evident in the plants physical change with the removal of several past plant operating structures at the facility. The plant is also exiting both its industrial wastewater impounding basin and a five million gallon wastewater equalization tank. This is possible because of the major downsizing of operations that has taken place.

The exiting of both of these wastewater units will involve the cleanout of residual wastewater sludge. This work will be completed in concurrence with the Mississippi Department of Environmental Quality (MDEQ) oversight. The sludge will be removed and properly disposed of in an approved landfill.

The final clean out may generate some localized odors. This may occur when the sludge is disturbed during the removal. We do not expect any odors to create any risk to the community. Any odor will most likely be a mercaptan or sulfur type odor. The human nose can detect these substances at very low levels - levels that are far below levels that might be harmful. We will utilize the latest technology-based techniques, such as the possibility of pH adjustment, and we will monitor any odors as the work progresses. We anticipate both starting and completing this work during the 3rd quarter of 2008.

If you have any questions, or we can provide any additional information, please contact Mr. Charles Jordan, our Environmental Professional, at 601-545-3360, or myself at 414-461-4000 ext. 157.

Sincerely,

Rodney S. Bolton
Regional Manager

HERCULES Interoffice Memo

June 11, 2007

Mr. Rodney S. Bolton
Regional Plant Manager
Hercules Incorporated
613 W. 7th Street
Hattiesburg, Mississippi 39401

RE: **Delegation of Authority**
Hattiesburg, Mississippi Facility

Dear Mr. Bolton:

The attached Delegation of Authority has been executed by me redelegating to you, Gary F. Shelley and Charles S. Jordan as Hercules' duly authorized representatives authority to deal with appropriate federal, state and local authorities on environmental reports, requests for information and permit applications (where such delegation of authority is allowed by the applicable regulation).

This authority is being delegated with the specific understanding that such reports, requests for information and permit applications will be, in all respects, accurate and complete. Appropriate judgment should be used to involve other business or corporate personnel in the development, review and/or approval of such documents (e.g. Environmental Manager, Environmental Attorney). It is the policy of Hercules Incorporated to maintain full compliance with all laws and regulations and to be fair and factual in all of our dealings with regulatory authorities. In no way should you Gary or Charlie violate this trust which has been given to you to act as a representative of Hercules in your dealings with agencies.

Sincerely,

Thomas H. Strang

Thomas H. Strang
Vice President
SHERA and Manufacturing Excellence

cc: C. S. Jordan - Hattiesburg
R. L. Williams – Plaza/8
Letterbook Copy
FileCopy - Delegation of Authority

In Turn:
R. A. Moore, RC, 8139/5
G. M. Trovei – RC, 8139/10

J:\piserce\trovei\DoaHatti.doc

DELEGATION OF AUTHORITY

PURSUANT TO the provisions of the State of Mississippi and the United States Environmental Protection Agency environmental regulations, **I, Thomas H. Strang,** being a principal executive officer of **Hercules Incorporated** (herein "the **Corporation**") of at least the level of Vice President, do hereby certify that I have this day authorized and directed, as my duly authorized representative, the person designated below (being the individual having the responsibility for the overall operation of the regulated facility), to complete, sign, and submit, in the name of and on behalf of the **Corporation**, all environmental reports, requests for information or permit applications required by federal, state, and/or local issuing authorities.

Authorized Representative:

Rodney S. Bolton
Regional Plant Manager
Hattiesburg, Mississippi Plant

Gary F. Shelley
Operations Manager
Hattiesburg, Mississippi Plant

Charles S. Jordan
Environmental Manager
Hattiesburg, Mississippi Plant

Regulated Facility:

Hercules Incorporated
Hattiesburg, Mississippi

IN WITNESS WHEREOF I have hereunto affixed my signature on this 15th day of June, 2007.

HERCULES INCORPORATED

Thomas H. Strang
Vice President
SHERA and Manufacturing Excellence

STATE OF DELAWARE)
)
COUNTY OF NEW CASTLE)

SWORN TO and subscribed before me, a notary public inthe county and state aforesaid, this 15th day of June, 2007.

Notary Public

My Commission expires: ELAINE A FORD
NOTARY PUBLIC
STATE OF DELAWARE
My Comm. Expires August 9, 2010

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

May 7, 2007

FILE COPY

CERTIFIED MAIL – 7005 1820 0008 0102 8910

Mr. T. Dan Brooks, Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

Dear Mr. Brooks:

Re: Hercules Inc
Forrest County
Water Ref. No.MS0001830

Enclosed please find the environmental permit referenced above. Please note the limitations, schedules of compliance, monitoring requirements, and monitoring reporting dates found in this permit.

Permit No. MS0001830 is issued in accordance with the provisions of the Mississippi Air and Water Pollution Control Law, Miss. Code Ann. Sections 49-17-1, et seq. (Rev. 2003). Any appeal of these permit actions must be made within the 30-day period provided for in Miss. Code Ann. Section 49-17-29(4)(b)(Rev. 2003).

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

cc: DID, SRO, Jan Patton ECED

2022 PER20070001

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 26, 2007

Mr. T. Dan Brooks, Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

FILE COPY

Dear Mr. Brooks:

Re: Hercules Inc
Draft Permit Public Notice
Water Ref. No.MS0001830
Forrest County

Enclosed are the public notice, draft permit and rationale for the above referenced permit. If you have not already done so, you are invited to submit written comments by no later than May 2, 2007. A decision regarding the proposed permit(s) will be made after all public comments have been duly considered.

If you have any questions, please contact me at (601) 961-5673.

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

Enclosures
cc: Mr. Charles Jordan

2022 PER20070001 RWN

STATE OF MISSISSIPPI

HALEY BARBOUR

GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 26, 2007

Forrest County Chancery Clerk
PO Box 951
Hattiesburg, MS 39401

FILE COPY

Dear Sir:

Re: Hercules Inc
Draft Permit Public Notice
Water Ref. No.MS0001830
Forrest County

Please post the enclosed public notice in your courthouse on or before April 2, 2007.

If you are unable to do so or if you have any questions, please contact me at (601) 961-5673.

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

Enclosure

2022 PER20070001

RWN

STATE OF MISSISSIPPI

HALEY BARBOUR

GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 26, 2007

The Library of Hattiesburg, Petal, & Forrest County
329 Hardy Street
Hattiesburg, MS 39401

FILE COPY

Dear Librarian:

Re: Hercules Inc
Draft Permit Public Notice
Water Ref. No.MS0001830
Forrest County

Enclosed is a copy of the public notice for comment on the above referenced environmental permits. Please post this notice in your library.

Also, enclosed is a copy of information pertinent to the permits. This information should be kept on hand for review by the public until May 2, 2007, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

Finally, enclosed please find a duplication of this letter with a place for your signature and the date acknowledging your receipt of the package and your agreement to carry out our request. A self-addressed stamped envelope is enclosed for your convenience.

We are attempting to better keep the public informed of and involved in this Office's actions regarding environmental permits. Since access to the public library is so convenient for so many we hope to use these facilities as often as possible. Your cooperation in this matter is greatly appreciated.

If you have any questions, please let me know at (601) 961-5673.

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

Enclosures

2022 PER20070001 RWN

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 26, 2007

FILE COPY

The Library of Hattiesburg, Petal, & Forrest County
329 Hardy Street
Hattiesburg, MS 39401

Dear Librarian:

Re: Hercules Inc
Draft Permit Public Notice
Water Ref. No.MS0001830
Forrest County

Enclosed is a copy of the public notice for comment on the above referenced environmental permits. Please post this notice in your library.

Also, enclosed is a copy of information pertinent to the permits. This information should be kept on hand for review by the public until May 2, 2007, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

Finally, enclosed please find a duplication of this letter with a place for your signature and the date acknowledging your receipt of the package and your agreement to carry out our request. A self-addressed stamped envelope is enclosed for your convenience.

We are attempting to better keep the public informed of and involved in this Office's actions regarding environmental permits. Since access to the public library is so convenient for so many we hope to use these facilities as often as possible. Your cooperation in this matter is greatly appreciated.

If you have any questions, please let me know at (601) 961-5673.

Sincerely,

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

Enclosure
Received and
Agreed to By:_____ Title:_____ Date:_____

2022 PER20070001 RWN

OFFICE OF POLLUTION CONTROL
POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us
AN EQUAL OPPORTUNITY EMPLOYER

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 26, 2007

Postmaster
Hattiesburg, Mississippi 39401

FILE COPY

Dear Postmaster:

Re: Hercules Inc
Draft Permit Public Notice
Water Ref. No.MS0001830
Forrest County

Please post the attached public notice in your post office on or before April 2, 2007.

If you are unable to do so or if you have any questions, please contact me at (601) 961-5673.

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

Enclosure

2022 PER20070001 RWN

OFFICE OF POLLUTION CONTROL
POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us
AN EQUAL OPPORTUNITY EMPLOYER

STATE OF MISSISSIPPI

HALEY BARBOUR

GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 26, 2007

City of Hattiesburg
PO Box 1898
Hattiesburg, MS 394031898

FILE COPY

Honorable Mayor:

Re: Hercules Inc
Draft Permit Public Notice
Water Ref. No.MS0001830
Forrest County

Enclosed please find a copy of the proposed draft permit for the above referenced facility. This draft permit contains conditions that we intend to incorporate as part of the final permit.

If you have any comments concerning the contents of the draft permit, please notify this office in writing no later than May 2, 2007. If you would like to contact me to discuss any of these concerns, please call me at (601) 961-5673.

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

Enclosure

2022 PER20070001 RWN

STATE OF MISSISSIPPI

HALEY BARBOUR

GOVERNOR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 9, 2007

Mr. T. Dan Brooks, Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

FILE COPY

Dear Mr. Brooks:

Re: Hercules Inc
Water Draft Permit
Ref. No.MS0001830
Forrest County

Enclosed please find a copy of the proposed draft permit for the above referenced facility. The enclosed draft permit contains conditions that we intend to incorporate as part of the final permit.

If you have any comments concerning the contents of the draft permit, please notify this office in writing no later than 15 days from the transmittal date listed above. If you would like to contact me to discuss any of these concerns, please call me at (601) 961-5673.

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

2022 PER20070001

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 7, 2007

Mr. T. Dan Brooks, Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

FILE COPY

Dear Mr. Brooks:

Re: Hercules Inc
Water Application Complete
Ref. No.MS0001830
Forrest County

Based upon review of the above referenced application(s) received from Hercules Inc on February 28, 2007, the application is complete as submitted. Shortly, the Environmental Permits Division will transmit a draft of the permit for your review and comment.

If you have any questions regarding the application or the permitting process, please contact me at (601) 961-5673.

Sincerely,

Audra Sandifer

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

cc: DID

2022 PER20070001

FILE COPY

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

February 28, 2007

Mr. T. Dan Brooks, Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

Dear Mr. Brooks:

Re: Hercules Inc
Forrest County
Water Application
Ref. No. MS0001830

This letter is to acknowledge receipt of your application on February 28, 2007. Within forty-five days after the date of receipt of the application, you will be notified either the submitted application is complete or of the major components required to complete the processing of your permit application.

If any of these actions involve construction activities, please notify us of your projected schedule for commencement of construction and completion of construction if this information is not already contained in the submitted application.

If you have any questions regarding the application or the permitting process, please contact Toby Cook at (601) 961-5171.

Sincerely,

Toni R. Martin
Environmental Permits Division

2022 PER20070001

#2022

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

January 22, 2007

RECEIVED
FEB 28 2007
Dept of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUEST
CERT. NO. 7005 0390 0000 1703 8649

Toby M. Cook, P. E.
Bureau of Pollution Control
P. O. Box 10385
Jackson, Ms 39289-0289

Re: Hercules Incorporated
Forrest County
Water Ref. No. MS0001830

Dear Mr. Cook:

Please find the enclosed reapplication form(s) for our NPDES discharge.

As you are aware, we have previously made application and received a POTW permit to discharge all of our industrial wastewater effluent to the City of Hattiesburg POTW.

The reapplication NPDES permit covers only non-contact cooling water and a small portion of gravity flow storm water into this outfall. The major portion of the facility storm water is covered under the Baseline Storm Water General NPDES permit MSR 110153.

If I can provide any additional information, please contact Charles Jordan at 601 545-3450 extension 360.

Sincerely,

HERCULES INCORPORATED

Dan Brooks

T. Dan Brooks
Plant Manager

TDB/vrf

Enclosures:

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

November 22, 2006

Mr. T. Dan Brooks
Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

Dear Mr. Brooks:

Re: Hercules Inc
Expiring Permits
Forrest County

As you are probably aware, the environmental permit listed below is scheduled to expire within the next year. State and Federal regulations require that a written request for reissuance be submitted to the Director at least 180 days prior to the permit expiration date should the permittee wish to continue to operate. We request that you complete the enclosed reapplication form(s) and return to our office by the date specified below to assure the permit is reissued in a timely manner. Electronic versions of these forms are also available at www.deq.state.ms.us.

Permit Type	Permit Number	Permit Expiration	App Due Date
NPDES	MS0001830	09/30/07	03/30/07

Should you have any questions, please contact me at (601) 961-5067.

Sincerely,

Toby M. Cook, P.E.
Chemical Branch
Environmental Permits Division

Enclosure

2022 PER20030002

#2022
MS00 01830
Forrest Co

HERCULES FILE COPY

Hercules Incorporated
613 West 7th Street
Hattiesburg MS 39401
Phone: 601-545-3450
Fax: 601-584-3226

Fax

To: Toby Cook From: C Jordan

Fax: 601 961 5703 Date: 6/27/06

Phone : Pages: 3

Re:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

• Comments:

HERCULES

Interoffice Memo

June 16, 2006

Mr. T. Dan Brooks
Plant Manager
Hercules Incorporated
P.O. Box 1937
W. 7th Street
Hattiesburg, Mississippi 39403-1937

RE: **Delegation of Authority**
Hattiesburg, Mississippi Facility

Dear Mr. Brooks:

The attached Delegation of Authority has been executed by me redelegating to you and Charles Jordan as Hercules' duly authorized representatives authority to deal with appropriate federal, state and local authorities on environmental reports, requests for information and permit applications (where such delegation of authority is allowed by the applicable regulation).

This authority is being delegated with the specific understanding that such reports, requests for information and permit applications will be, in all respects, accurate and complete. Appropriate judgment should be used to involve other business or corporate personnel in the development, review and/or approval of such documents (e.g. Environmental Manager, Environmental Attorney). It is the policy of Hercules Incorporated to maintain full compliance with all laws and regulations and to be fair and factual in all of our dealings with regulatory authorities. In no way should you or Charlie violate this trust which has been given to you to act as a representative of Hercules in your dealings with agencies.

Sincerely,

Thomas H. Strang
Vice President
SHERA and Manufacturing Excellence

cc: C. S. Jordan - Hattiesburg
R. L. Williams – Plaza/8
Letterbook Copy
FileCopy: Delegation of Authority

In Turn:
R. A. Moore, RC, 6139/5
G. M. Trovei – RC, 6139/10

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DELEGATION OF AUTHORITY

PURSUANT TO the provisions of the State of Mississippi and the United States Environmental Protection Agency environmental regulations, I, **Thomas H. Strang**, being a principal executive officer of **Hercules Incorporated** (herein "the **Corporation**") of at least the level of Vice President, do hereby certify that I have this day authorized and directed, as my duly authorized representative, the person designated below (being the individual having the responsibility for the overall operation of the regulated facility), to complete, sign, and submit, in the name of and on behalf of the **Corporation**, all environmental reports, requests for information or permit applications required by federal, state, and/or local issuing authorities.

Authorized Representative:

T. Dan Brooks
Plant Manager
Hattiesburg, Mississippi Plant

Charles Jordan
Environmental Manager
Hattiesburg, Mississippi Plant

Regulated Facility:

Hercules Incorporated
Hattiesburg, Mississippi

IN WITNESS WHEREOF I have hereunto affixed my signature on this 26th day of June, 2006.

HERCULES INCORPORATED

Thomas H. Strang
Vice President
SHERA and Manufacturing Excellence

STATE OF DELAWARE)
)
COUNTY OF NEW CASTLE)

SWORN TO and subscribed before me, a notary public in the county and state aforesaid, this 26th day of June, 2006.

Notary Public

My Commission expires: _____

ELAINE A. FORD
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires Aug. 9, 2006

STATE OF MISSISSIPPI
HALEY BARBOUR
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

September 27, 2005

Mr. Charlie Jordan
Hercules Inc
613 West 7th Street
Hattiesburg, Mississippi 39401

Dear Mr. Jordan:

Re: Inspection Report
Hercules Inc
Hattiesburg, Forrest County
Air-Title V Operating 080000001
Water-NPDES MS0001830
Water-Pretreatment MSP091286

Enclosed is a copy of the air, water NPDES, and water pretreatment inspection reports completed as a result of this office's inspection at Hercules Inc on 8/25/05. The reports should be used by you as a guide for complying with requirements and limitations stated in your permits.

No violations were noted during the site inspection and file review.

If you have any questions concerning this matter, please contact me at (601) 961-5782.

Sincerely,

Jan M. Patton
Chemical Branch
Environmental Compliance and Enforcement Division

Agency Interest No. 2022
INS20050001

Hercules Forrest Co

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

June 15, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
CERT. #: 7004 0750 0001 6606 7780

RECEIVED
JUN 23 2005
Bureau of Environmental Services

Jan Patton
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Re: NPDES Permit
MS0001830

Dear Ms. Patton:

The purpose of this letter is to provide MDEQ with written notice of our initial 6/8/05-phone call to Shirley @ 1-800-222-6362 and Mr. Barry McMaster, voice-mail message with Ms. Jan Patton on 6/9/05, and additional follow-up.

On 6/8/05, at approximately 4 pm, the pH in our NPDES discharge began to increase as indicated by an auxiliary pH probe located in this ditch. Investigation indicated the rinse water from 25% caustic used to activate catalyst was overflowing the area lift station. After catalyst is activated by submerging it in a 25% caustic solution, the activation vat is drained and the catalyst is rinsed using water, which goes to the area lift station and in turn is pumped into the industrial sewer system. During the procedure the lift station overflow was caused by failure of both lift station pumps and the lift station high level alarm. All malfunctions have been corrected. A portable pump was placed at the discharge overflow baffle in our NPDES discharge and pumped into the industrial sewer. The spray pond cooling water overflow into this ditch was also stopped, and the plant shut down, until the ditch was pumped out and normal operations resumed. Attached are calculations indicating an estimated 9 gallons of alkalinity, calculated as 25% sodium hydroxide, was in the baffle overflow.

If I can provide any additional information, please contact Charles Jordan at 601-545-3450, extension 360.

Very truly yours,

HERCULES INCORPORATED

Walter D. Langhans
Plant Manager

WDL/vrf
Attachment:

pH Calculation- 6/8/2005

Data		
Time	pH	Flow
PM	Units	GPM
4	7.4	
5	10.9	542
6		
7	10.6	272
8		
9	9.2	137
10		
11	8.1	

Assume:

Average	pH =	10.6	units	
Average	Flow =	317	GPM	
Total	Time =	7	Hrs	(From 4PM .....> 11PM)

317 GPM * 7 Hrs = 133,140 Gallons (Total Flow)

For Sodium Hydroxide:
0.01N = 12.12 pH
0.001N = 11.13 pH
0.0001N = ~10.12 pH

For 10.6 pH, assume ~ 0.0005N = .0005 * 40 = 0.02g / 1000g
For NaOH, Mol Wt = 40

Na = NaOH
Na25 = 25%NaOH
W = Water

1 lb Na / 454g * 0.02g Na / 1,000g W * 454g W / 1 lb W * 8.34 lb W / 1 Gal W * 133,140 Gal W = 22.21 lbs Na

Na25 = 8.34 * 1.25 sp gr = 10.43 lb/gal = 2.61 lb Na/gal

Gallons of 25% NaOH = 1 gal Na25 / 2.61 lb Na * 22.21 lbs Na = 9 Gallons

NPDES Forrest County MS0001830

HERCULES

Interoffice Memo

April 12, 2004

Mr. Walter D. Langhans
Plant Manager
Hercules Incorporated
P.O. Box 1937
W. 7th Street
Hattiesburg, Mississippi 39403-1937

RE: **Delegation of Authority**
Hattiesburg, Mississippi Facility

Dear Mr. Langhans:

The attached Delegation of Authority has been executed by me redelegating to you as Hercules duly authorized representative authority to deal with appropriate federal, state and local authorities on environmental reports, requests for information and permit applications (where such delegation of authority is allowed by the applicable regulation).

This authority is being delegated with the specific understanding that such reports, requests for information and permit applications will be, in all respects, accurate and complete. Appropriate judgment should be used to involve other business or corporate personnel in the development, review and/or approval of such documents (e.g. Environmental Manager, Environmental Attorney). It is the policy of Hercules Incorporated to maintain full compliance with all laws and regulations and to be fair and factual in all of our dealings with regulatory authorities. In no way should you violate this trust which has been given to you to act as a representative of Hercules in your dealings with agencies.

Sincerely,

Thomas H. Strang

Thomas H. Strang
Vice President
SHERA and Manufacturing Excellence

cc: C. S. Jordan - Hattiesburg
R. L. Williams – Plaza/8
Letterbook Copy

In Turn:
R. A. Moore, RC, 8139/5
G. M. Trovei – RC, 8139/10
FileCopy: Delegation of Authority

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DELEGATION OF AUTHORITY

PURSUANT TO the provisions of the State of Mississippi and the United States Environmental Protection Agency environmental regulations, **I, Thomas H. Strang,** being a principal executive officer of **Hercules Incorporated** (herein "the **Corporation**") of at least the level of Vice President, do hereby certify that I have this day authorized and directed, as my duly authorized representative, the person designated below (being the individual having the responsibility for the overall operation of the regulated facility), to complete, sign, and submit, in the name of and on behalf of the **Corporation**, all environmental reports, requests for information or permit applications required by federal, state, and/or local issuing authorities.

Authorized Representative:	**Walter D. Langhans** **Plant Manager** **Hattiesburg, Mississippi Plant**
Regulated Facility:	**Hercules Incorporated** **Hattiesburg, Mississippi**

IN WITNESS WHEREOF I have hereunto affixed my signature on this 13th day of April, 2004.

HERCULES INCORPORATED

Thomas H. Strang

Thomas H. Strang
Vice President
SHERA and Manufacturing Excellence

STATE OF DELAWARE)
)
COUNTY OF NEW CASTLE)

SWORN TO and subscribed before me, a notary public in the county and state aforesaid, this 15th day of April, 2004.

Charline E. Piser

Notary Public

CHARLENE E. PISER
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires May 1 2005

My Commission expires: _____.

STATE OF MISSISSIPPI
GOVERNOR HALEY BARBOUR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR
March 10, 2004

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401

FILE COPY

Re: Discharge Monitoring Reports
Hercules Incorporated
NPDES Permit MS0001830
Hattiesburg, Forrest County, MS

Dear Sir or Madam:

A review of our files indicates that our office did not receive or received incomplete Discharge Monitoring Reports (DMRs) listed below. Your NPDES permit requires you to submit completed DMRs to our office on a timely basis. You should review your NPDES permit to insure that you are reporting on all of your required parameters. If you have not already done so, please submit the missing information to our office by March 24, 2004.

MONITORING END DATE	OUTFALL	PARAMETER
• 10/31/03	002A	50050-location 1

Failure to submit your DMRs in the timeframe detailed in your permit is a violation and could result in enforcement action. If you have any questions concerning this matter, please feel free to contact me at (601) 961-5598.

Sincerely,

Collin Zumwalt

Collin Zumwalt
Environmental Compliance & Enforcement Division

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

December 8, 2003

CERTIFIED MAIL - 70011940000130870928

Mr. Walter D. Langhans
Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, Mississippi 39401

Dear Mr. Langhans:

Re: Hercules Inc
Forrest County
Water Ref. No. MS0001830

Enclosed please find the environmental permit referenced above. Please note the limitations, schedules of compliance, monitoring requirements, and monitoring reporting dates found in this permit.

Permit No. MS0001830 is issued in accordance with the provisions of the Mississippi Air and Water Pollution Control Law (Sections 49-17-1, et seq., Mississippi Code of 1972). Any appeal of these permit actions must be made within the 30-day period provided for in Section 49-17-29(4)(b) Mississippi Code of 1972.

Sincerely,

Toby M. Cook, P.E.
Environmental Permits Division

Enclosure
cc: Jo Sharp, SRO, Jan Patton ECED

2022 PER20030002

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 24, 2003

Forrest County Chancery Clerk
PO Box 951
Hattiesburg, MS 39401

Dear Sir/Madam:

Re: Hercules Inc
Forrest County
Water Ref No. MS0001830

Please post the attached public notice in your courthouse on or before November 3, 2003.

If you are unable to do so or if you have any questions, please contact me at (601) 961-5067.

Sincerely,

Toby M. Cook, P.E.
Environmental Permits Division

Enclosure

2022 PER20030002

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 24, 2003

Mr. Walter D. Langhans
Plant Manager
Hercules Inc
613 West 7th Street
Hattiesburg, Mississippi 39401

Dear Mr. Langhans :

Re: Hercules Inc
Forrest County
Water Ref No. MS0001830

Enclosed is the public notice and draft of the above referenced permits. If you have not already done so, you are invited to submit written comments by no later than December 3, 2003. A decision regarding the proposed permit(s) will be made after all public comments have been duly considered.

If you have any questions, please contact me at (601) 961-5067.

Sincerely,

Toby M. Cook, P.E.
Environmental Permits Division

Enclosures

OFFICE OF POLLUTION CONTROL
POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us
AN EQUAL OPPORTUNITY EMPLOYER

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 24, 2003

Postmaster
Hattiesburg, Mississippi 39401

Dear Postmaster:

Re: Hercules Inc
Forrest County
Water Ref No. MS0001830

Please post the attached public notice in your post office on or before November 3, 2003.

If you are unable to do so or if you have any questions, please contact me at (601) 961-5067.

Sincerely,

Toby M. Cook, P.E.
Environmental Permits Division

Enclosure

2022 PER20030002

OFFICE OF POLLUTION CONTROL
POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us
AN EQUAL OPPORTUNITY EMPLOYER

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 24, 2003

Hattiesburg American
PO Box 1111
Hattiesburg, MS 39403-1111

Dear Sir/Madam:

Re: Hercules Inc
Forrest County
Water Ref No. MS0001830

Enclosed herewith is a legal notice to be published in your newspaper on or before November 3, 2003. Also, please furnish this office with statement and proof of publication in duplicate.

If there are questions concerning this legal notice, please contact Toby M. Cook of my staff at (601) 961-5067

Sincerely,

Toby m Cook for

Jerry W. Cain, P.E.,DEE
Chief, Environmental Permits Division

Enclosure
cc: Ms. Linda Stanford, OPC (9701) w/enclosures

OFFICE OF POLLUTION CONTROL
POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us
AN EQUAL OPPORTUNITY EMPLOYER

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 24, 2003

The Library of Hattiesburg,Petal, & Forrest County
329 Hardy Street
Hattiesburg, MS 39401

Dear Librarian:

Re: Hercules Inc
Forrest County
Water Ref No. MS0001830

Enclosed is a copy of the public notice for comment on the above referenced environmental permits. Please post this notice in your library.

Also, enclosed is a copy of information pertinent to the permits. This information should be kept on hand for review by the public until December 3, 2003, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

Finally, enclosed please find a duplication of this letter with a place for your signature and the date acknowledging your receipt of the package and your agreement to carry out our request. A self-addressed stamped envelope is enclosed for your convenience.

We are attempting to better keep the public informed of and involved in this Office's actions regarding environmental permits. Since access to the public library is so convenient for so many we hope to use these facilities as often as possible. Your cooperation in this matter is greatly appreciated.

If you have any questions, please let me know at (601) 961-5067.

Sincerely,

Toby M. Cook, P.E.
Environmental Permits Division

Enclosure
Received and Agreed to By:_____ Title:_____
Date:_____

2022 PER20030002

OFFICE OF POLLUTION CONTROL
POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us
AN EQUAL OPPORTUNITY EMPLOYER

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 24, 2003

The Library of Hattiesburg,Petal, & Forrest County
329 Hardy Street
Hattiesburg, MS 39401

Dear Librarian:

Re: Hercules Inc
Forrest County
Water Ref No. MS0001830

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If you have any questions, please let me know at (601) 961-5067.

Sincerely,

Toby M. Cook, P.E.
Environmental Permits Division

Enclosure

2022 PER20030002

OFFICE OF POLLUTION CONTROL
POST OFFICE BOX 10385 • JACKSON, MISSISSIPPI 39289-0385 • TEL: (601) 961-5171 • FAX: (601) 354-6612 • www.deq.state.ms.us
AN EQUAL OPPORTUNITY EMPLOYER

FILE COPY

STATE OF MISSISSIPPI
RONNIE MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 6, 2003

Mr. Walter D. Langhans
Hercules Inc
613 West 7th Street
Hattiesburg, Mississippi 39401

Dear Mr. Langhans

Re: Hercules Inc
Forrest County
Water Ref. No. MS0001830 (Letter Request Modification)

This letter is to acknowledge receipt of your letter on October 6, 2003. Within forty-five days after the date of receipt of the letter, you will be notified either the submitted letter is complete or of the major components required to complete the processing of your permit request.

If any of these actions involve construction activities, please notify us of your projected schedule for commencement of construction and completion of construction if this information is not already contained in the submitted letter.

If you have any questions regarding the letter or the permitting process, please contact Toby Cook at (601) 961-5171.

Sincerely,

Teresa Dennington

Teresa Dennington
Environmental Permits Division

cc:

2022 PER20030002

2033

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

RECEIVED
OCT 6 - 2003
Miss. Dept. of Environmental Quality
Office of Pollution Control

September 29, 2003

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
CERT. No: 7001 2510 0008 8523 6888

Mr. Toby Cook, P.E., Chief
Chemical Manufacturing Branch
Environmental Permitting Division
Mississippi Department of Environmental Quality
P.O. Box 10385
Jackson, MS 39289-0385

Re: Hercules, Inc.
Water Permit No. MS0001830
Hattiesburg, Mississippi
Forrest County

Dear Mr. Cook:

Hercules Incorporated (Hercules) requests the permit limits for pH in our NPDES permit be changed from the current limits of (6.5 - 9.0) to the recently approved new State Water Quality Limitation of (6.0 - 9.0). The permit rationale for pH in our permit reissuance, dated 8/12/02, was based upon The State Water Quality Limitation.

As you are aware, Mississippi Commission On Environmental Quality Regulation WPC-2 was adopted by Mississippi Commission on Environmental Quality on October 24, 2002, and Approved by EPA June 27,2003, (effective date). In Section II. Minimum Conditions Applicable To All Waters: Under Item #8), it establishes the new State Water Quality Limitation for pH at (6.0 to 9.0).

Hercules respectfully requests our permit limits for pH be changed in accordance with this change in WPC-2.

If I can provide any additional information please contact Charles Jordan at 601-584-3360.

Sincerely,
Hercules Incorporated

Walter D. Langhans
Plant Manager

WDL/vrf

ENTERED BY
PERMIT BOARD REPORT

Permit Action Form

APR 1 4 2009

Hercules Inc
613 West 7th Street
Forrest County
Hattiesburg, MS 39401

Branch Manager: Toby Cook
SIC: 2821

Recommendations

Folder No. – Activity Type	Permit No.
PER20090002 - MA-Water-NPDES-ADMIN	MS0001830
PER20009001 – MA-Water-PT-ADMIN	MSP091286
PER2003001 – RA-Air-TV	0800-00001
GNP2009001 – MA-Construction-ADMIN	MSR103943
GNP2009002 – MA-Baseline-ADMIN	MSR110153

DEQ Contact
Toby Cook

Action:
- ☐ Issue
- ☐ Modification
- ☑ Transfer
- ☐ Revoke
- ☐ Reissue
- ☐ Name Change
- ☐ Deny

By:
- ☑ Division Chief
- ☐ Permit Board
- ☐ Terminate

Programs:

Master File

Program	Sub Program	Start Date	End Date	Delete
Air	MACT Subpart W	03/08/1998		☐
Air	NSPS Subpart Dc	09/12/1990		☐
Water	Construction Stormwater	01/03/2006		☐
Air	Title V - major	~~06/01/1900~~ ?		☐
Water	PT CIU - Gum and Wood Chemical Mfg (Subpart 454)	03/12/1999		☐
Hazardous Waste	Large Quantity Generator	01/20/1997		☐
Water	PT SIU	03/12/1999		☐
Water	Baseline Stormwater	01/29/2001		☐
Water	PT CIU - Organic Chemicals Mfg (Subpart 414)	03/12/1999		☐
Water	NPDES Minor Industrial	09/29/1986		☐
Water	PT CIU	03/12/1999		☐

Marked subprograms should be deleted from the master file by the Master File Administrator

Permit Application

Program	Sub Program	Start Date	End Date
Air	MACT Subpart W	03/08/1998	
Air	NSPS Subpart Dc	09/12/1990	
Water	Construction Stormwater	01/03/2006	
Air	Title V - major	06/01/1900	
Water	PT CIU - Gum and Wood	03/12/1999	

CAS

Program	Sub Program	Start Date	End Date
	Chemical Mfg (Subpart 454)		
Hazardous Waste	Large Quantity Generator	01/20/1997	
Water	PT SIU	03/12/1999	
Water	PT CIU - Organic Chemicals Mfg (Subpart 414)	03/12/1999	
Water	Baseline Stormwater	01/29/2001	
Water	NPDES Minor Industrial	09/29/1986	
Water	PT CIU	03/12/1999	

Air Use Only:

☐ Emissions data entered in enSite
☐ Emissions data prepared using Lotus 1-2-3 (Attached)
☐ Permitting action did not change emissions inventory.

TMDL Use Only:

'Y' indicates conformance with published TMDLs, 'N' indicates non-conformance.

Published TMDL	FLAG
%%:tmdl_attribute%%	%%NEXT%%

Basis: Hercules, Inc is now a wholly-owned subsidiary of Ashland, Inc., as reflected on the transfer request form received. Although **NO namechange** is required, the change in ownership is considered a permit modification.

Coordination

Comments: Fees are current.

Relationships

People

Name	Address	City	State	Zip	Relationship
Charles Jordan	613 West 7th Street	Hattiesburg	MS	39401	Is Air Permit Contact For
Charles Jordan	613 West 7th Street	Hattiesburg	MS	39401	Is Contact For
Charles Jordan	613 West 7th Street	Hattiesburg	MS	39401	Is Hazardous Waste EPA ID Contact
Elliott Bickerstaff	PO Box 2261	Jackson	MS	39225	Is Title V Internal MDEQ Contact
Kendall Patterson	613 West 7th Street	Hattiesburg	MS	39401	Is Application Signatory for
Mitch Stevenson	8483 Field Ertel Road	Cincinnati	OH	45249	Is General Permit Contact For
Mitch Stevenson	8483 Field Ertel Road	Cincinnati	OH	45249	Is Application Signatory for

Name	Address	City	State	Zip	Relationship
Thomas Strang	613 West 7th Street	Hattiesburg	MS	39401	Is Application Signatory for
Gary Shelley	613 West 7th Street	Hattiesburg	MS	39401	Is Contact For
Rodney Bolton	613 West 7th Street	Hattiesburg	MS	39401	Is Water Permit Contact For
Rodney Bolton	613 West 7th Street	Hattiesburg	MS	39401	Is Contact For
Rodney Bolton	613 West 7th Street	Hattiesburg	MS	39401	Is Application Signatory for
Rodney Bolton	613 West 7th Street	Hattiesburg	MS	39401	Is Title V Fee Assessment Contact For
Rodney Bolton	613 West 7th Street	Hattiesburg	MS	39401	is DMR recipient for

Organizations

Name	Address	City	State	Zip	Relationship
Hercules Incorporated	613 West 7th Street	Hattiesburg	MS	39401	Is Operated by
A Unitified LLC	8483 Field Ertel Road	Cincinnati	OH	45249	Is Contractor for
Hercules Incorporated	613 West 7th Street	Hattiesburg	MS	39401	Is Owner of
Hercules, Inc.	613 West 7th Street	Hattiesburg	MS	39401	Is Title V Fee Billing Party For
Ashland Inc	613 West 7th Street	Hattiesburg	MS	39401	Is Owner of

Agency Interests

Name	Address	City	State	Zip	Relationship
%%:permit_file_ais%%	%%NEXT%%	%%NEXT%%	%%NEXT%%	%%NEXT%%	%%NEXT%%

Administrative Tasks

Task	Scheduled Date	Completed Date
Name Change / Transfer Request Received		11/14/2008 11:04:05 AM
Issue Permit	11/24/2008	MAR 2 6 2009
Permit Expiration Date		
Send Name Change / Transfer Approval Letter	11/24/2008	

Existing Permits

Permit Number	Description
Air-AIRS AFS	2803500001

Permit Number	Description
GP-Construction	MSR103943
GP-Baseline	MSR110153
Air-Title V Fee Customer	080000001
Water - NPDES	MS0001830
GARD	2022 001
Water - Pretreatment	MSP091286
Air-Title V Operating	080000001
Hazardous Waste-EPA ID	MSD008182081

Requirement Profiles:

Category	ID	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
AI	2022	Permit Shell	Individual Permit	Water	NPDES	Industrial Facility			

State of Mississippi

WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Hercules Inc
613 West 7th Street
Hattiesburg, MS
Forrest County

has been granted permission to discharge wastewater in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified: MAR 2 6 2009
Expires: APR 3 0 2012

Permit No. MS0001830
Agency Interest # 2022

*** Official MDEQ Permit - Version 1.1 ***

Environmental Permits for Industrial Facilities
Request for Transfer of Permit, General Permit Coverage and/or Name Change

NOV 14 2008
M. DEQ

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I.
Facility Name: Hercules Incorporated
Location: (Do Not Use P.O. Box)
Street: 613 West 7th Street
City: Hattiesburg State: MS Zip: 39401
County: Forrest
Telephone: (601) 584-3220

Item II.
Responsible official after transfer or name change:
Name: Thomas H. Strang
Title: Vice President, SHERA
Mailing Address: 1313 North Market Street
Street/P.O. Box:
City: Wilmington State: DE Zip: 19894
Telephone (302) 594-7900

Item III.
Previous Permittee[1]: Hercules Incorporated
Mailing Address:
Street/P.O. Box: 613 West 7th Street
City: Hattiesburg State: MS Zip: 39401
Telephone: (601) 584-3220

Item IV.
New Permittee[1]: Hercules Incorporated **
Mailing Address:
Street/P.O. Box: 1313 North Market Street
City: Wilmington State: DE Zip: 19894
Telephone: (302) 594-7900

Item V.
Industrial Activity SIC Code: 2821 & 2899
Brief Description:
Chemicals Manufacturing

Item VI.
Will Facility Operations Change? Yes [ ] No [X]
If yes, the appropriate applications and permits may require modification prior to change.

Item VII.
Will Facility Name Change? Yes [ ] No [X]
If Yes, Provide New Name for Permit Coverage.
New Name:

Item VIII.
Signature for Name Change
Print Name: Thomas H. Strang
Authorized Signature[2]:
Title: Vice President, SHERA Date: 11/13/08

Item IX.
We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.

From: Hercules Incorporated
To: Hercules Incorporated **
Acquisition Date: 11/13/08

By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.

Hercules Incorporated **	Hercules Incorporated
Print New Permittee[1] Name	Print Previous Permittee[1] Name
Thomas H. Strang (Rec'd)	Thomas H. Strang (Rec'd)
New Authorized Signature[2]	Previous Authorized Signature[2]
Vice President, SHERA 11/13/08	Vice President, SHERA 11/13/08
Title Date	Title Date

[1]A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.
[2]Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

** Hercules Incorporated a subsidary of Ashland Inc. upon closing.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

Item X. Storm Water

(Check One)

☐ A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.

☒ The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.

☐ The recipient is submitting a new SWPPP, which is attached to this form.

☐ A copy of the SWPPP cannot be obtained from the original owner.

Item XI. Hazardous Waste ID Number

EPA ID No. MSD 008182081

(Check One)

☐ An EPA Hazardous Waste ID Number is not required for the site.

☒ The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.

Item XII. Permit(s) and/or Coverage(s) to be Transferred

Permit Type: TITLE V	Permit Type: STORM WATER GENERAL NPDES PERMIT
Permit/Coverage No.: 0800-00001	Permit/Coverage No.: MSR 110153
Permit Issuance Date: 4-22-04	Permit Issuance Date: 12-16-05
Date of General Permit Coverage: AS SPECIFIED HEREIN	Date of General Permit Coverage: AS SPECIFIED HEREIN
Permit Expiration Date: 3-31-09	Permit Expiration Date: 9-30-10
Permit Type: POTW	Permit Type: NPDES
Permit/Coverage No.: MSP 091286	Permit/Coverage No.: MS0001830
Permit Issuance Date: 12-16-05	Permit Issuance Date: 5-4-07
Date of General Permit Coverage: AS SPECIFIED HEREIN	Date of General Permit Coverage: AS SPECIFIED HEREIN
Permit Expiration Date: 10-31-09	Permit Expiration Date: 4-30-12
Permit Type: LARGE CONSTRUCTION STORM WATER GENERAL	Permit Type:
Permit/Coverage No.: MSR 103943	Permit/Coverage No.:
Permit Issuance Date: 1-3-06	Permit Issuance Date:
Date of General Permit Coverage: AS SPECIFIED HEREIN	Date of General Permit Coverage:
Permit Expiration Date: 5-31-10	Permit Expiration Date:
Permit Type:	OTHER INFORMATION:
Permit/Coverage No.:	
Permit Issuance Date:	
Date of General Permit Coverage:	
Permit Expiration Date:	

OMB#: 2050-0024 Expires 11/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**

1. Reason for Submittal (See Instructions on page 9)

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- ☒ As a component of the Hazardous Waste Report

2. Site EPA ID Number (page 10)

EPA ID Number: MSD008182081

3. Site Name (page 10)

Name: HERCULES INCORPORATED

4. Site Location Information (page 10)

Street Address: 613 WEST 7TH STREET

City, Town, or Village: HATTIESBURG

State: MS

County Name: FORREST

Zip Code: 39401

5. Site Land Type (page 10)

Site Land Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)

A.	B.
325211	325199
C.	D.

7. Site Mailing Address (page 11)

Street or P. O. Box: SAME

City, Town, or Village:

State:

Country:

Zip Code:

8. Site Contact Person (page 11)

First Name: ABRAHAM MI: Last Name: ESCUTIA

Phone Number: 601 545 3450 Extension: 233

E-mail address:

9. Operator and Legal Owner of the Site (pages 11 and 12)

A. Name of Site's Operator: HERCULES INCORPORATED

Date Became Operator (mm/dd/yyyy): ~ 1920

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner: SAME

Date Became Owner (mm/dd/yyyy): SAME

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

EPA ID NO: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

OMB#: 2050-0024 Expires 11/30/2009

9. Legal Owner (Continued) Address	Street or P. O. Box: SAME
	City, Town, or Village:
	State:
	Country: / Zip Code:

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities Complete all parts for 1 through 6.

Y [X] N ☐ 1. **Generator of Hazardous Waste**
If "yes", choose only one of the following - a, b, or c.

- [X] a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N [X] d. United States Importer of Hazardous Waste

Y ☐ N [X] e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N [X] 2. **Transporter of Hazardous Waste**

Y ☐ N [X] 3. **Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y ☐ N [X] 4. **Recycler of Hazardous Waste (at your site)**

Y ☐ N [X] 5. **Exempt Boiler and/or Industrial Furnace**
If "yes", mark each that applies.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining

Y ☐ N [X] 6. **Underground Injection Control**

B. Universal Waste Activities

Y ☐ N [X] 1. **Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:**

	Managed
a. Batteries	☐
b. Pesticides	☐
c. Thermostats	☐
d. Lamps	☐
e. Other (specify) _____	☐
f. Other (specify) _____	☐
g. Other (specify) _____	☐

Y ☐ N [X] 2. **Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N [X] 1. **Used Oil Transporter**
If "yes", mark each that applies.
- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N [X] 2. **Used Oil Processor and/or Re-refiner**
If "yes", mark each that applies.
- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N [X] 3. **Off-Specification Used Oil Burner**

Y ☐ N [X] 4. **Used Oil Fuel Marketer**
If "Yes", mark each that applies.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID NO: MSD 008 182 081

OMB#: 2050-0024 Expires 11/30/2009

11. Description of Hazardous Wastes (See Instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001-D011	D027-D030	D043	U044	U239		
D018-D019	D035-D036	U012	U125			
D021-D023	D039-D040	U019	U159			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See Instructions on page 17.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(See Instructions on page 17.)**

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Thomas H. Strang (AM)	Thomas H. Strang, Vice President, SHERA	11/13/2008

ENTERED BY SC

PERMIT BOARD REPORT

MAY 0 8 2007

Permit Action Form

Hercules Inc
613 West 7th Street
Forrest County
Hattiesburg, MS 39401

Branch Manager: Toby Cook
SIC: 2821

Recommendations

Folder No. – Activity Type	Permit No.	DEQ Contact
PER20070001 - RA-Water-NPDES	MS0001830	Audra Sandifer

Action: ☐ Issue ☐ Modification ☐ Transfer ☑ Revoke ☑ Reissue ☐ Name Change ☐ Deny

By: ☑ Division Chief ☐ Permit Board ☐ Terminate

Programs:

Master File

Program	Sub Program	Start Date	End Date	Delete
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Air	NSPS Subpart Dc	09/12/1990		☐
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Water	NPDES Minor Industrial	09/29/1986		☐
Water	PT CIU	03/12/1999		☐
Water	PT CIU - Gum and Wood Chemical Mfg (Subpart 454)	03/12/1999		☐
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Water	PT SIU	03/12/1999		☐

Marked subprograms should be deleted from the master file by the Master File Administrator

Permit Application

Program	Sub Program	Start Date	End Date
Air	Title V - major	06/01/1900	
Hazardous Waste	Large Quantity Generator	01/20/1997	
Water	Baseline Stormwater	01/29/2001	
Water	NPDES Minor Industrial	09/29/1986	
Water	PT CIU	03/12/1999	
Water	PT CIU - Gum and Wood Chemical Mfg (Subpart 454)	03/12/1999	

CAS

Program	Sub Program	Start Date	End Date
Water	PT SIU	03/12/1999	

Air Use Only:

☐ Emissions data entered in enSite
☐ Emissions data prepared using Lotus 1-2-3 (Attached)
☐ Permitting action did not change emissions inventory.

TMDL Use Only:

'Y' indicates conformance with published TMDLs, 'N' indicates non-conformance.

Published TMDL	FLAG
%%:tmdl_attribute%%	%%NEXT%%

Basis:

Reissuance of permit; no changes were made.

Coordination

Comments:

Not Applicable

Relationships

People

Name	Address	City	State	Zip	Relationship
Charles Jordan	613 West 7th Street	Hattiesburg	MS	39401	Is Air Permit Contact For
Kendall Patterson	613 West 7th Street	Hattiesburg	MS	39401	Is Air Permit Contact For
T. Dan Brooks	613 West 7th Street	Hattiesburg	MS	39401	Is Air Permit Contact For
T. Dan Brooks	613 West 7th Street	Hattiesburg	MS	39401	Is Water Permit Contact For
Charles Jordan	613 West 7th Street	Hattiesburg	MS	39401	Is Contact For
T. Dan Brooks	613 West 7th Street	Hattiesburg	MS	39401	Is Contact For
Mitch Stevenson	8483 Field Ertel Road	Cincinnati	OH	45249	Is General Permit Contact For
T. Dan Brooks	613 West 7th Street	Hattiesburg	MS	39401	Is General Permit Contact For
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Mitch Stevenson	8483 Field Ertel Road	Cincinnati	OH	45249	Is Application Signatory for
T. Dan Brooks	613 West 7th Street	Hattiesburg	MS	39401	Is Application Signatory for
Thomas Strang	613 West 7th Street	Hattiesburg	MS	39401	Is Application Signatory for
Charles Jordan	613 West 7th	Hattiesburg	MS	39401	Is Hazardous

Name	Address	City	State	Zip	Relationship
	Street				Waste EPA ID Contact
T. Dan Brooks	613 West 7th Street	Hattiesburg	MS	39401	Is Title V Fee Assessment Contact For
Wayne Anderson	PO BOX 10385	Jackson	MS	39289-038	Is Title V Internal MDEQ Contact
T. Dan Brooks	613 West 7th Street	Hattiesburg	MS	39401	is DMR recipient for

Organizations

Name	Address	City	State	Zip	Relationship
Hercules Incorporated	613 West 7th Street	Hattiesburg	MS	39401	Owned by
Hercules Incorporated	613 West 7th Street	Hattiesburg	MS	39401	Operated by
A Unitified LLC	8483 Field Ertel Road	Cincinnati	OH	45249	Is Contractor for
Hercules, Inc.	613 West 7th Street	Hattiesburg	MS	39401	Is Title V Fee Billing Party For

Agency Interests

Name	Address	City	State	Zip	Relationship
%%:permit_file_ais%%	%%NEXT%%	%%NEXT%%	%%NEXT%%	%%NEXT%%	%%NEXT%%

Administrative Tasks

Task	Scheduled Date	Completed Date
Issue Permit	3/31/07	MAY 0 4 2007
Transmittal of Final Permit	3/13/07	
Permit Expiration Date	3/10/07	
Application Received	2/28/07 3:16:36 PM	2/28/07 3:34:34 PM
Letter Acknowledging Receipt of Application Issued	3/2/07	2/28/07 3:35:07 PM
Administrative Completeness Determined/ Administrative Completeness Letter Sent if Needed	4/14/07	3/2/07 9:10:15 AM
Complete Application Received	4/29/07	3/7/07 9:10:28 AM
Draft Permit and Rationale Prepared	4/6/07	3/7/07 10:53:22 AM
Draft Permit Sent to Supervisor	3/9/07	3/7/07 10:53:35 AM
Draft Permit Sent to ECED		3/8/07 1:13:58 PM
Draft Permit Sent to Facility		3/9/07 1:14:56 PM
Early Public Notice of Application Complete	3/31/07	3/26/07 2:30:21 PM
Public Notice Issued	4/21/07	4/2/07 11:42:42 AM
Public Notice Completed		5/2/07 1:09:56 PM
Public Comments Processed	5/13/07	5/3/07 8:14:35 AM

Task	Scheduled Date	Completed Date
Final Permit/Decision and Supporting Documents Prepared	3/19/07	5/3/07 8:15:29 AM

Existing Permits

Permit Number	Description
Air-State Operating	080000001
Air-Title V Operating	080000001
Air-Title V Fee Customer	080000001
Water-NPDES	MS0001830
Water-Pretreatment	MSP091286
GP-Construction	MSR103943
GP-Baseline	MSR110153
Air-AIRS AFS	2803500001
Hazardous Waste-EPA ID	MSD008182081

Requirement Profiles:

Category	ID	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
AI	2022	Compliance Use Only	Permits	Water	NPDES				

State of Mississippi

WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Hercules Inc
613 West 7th Street
Hattiesburg, MS
Forrest County

has been granted permission to discharge wastewater in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified: MAY 0 4 2007
Expires: APR 3 0 2012

Permit No. MS0001830
Agency Interest # 2022

*** Official MDEQ Permit - Version 1.1 ***

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Other Relevant Documents:

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

Hercules Inc

Subject Item Inventory

Permit Number:MS0001830

Activity ID No.: PER20070001

Subject Item Inventory:

ID	Designation	Description
AI2022		
RPNT1	MS001830-002	Outfall 1(Non-contact cooling water)

Receiving Stream Relationships:

Subject Item	Relationship	Receiving Stream
RPNT1 Outfall 1(Non-contact cooling water)	Discharges Into	Unnamed Tributary of
	Then Into	Bouie River

KEY

ACT = Activity

AREA = Area

CONT = Control Device

IA = Insignificant Activity

RPNT = Release Point

AI = Agency Interest

CAFO = Concentrated Animal Feeding Operation

EQPT = Equipment

MAFO = Animal Feeding Operation

TRMT = Treatment

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item: **Outfall 1(Non-contact cooling water)**

RPNT0000000001: **MS001830-002**

Such discharges shall be limited and monitored by the permittee as specified below:

Parameter	Discharge Limitations							Monitoring Requirements		
	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Conc. / Quality Minimum	Conc. / Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type	Which Months
Flow Effluent	Report Monthly Average	******	Million Gallons per Day	******	******	******	******	Continuously	Continuous Recorder	Jan-Dec
pH Effluent	******	******	******	6 Daily Minimum	******	9 Daily Maximum	SU	Twice per Month	Grab Sampling	Jan-Dec
Temperature (Deg. F) Effluent	******	******	******	******	Report Monthly Average	90 Daily Maximum	degrees F	3 Times per Week	Instantaneous Sampling	Jan-Dec

*** Official MDEQ Permit - Version 1.1 ***

AI2022:

Limitation Requirements:

Condition No.	Parameter	Condition
L-1		There shall be no discharge of floating solids or visible foam in other than trace amounts. [WPC-2 Section II.2]
L-2		The discharges shall not cause the occurrence of a visible sheen on the surface of the receiving waters. [WPC-2 Section II.2]
L-3		Samples taken in compliance with the monitoring requirements specified in this permit shall be taken at the nearest accessible point after final treatment but prior to mixing with the receiving stream or as otherwise specified in this permit. [WPC-1 Chapter One Section IV.A(28)]

Record-Keeping Requirements:

Condition No.	Condition
R-1	Recording of Results
	For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including: (1) The exact place, date, and time of sampling; (2) The dates the analyses were performed; (3) The person(s) who performed the analyses; (4) The analytical techniques, procedures or methods used; and (5) The results of all required analyses. [WPC-1 Chapter One Section IV.A(29)a]

AI2022 (continued):

Submittal/Action Requirements:

Condition No.	Condition
S-1	Reporting Monitoring results obtained during the previous reporting period shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. Copies of these, and all other reports required herein, shall be signed in accordance with Chapter One Sections II.C. and II.E. of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address: Mississippi Department of Environmental Quality Office of Pollution Control P.O. Box 10385 Jackson, Mississippi 39289-0385. [WPC-1 Chapter One Section IV.A(15)c(1)]
S-2	Reporting Requirements - Planned Changes The permittee shall give notice to the Permit Board as soon as possible of any planned physical alterations or additions, including but not limited to, a change of operation to the permitted facility. Notice is required in the circumstances that follow: (1) The alteration or addition to a permitted facility may meet one of the criteria for determining whether the facility is a new source in 40 CFR 122.29(b); or (2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are not subject to either effluent limitations in the permit or notification requirements under 40 CFR 122.42(a)(1). (3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan; [WPC-1 Chapter One Section IV.A(15)a]
S-3	Reporting Requirements - Anticipated Noncompliance The permittee shall give advance notice to the Permit Board of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. [WPC-1 Chapter One Section IV.A(15)b]

AI2022 (continued):

Submittal/Action Requirements:

Condition	Condition
S-4	Noncompliance Notification - Twenty-Four Hour Reporting (1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and/or prevent recurrence of the noncompliance. (2) The following shall be included as information which must be reported within 24 hours under this paragraph. (i) Any unanticipated bypass which exceeds any effluent limitation in the permit. (ii) Any upset which exceeds any effluent limitation in the permit. (iii) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Permit Board in the permit to be reported within 24 hours. (iv) The Executive Director may waive the written report on a case-by-case basis for reports under paragraph (1) of this section if the oral report has been received within 24 hours. [WPC-1 Chapter One Section IV.A(29)e]
S-5	Noncompliance Notification - Other Noncompliance The permittee shall report all instances of noncompliance not reported under the twenty-four hour reporting requirements, at the time monitoring reports are submitted or within 30 days from the end of the month in which the noncompliance occurs. The reports shall contain the same information as is required under the twenty-four hour reporting requirements contained in this permit. [WPC-1 Chapter One Section IV.A(29)f]
S-6	Noncompliance Notification - Other Information Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Permit Board, it shall promptly submit such facts or information. [WPC-1 Chapter One Section IV.A(29)g]
S-7	Expiration of Permit At least 180 days prior to the expiration date of this permit pursuant to the State law and regulation, the permittee who wishes to continue to operate under this permit shall submit an application to the Permit Board for reissuance. The Permit Board may grant permission to submit an application later than this, but no later than the expiration date of the permit. [WPC-1 Chapter One Section V.B(1)]

AI2022 (continued):

Submittal/Action Requirements:

Condition No.	Condition
S-8	Requirements Regarding Cooling and Boiler Water Additives Notification shall be made to the permitting authority in writing not later than sixty (60) days prior to initiating the addition of any chemical product to the cooling water and/or boiler water which is subject to discharge, other than those previously approved and/or used. Such notification should include, but not be limited to: (1) Name and composition of the proposed additive, (2) Proposed discharge concentration, (3) Dosage addition rates, (4) Frequency of use, (5) EPA registration, if applicable, and (6) Aquatic species toxicological data. Written approval must be received from the permitting authority prior to initiating use. [WPC-1 Chapter One Section IV.A(14)]

Narrative Requirements:

Definitions:

Condition No.	Condition
T-1	Definitions: General The permittee shall refer to WPC-1, Chapter 1, Section I.A for definitions of any permit term not specified in this permit. [WPC-1 Chapter One Section I.A]
T-2	Definitions: Monthly Average "Monthly Average" means the average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during the month. The monthly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the calendar month. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(40)]

AI2022 (continued):

Narrative Requirements:

Definitions:

Condition	Condition
T-3	Definitions: Daily Discharge
	"Daily discharge" means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily average" is calculated as the average measurement of the discharge of the pollutant over the day. [WPC-1 Chapter One Section I.A(14)]
T-4	Definitions: Daily Maximum
	"Daily maximum" means the highest "daily discharge" over a calendar month. [WPC-1 Chapter One Section I.A(15)]
T-5	Definitions: Toxic Pollutants
	"Toxic pollutants" means any pollutant listed as toxic under Section 307(a)(1) or, in the case of "sludge use or disposal practices", any pollutant identified in regulations implementing Section 405(d) of the Clean Water Act. [WPC-1 Chapter One Section I.A]
	Definitions: Hazardous Substances
	"Hazardous substances" are defined in 40 CFR 116.4. [40 CFR 116.4]
T-7	Definitions: Quarterly Average
	"Quarterly Average" means the average of "daily discharges" over a three month period, calculated as the sum of all "daily discharges" measured during the quarter divided by the number of "daily discharges" measured during the quarter. The quarterly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the quarter. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(26)]
T-8	Definitions: Quarterly Maximum
	"Quarterly Maximum" means the highest "daily discharge" measured over a three-month period. [WPC-1 Chapter One Section I.A(57)]

AI2022 (continued):

Narrative Requirements:

Definitions:

Condition No.	Condition
T-9	Definitions: Yearly Average "Yearly Average" means the average of "daily discharges" over a calendar year, calculated as the sum of all "daily discharges" measured during the calendar year divided by the number of "daily discharges" measured during the calendar year. The yearly average for fecal coliform bacteria is the geometric mean of "daily discharges" during the calendar year. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(77)]
T-10	Definitions: Yearly Maximum "Yearly Maximum" means the highest "daily discharge" measured over a calendar year. [WPC-1 Chapter One Section I.A(78)]

Condition No.	Condition
T-11	The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule: Upon Permit Issuance. [WPC-1 Chapter One Section IV.A(9)]
T-12	Within 14 days after either an interim or final date of compliance specified by this permit, the permittee shall provide the Permit Board with written notice of his compliance or noncompliance with the requirements or conditions specified to be completed by that date. [WPC-1 Chapter One Section IV.A(10)]
T-13	Representative Sampling Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored wastewater. [WPC-1 Chapter One Section IV.A(28)e]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-14	Reporting If the results for a given sample analysis are such that any parameter (other than fecal coliform) is not detected at or above the minimum level for the test method used, a value of zero will be used for that sample in calculating an arithmetic mean value for the parameter. If the resulting calculated arithmetic mean value for that reporting period is zero, the permittee shall report "NODI = B" on the DMR. For fecal coliform, a value of 1.0 shall be used in calculating the geometric mean. If the resulting fecal coliform mean value is 1.0, the permittee shall report "NODI = B" on the DMR. For each quantitative sample value that is not detectable, the test method used and the minimum level for that method for that parameter shall be attached to and submitted with the DMR. The permittee shall then be considered in compliance with the appropriate effluent limitation and/or reporting requirement. [WPC-1 Chapter One Section II.G]
T-15	Reporting If the permittee monitors any pollutant as prescribed in the permit more frequently than required by the permit using test procedures approved under 40 CFR Part 136 or, in the case of sludge use or disposal, approved under 40 CFR Part 136 unless otherwise specified in 40 CFR Part 503, or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Permit Board. [WPC-1 Chapter One Section IV.A(15)c(2)]
T-16	Reporting Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Board in the permit. [WPC-1 Chapter One Section IV.A(15)c(3)]
T-17	Test Procedures Test procedures for the analysis of pollutants shall include those set forth in 40 CFR 136 or alternative procedures approved and/or promulgated by EPA. [WPC-1 Chapter One Section IV.A(30)]
T-18	Records Retention All records and results of monitoring activities required by this permit, including calibration and maintenance records, shall be retained by the permittee for a minimum of three (3) years, unless otherwise required or extended by the Permit Board, copies of which shall be furnished to the Department upon request. [WPC-1 Chapter One Section IV.A(29)a]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-19	Falsifying Reports Any permittee who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required by the Permit Board to be maintained as a condition in a permit, or who alters or falsifies the results obtained by such devices or methods and/or any written report required by or in response to a permit condition, shall be deemed to have violated a permit condition and shall be subject to the penalties provided for a violation of a permit condition pursuant to Section 49-17-43 of the Code. [WPC-1 Chapter One Section IV.A(29)d]
T-20	Facility Expansion and/or Modification Any facility expansion, production increases, process modifications, changes in discharge volume or location or other changes in operations or conditions of the permittee which may result in a new or increased discharge of waste, shall be reported to the Permit Board by submission of a new application for a permit pursuant to Section II.A. of the Mississippi Wastewater Regulations, or if the discharge does not violate effluent limitations specified in the permit, by submitting to the Permit Board a notice of a new or increased discharge. [WPC-1 Chapter One Section IV.A(14)]
T-21	Duty to Comply The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. [WPC-1 Chapter One Section IV.A(2)]
T-22	Proper Operation, Maintenance and Replacement The permittee shall at all times properly operate, maintain, and when necessary, promptly replace all facilities and systems of collection, treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures. Proper replacement includes maintaining an adequate inventory of replacement equipment and parts for prompt replacement when necessary to maintain continuous collection and treatment of wastewater. This provision requires the operation of back-up or auxiliary facilities or similar systems that are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. [WPC-1 Chapter One Section IV.A(18)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-23	Duty to Mitigate The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment. [WPC-1 Chapter One Section IV.A(19)]
T-24	Bypassing The permittee shall comply with the terms and conditions regarding bypass found in 40 CFR 122.41(m). [40 CFR 122.41(m)]
T-25	Bypassing - Definitions "Bypass" means the intentional diversion of waste streams from any portion of a treatment facility. "Severe property damage" means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production. [40 CFR 122.41(m)]
T-26	Bypassing - Bypass not exceeding limitations The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the notice and prohibition provisions of the bypass requirements in this permit. [40 CFR 122.41(m)]
T-27	Bypassing -Notice Anticipated bypass- If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass. Unanticipated bypass- The permittee shall submit notice of an unanticipated bypass as required by the twenty-four hour reporting requirements set forth in this permit. [40 CFR 122.41(m)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-28	Bypassing- Prohibition of Bypass (1) Bypass is prohibited, and the Commission may take enforcement action against a permittee unless: (i) Bypass was unavoidable to prevent loss of life, personal injury, or sever property damage. (ii) There was no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventative maintenance; and (iii) The permittee submitted notices as required under the Twenty-Four Hour reporting requirements set forth in this permit. (2) The Commission may approve an anticipated bypass, after considering its adverse affects, if the Commission determines that it will meet the three conditions listed above in paragraph (1) of this permit condition. [40 CFR 122.41(m)]
T-29	Upsets The permittee shall meet the conditions of 40 CFR 122.41(n) regarding "Upsets" and as in the upset requirements of this permit. [WPC-1 Chapter One Section IV.A(27)]
T-30	Upsets- Definition "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation. [WPC-1 Chapter One Section IV.A(27)]
T-31	Upsets - Effect of an Upset An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the "conditions necessary for demonstration of upset" requirements of this permit are met. Any determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, shall not constitute final administrative action subject to judicial review. [WPC-1 Chapter One Section IV.A(27)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-32	Upsets - Conditions necessary for demonstration of upset A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that: (1) An upset occurred and that the permittee can identify the cause(s) of the upset; (2) The permitted facility was at the time being properly operated; (3) The permittee submitted notice of the upset as required in 40 CFR 122.41(L)(6)(ii)(B)(24-hour notice of noncompliance); and (4) The permittee complied with any remedial measures required under 40 CFR 122.41(d) (Duty to Mitigate). [WPC-1 Chapter One Section IV.A(27)]
T-33	Upsets - Burden of proof In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof. [WPC-1 Chapter One Section IV.A(27)]
T-34	Removed Substances Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act, the Federal Resource Conservation and Recovery Act, and the Mississippi Water Pollution Control Act. [WPC-1 Chapter One Section IV.A(21)]
T-35	Power Failures If electric power is required, in order to maintain compliance with the conditions and prohibitions of the permit, the permittee shall either: (1) Provide an alternative power source to operate the wastewater control facilities; or, if such alternative power source is not in existence, and no date for its implementation appears in the permit, (2) Halt, reduce, or otherwise control production and/or all wastewater flows upon reduction, loss, or failure of the primary source of power to the wastewater control facilities. [WPC-1 Chapter One Section IV.A(22)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-36	Inspection and Entry The permittee shall allow any authorized Commission representative to enter the permittee's premises at any reasonable time, to have access to and copy any applicable records, to inspect process facilities, treatment works, monitoring methods or equipment or to take samples, as authorized by Section 49-17-21 of the Code. In the event of investigation during an emergency response action, a reasonable time shall be any time of the day or night. Follow-up investigations subsequent to the conclusion of the emergency event shall be conducted at reasonable times. [WPC-1 Chapter One Section IV.A(17)]
T-37	Transfer of Ownership or Control This permit is not transferable to any person without proper modification of this permit following procedures found in WPC-1, Chapter 1, Section V.C. [WPC-1 Chapter One Section V.C]
T-38	Signatory Requirements All applications, reports, or information submitted to the Permit Board shall be signed and certified. [WPC-1 Chapter One Section II.C]
T-39	Signatory Requirements - Application Signatures All permit applications shall be signed as follows: (1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (i) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making function for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. [WPC-1 Chapter One Section II.C]

AI2022 (continued):

Narrative Requirements:

Condition	Condition
T-40	Signatory Requirements -Reports and Other Information

All reports required by the permit and other information requested by the Permit Board shall be signed by a person described by the application signature requirements in this permit or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(1) The authorization is made in writing by a person described by the application signature requirements;
(2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and
(3) The written authorization is submitted to the Permit Board. [WPC-1 Chapter One Section II.C]

T-41 Signatory Requirements - Changes to Authorization

If an authorization under the signatory requirements of this permit is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the signatory requirements of this permit must be submitted to the Permit Board prior to or together with any reports, information, or applications. [WPC-1 Chapter One Section II.C]

T-42 Signatory Requirements - Certification

Any person signing a document under the signatory requirements stated in this permit shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [WPC-1 Chapter One Section II.C]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-43	Availability of Records Except for information deemed to be confidential under the Mississippi Code Ann. 49-17-39 and 40 CFR 123.41, file information relating to this permit shall be made available for public inspection and copying during normal business hours at the office of the Department of Environmental Quality in Jackson, Mississippi. Written request must be provided in accordance with policies developed by the Commission and must state, specifically, records proposed for review, date proposed for review and copying requirements. [WPC-1 Chapter One Section III.E]
T-44	Duty to Provide Information The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance with the permit. The permittee shall also furnish to the Permit Board upon request, copies of records required to be kept by the permit. [WPC-1 Chapter One Section IV.A(16)]
T-45	Toxic Pollutants The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act. [WPC-1 Chapter One Section IV.A(26)]
T-46	Toxic Pollutants Notification Requirements The permittee shall comply with the applicable provisions of 40 CFR 122.42. [WPC-1 Chapter One Section IV.A(26)]
T-47	Civil and Criminal Liability (1) Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law. (2) Except as provided in permit conditions on "Bypassing" and "Upsets", nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance. (3) It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [WPC-1 Chapter One Section IV.A(24)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-48	Oil and Hazardous Substance Liability Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances. [WPC-1 Chapter One Section IV.A(23)]
T-49	Property Rights The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations. [WPC-1 Chapter One Section V.E]
T-50	Severability The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby. [WPC-1 Chapter One Section IV.A(25)]
	Protection of Confidential Information (1) Pursuant to Miss. Code Ann. ' 49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. ' 49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality. [WPC-1 Chapter One Section III.F]
T-52	Protection of Confidential Information- continued (2) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to part (1) of this requirement, shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi. [WPC-1 Chapter One Section III.F]

AI2022 (continued):

Narrative Requirements:

Condition No	Condition
T-53	Protection of Confidential Information- continued (3) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. ' 49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA, shall be allowed until any appeal from the determination of the Commission is completed. [WPC-1 Chapter One Section III.F]
T-54	Spill Prevention and Best Management Plans Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact. [WPC-1 Chapter One Section IV.A(12)a]
T-55	Reopener Clause This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved: 1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or 2. Controls any pollutant not limited in the permit. [WPC-1 Chapter One Section IV.F(1)]

AI2022 (continued):

Narrative Requirements:

Condition No	Condition
T-56	Closure Requirements Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State. [WPC-1 Chapter One Section IV.A(11)]
T-57	Permit Actions The permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a modification of planned changes or anticipated noncompliance, does not stay any permit condition. [WPC-1 Chapter One Section V.C(5)]

RPNT1 (MS001830-002) Outfall 1(Non-contact cooling water):

Submittal/Action Requirements:

Condition No.	Condition
S-1	The Permittee shall submit analytical results on a monthly Discharge Monitoring Report (DMR): Due monthly, by the 28th of the subsequent month. [WPC-1 Chapter One IV.A(15)c]

GENERAL INFORMATION

Hercules Inc
613 West 7th Street
Hattiesburg, MS
Forrest County

Alternate/Historic Identifiers

ID	Alternate/Historic Name	User Group	Start Date	End Date
2022	Hercules, Inc.	Official Site Name	9/1/1968	
2803500001	Hercules Inc	Air-AIRS AFS	6/11/1991	
MSD008182081	Hercules, Inc.	Hazardous Waste-EPA ID	1/20/1997	
080000001	Hercules, Inc.	Air-Title V Operating	11/13/1998	11/12/2003
080000001	Hercules, Inc.	Air-State Operating	6/11/1991	6/1/1994
MSR110153	Hercules, Inc.	GP-Sara Title III	10/17/1997	1/29/2001
MS0001830	Hercules, Inc.	Water-NPDES	10/22/1991	10/21/1996
MS0001830	Hercules, Inc.	Water-NPDES	9/29/1986	9/28/1991
MSP091286	Hercules, Inc.	Water-Pretreatment	3/12/1999	2/28/2004
MS0001830	Hercules, Inc.	Water-NPDES	9/30/1997	9/29/2002
MSR110153	Hercules, Inc.	GP-Baseline	1/29/2001	12/16/2005
MS0001830	Hercules, Inc.	Water-NPDES	10/31/2002	9/30/2007
080000001	Hercules, Inc.	Air-Title V Operating	4/22/2004	3/31/2009
	Hercules Powder Company	Historic Site Name	1/1/1912	9/1/1968
MSP091286	Hercules Inc	Water-Pretreatment	11/5/2004	10/31/2009
MSR110153	Hercules Inc	GP-Baseline	12/16/2005	9/30/2010
MSR103943	Hercules, Inc.	GP-Construction	1/3/2006	5/31/2010
080000001	Hercules, Inc.	Air-Title V Fee Customer	11/13/1998	

Basin: Pascagoula River Basin

GENERAL INFORMATION

Latitude: 31° 20' 9" 2 tenths **Longitude** 89° 18' 26" 4 tenths

Location Description:PG- Plant Entrance (General). Data collected by J. Dewayne Headrick on 11/2/2005.

PERMIT RATIONALE FOR REISSUANCE
Hercules Inc
Forrest County
Hattiesburg, Mississippi
Water NPDES No. MS0001830
March 7, 2007

I. FACILITY INFORMATION

Facility Name: Hercules Inc
Facility Address: 613 West 7th Street
Hattiesburg,, MS 39401

Permit No.: MS0001830
SIC: 2821
Permit Writer: Audra Sandifer
EPD Branch: Chemical Branch

II. NATURE OF BUSINESS

Diversified chemical manufacture of paper chemicals, ketene dimmer, resin emulsions, and wax emulsions.

III. EFFLUENT AND RECEIVING STREAM FLOW DATA

Non-contact Cooling Water discharges into unnamed tributary of the Bowie River for Outfall – 002.

IV. 303(d) ISSUES

None

V. TYPE OF WASTEWATER TREATMENT:

None

VI. EPA APPLICABLE CATEGORICAL GUIDELINES

None

VII. DATA FROM APPLICATION FORM (2E)

Parameter	Maximum Daily Value	Number of Analysis
BOD	ND	1
TSS	3 mg/L	1
Oil and Grease	ND	1
COD	ND	1

TOC	1.8 mg/L	1
Ammonia (as N)	ND	1
pH	6.8 – 7.7	24
Discharge Flow	0.22 MGD	365
Temp (Winter)	20°C (Max) 17°C (Min)	39
Temp (Summer)	29°C (Max) 25°C (Min)	39

VIII. WATER QUALITY LIMITATIONS BASED ON WASTELOAD ALLOCATION

Not Applicable

IX. CATEGORICAL GUIDELINE LIMITATIONS CALCULATIONS

Not Applicable

X. TOXICITY SCREENING

Not Applicable

XI. PROPOSED FINAL LIMITATIONS

1. Maximum Permit Limitations

Outfall	Parameter	Categorical Limitation	Water Quality Limitation	Present Permit Limitation	Proposed Permit Limitation	Basis
002	pH	n/a	6.0 – 9.0	6.0 – 9.0	6.0 – 9.0	WQS
	Temperature	n/a	32.2°C (90 °F)	32.2°C (90 °F)	32.2°C (90 °F)	WQS

Effluent flow must also be monitored continuously and reported on the facility's DMR.
Temperature is monitored 3 times/week with instantaneous sampling.
pH is monitored twice/month with grab sampling.

XII. BPJ STATEMENT:

Not Applicable

Mississippi Department of Environmental Quality
Office of Pollution Control
Environmental Permits Division

Project Awareness Checklist

The primary purpose of this checklist is to allow early identification of "big picture" items that could affect EPD's permitting decisions. The checklist will be filled out by the permit manager, with input from the permit applicant as needed. Many of the questions will be answered after the pre-application meeting. The applicable portions of the checklist should be filled out prior to developing the draft permit. The checklist should be attached to the permit action form (PAF).

This checklist does not establish or affect legal rights or obligations. This checklist does not establish or affect procedural requirements for the development or issuance of permits. MDEQ is under no obligation to complete any or all of this checklist.

References to web sites or other sources external to MDEQ are intended for informational purposes only and do not imply any official MDEQ endorsement of, or responsibility for, the opinions, ideas, reliability, data or products presented at those locations, or guarantee the validity of the information provided.

Name of facility

Hercules Inc

AI

2022

Permit type

☐ Issuance
☑ Reissuance without Modification
☐ Modification
☐ Reissuance with Modification

☑ Routine ☐ Priority

Critical path

☐ Air ☑ Water ☐ Hazardous Waste ☐ Solid Waste

Notes/Comments

A. Air

Section Not Applicable ☑

Yes	No	Not Applicable		
☐	☐	☐	A1.	Is the facility located in an area that may become a non-attainment area when the new NAAQS are implemented? PM2.5
☐	☐	☐	A2.	Is this facility a significant minor source as defined by APC-S-2, Section I.B.21?
☐	☐	☐	A3.	Will this facility generate dust, fumes, gases, mist, odorous matter, vapors, or any combination thereof, such as to cause a nuisance to property from which it originated? (APC-S-1, Section 3.3)
☐	☐	☐	A4.	Is this project subject to any of the following regulations? ■ New Source Performance Standards (NSPS) (40 CFR Part 60) ■ National Emission Standards for Hazardous Air Pollutants (NESHAP) (40 CFR Parts 61 and 63) ■ Compliance Assurance Monitoring (CAM) (40 CFR Part 64) ■ Prevention of Significant Deterioration (PSD) (40 CFR Part 52) ■ Acid Rain Program (40 CFR Part 72) ■ Chemical Accident Prevention Provisions (40 CFR Part 68)
☐	☐	☐	A5.	Does this facility fall into one of the 28 listed source categories? (40 CFR 52)
☐	☐	☐	A6.	Is this facility located within 200 km of any Class I area? (40 CFR 52) ■ Will there be construction or air emissions near a national/state forest or national/state park or other recreational area? ☐Yes / ☐No / ☐NA
☐	☐	☐	A7.	Will any air discharges have an impact on water quality?

B. Hazardous Waste

Section Not Applicable ☑

☐	☐	☐	B1.	Is this a hazardous waste TSD project? ■ Typically these projects have opposition. ■ Is there off-site contamination? ☐Yes / ☐No / ☐NA ■ Are "bad boy" and financial capability reviews necessary? ☐Yes / ☐No / ☐NA
☐	☐	☐	B2.	Is the site a brownfield site? ■ Check with Groundwater Assessment and Remediation Division – Brownfields Branch.

- Check with Groundwater Assessment and Remediation Division – Uncontrolled Sites Branch.

☐ ☐ ☐ B3. Are there universal waste considerations? (Examples: used oil, car batteries, fluorescent tubes.)

C. Solid Waste

Section Not Applicable ☑

☐ ☐ ☐ C1. Is this a new or existing solid waste management facility?
- These projects may have opposition.
- Does the existing facility (or other facilities owned or operated by the applicant) have a history of non-compliance? ☐Yes / ☐No / ☐NA
- Has a disclosure statement been filed? ☐Yes / ☐No / ☐NA
- Is the application a result of enforcement action by ECED? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ C2. Will solid waste be sent to a third-party landfill?
- Contact the landfill owner to verify that the landfill can and will accept the waste.
- Does the County Solid Waste Management Plan need to be modified? ☐Yes / ☐No / ☐NA

D. Water

Section Not Applicable ☐

☑ ☐ ☐ D1. Will the facility discharge wastewater to a third-party wastewater treatment plant (WWTP)?
- Is the WWTP willing and able to accept the discharge? ☑Yes / ☐No / ☐NA
- Is a pretreatment permit needed? ☑Yes / ☐No / ☐NA

☐ ☐ ☑ D2. Review Permit Board Policy on Suitable Points to Discharge Treated Wastewaters, January 2002 for acceptable locations of new discharges. (The document is located in the Knowledge Center.)
- Specific locations where wastewater discharges are prohibited or are strongly discouraged include:
  - Ross Barnett Reservoir and surrounding drainage basin
  - Old Run Tombigbee River north of Fulton
  - Pickwick Lake
  - Mississippi Sound (including the coastal waters)
  - Okatoma Creek
  - Wolf Creek
  - Red Creek
  - Black Creek (located south of Hattiesburg)
- Typically, lakes, reservoirs, bayous, ponds or other confined, low flushing waterbodies, and drainage ways leading to them, are not suitable points of discharge.

- Has the permit manager or the Regional Office done an inspection to determine whether the discharge location is suitable to receive discharged wastewater? ☐Yes / ☐No / ☐NA
- Contact Surface Water Division if unsuitable locations are proposed.

☐ ☑ ☐ D3. Is the water body on the 303(d) list for parameters of concern?
- Check with the Water Quality Assessment Branch for 303(d) listing.
- Consider alternative receiving streams/locations or no-discharge systems.
- Refer to NPDES Permit Issuance Process for Facilities Discharging to 303(d) Listed Waters, January 1999

☐ ☐ ☑ D4. Has a TMDL been developed for the receiving stream?
- See http://www.deq.state.ms.us/newweb/swhome.nsf/pages/WDivision/$file/tmd3.html, or check with the Water Quality Assessment Branch.
- Does the TMDL propose limitations on the discharge? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ D5. Will the project impact wetlands or other waters of the United States?
- Check with WQMB for requirements for 404 permit or 401 Water Quality Certification
- Are there any issues with the Surface Water Division? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ D6. Is an antidegradation package required?
- For POTWs, required for new major discharges (≥1 mgd) or for increases in discharges from majors. (This may change when WQMB issues guidance in the future.)
- For industrial, follow the "Antidegradation Policy Review Checklist." (The document is located in the Knowledge Center.)
- The package must be sent to EPA along with the draft permit.

☐ ☑ ☐ D7. Is the stream classified for shellfish harvesting, drinking water supply, or recreation?
- See State of Mississippi Water Quality Criteria for Intrastate, Interstate and Coastal Waters, November 16, 1995 for a list, or check with WQAB/Standards. (The document is located in the Knowledge Center.)
- Discharge is discouraged. Consider alternative receiving streams/locations or no-discharge systems.
- Have water supply intake distances been evaluated? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ D8. Is the stream actually used for recreation, even if the classification is fish and wildlife?

- Check with WQAB/Standards, Regional Offices, Mississippi Department of Wildlife, Fisheries, and Parks, and Mississippi Forestry Commission.
- Discharge is discouraged. Consider alternative receiving streams/locations or no-discharge systems.
- Have distances of actual water contact activity been evaluated? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ D9. Is the receiving stream classified as an ephemeral stream?
- Check with WQAB/Standards
- Alternate discharge points or no-discharge systems must be investigated before this stream is considered.

☐ ☑ ☐ D10. Will the project violate water buffer zone requirements?
- How is the surrounding area zoned?
- Will there be a discharge near a state forest or park or other recreational area? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ D11. Has the stream been proposed for inclusion in the State Scenic Streams Stewardship Program (Section 51-4 et seq., Mississippi Code)?
- As of March 12, 2003, the streams include
  - Chunky Creek in Newton County from the confluence of Chunky Creek and Tallasher Creek.
  - Chunky River in Newton, Lauderdale and Clarke Counties to the junction with the Chickasawhay River in Clarke County.
  - Magee's Creek in Walthall County from the confluence of Varnell Creek to the Bogue Chitto River.
  - Tangipahoa River in Pike County beginning at U.S. Highway 51 and extending to the Mississippi-Louisiana state line.
  - Wolf River in Pearl River, Hancock, Stone and Harrison Counties from Highway 26 in Pearl River County to the Bay of St. Louis in Harrison County.
- Discharge is discouraged. Consider alternative receiving streams/locations or no-discharge systems.

☐ ☑ ☐ D12. Will the facility obtain water from an existing Public Water System (PWS)?
- Does the PWS have adequate capacity? ☐Yes / ☐No / ☐NA Contact MSDH/Division of Water Supply if needed.
- Check with OLWR if the water use will be ≥300,000 gpd or if the PWS will need a permit modification.

☐ ☑ ☐ D13. Will the facility use surface water or build a dam?
- Check with OLWR for permit requirements.
- Check with WQMB for requirements regarding intake structures or wetlands issues.

☐ ☐ ☐ D14. Will the facility use groundwater?
- Check with OLWR for permit requirements.

E. SARA Title III (EPCRA) Reporting

Section Not Applicable ☑

☐ ☐ ☐ E1. Will the facility meet the reporting criteria of EPCRA Section 313 by man-hour requirement, SIC code or reportable quantity over a certain threshold?

☐ ☐ ☐ E2. In response to the requirements of EPCRA Section 304 has the facility determined if there are "Extremely Hazardous Substances (EHS)" or CERCLA Substances onsite in excess of their respective reportable quantities?

☐ ☐ ☐ E3. Does the facility store onsite an EHS in excess of its respective "Threshold Planning Quantity?" If so then the reporting requirements of EPCRA Section 311 and 312 must be followed.

F. Other

Section Not Applicable ☐

☐ ☐ ☐ F1. List all existing permits and their expiration dates:

Permit Number	Description	Expiration
Air-Title V Operating	080000001	3/31/09
Air-Title V Fee Customer	080000001	
Water-NPDES	MS0001830	9/30/07
Water-Pretreatment	MSP091286	10/31/09
GP-Construction	MSR103943	5/31/10
GP-Baseline	MSR110153	9/30/10
Air-AIRS AFS	2803500001	
Hazardous Waste-EPA ID	MSD008182081	

- Are permit applications in-house for all permits that have expired or will expire in ≤ 180 days? ☑Yes / ☐No / ☐NA
  If no, will the current permitting action proceed?
  ☐Yes / ☐No / ☐NA

Permit Activity	Last Permit Expired Task	Last App Received Task
%%:inhouse_apps	%%NEXT%%	%%NEXT%%

Permit Activity	Last Permit Expired Task	Last App Received Task
%%		

☑ ☐ ☐ F2. Are all fees (e.g., Title V), fines, and/or compliance with CEQ orders current?

- Check enSite for actions on or after October 1, 2001. Check with ECED for earlier actions.
- Check with Mona Varner for fees.

☐ ☑ ☐ F3. Check complaints database and compliance history.

- Check enSite for actions on or after October 1, 2001. Check with ECED for earlier actions.
- What is the nature of the historical compliance problems (if applicable)?

- Are there any pending agreed orders? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ F4. Are there EJ considerations?

- Review demographic maps and per capita income information.
- Does the area around the site appear to be a low-income or minority area?
  ☐Yes / ☐No / ☐NA
- Is there a significant amount of industrial activity? ☐Yes / ☐No / ☐ NA
- Are there indications that there is a significant population of non-English-speaking people near the site? ☐Yes / ☐No / ☐NA
- Are we aware of any variances or violations in local zoning? ☐Yes / ☐No / ☐NA
- Are there quality of life issues? ☐Yes / ☐No / ☐NA
- Contact the EJ coordinator if there appear to be EJ concerns.
- Determine what kind of additional public information activities need to be done.

☐ ☑ ☐ F5. Has it been determined that there is public interest in this project?

- Is there organized public opposition? ☐Yes / ☐No / ☐NA
- Who is the opposition?

- Has there been media coverage or the possibility of media coverage? ☐Yes / ☐No / ☐NA
- Are there regulation changes on the horizon that would result in more stringent requirements for the project? ☐Yes / ☐No / ☐NA
- Are there actual, potential, or alleged human health or environmental impacts? ☐Yes / ☐No / ☐NA

If yes, explain.

☐ ☑ ☐ F6. Are there cumulative impact issues?
- Is there a concentration of emissions in the area? ☐Yes / ☐No / ☐NA
- Research by reviewing files, etc. for effects of past projects, the effects of current projects, and the effects of probable future projects. It includes the effects of other projects which interact with this project and, together, are considerable.
- Is GIS information available? ☐Yes / ☐No / ☐NA
  Has it been used? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ F7. Is the Mississippi Development Authority (MDA) interested?
- Is the proposed project in an economically underdeveloped area of the state? ☐Yes / ☐No / ☐NA
- Is the project receiving CDBG (Community Development Block Grant) funding? ☐Yes / ☐No / ☐NA
  CDBG funding is given for projects in low-to-moderate income areas and thus indicates the possibility of EJ considerations.

☐ ☑ ☐ F8. Will this project have the potential to impact threatened and endangered species? Pesticide limitations for endangered species link. NPDES link. http://endangered.fws.gov/
- Contact WQAB for a list of species.

☐ ☑ ☐ F9. Will this project have the potential to impact archeological and cultural resources?
- Has the Mississippi Department of Archives and History been contacted? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ F10. Is this facility located in a politically sensitive area?

☐ ☑ ☐ F11. Will this facility have a significant economic impact on the area?

☐ ☑ ☐ F12. Does this project involve other state or federal agencies, and if so, in what way?

☐ ☑ ☐ F13. Is the project (or company or location, etc.) listed in the Heightened Awareness Projects database (located in Lotus Notes)?
☐Yes / ☐No / ☐NA
If yes, get in touch with the listed contact person.

☐ ☑ ☐ F14. Review "Enclosure B: EPA/State Review and Oversight Tools for NPDES Permits" to determine if any additional information needs to be gathered. (The document is located in the Knowledge Center.)

☐ ☑ ☐ F15. Is there ***anything else*** that might slow down the permitting decision or change any permit conditions? (Industrial Sector Notebooks) If yes, describe.

FACILITY DATA SCREEN #1 (FAC1)

PERMIT #:**MS0001830** TRANSACTION CODE:**N**
AI ID: **2022**
FACILITY NAME:**Hercules Inc**
COGNIZANT OFFICIAL:**Mr. T. Dan Brooks**
PHONE:**(601) 545-3450** CITY:**Hattiesburg,**
COUNTY CODE:**035** SIC CODE:**2821** TYPE OF APPLICATION:
FACILITY INACTIVE CODE: FACILITY OWNERSHIP:**PRI**
FACILITY INACTIVE DATE: - -
SUB-REGION:**SRO** ENGINEER:**AS** AVG. DESIGN FLOW:**00000**

FACILTIY DATA SCREEN #2 (FAC2)

RIVER BASIN: **Pascagoula River Basin**

0338 - Upper Tombigbee River
0340 – Lower Tombigbee River
0342 – Pascagoula River
0343 – Pearl River
0408 – Tennessee River
1006 - Mississippi River
1011 – Yazoo River
1018 – Big Black
1021 – South Independent
1099 – Coastal Streams

Receiving Waters:**Unnammed trib of Bowie River**

FACILITY TYPE:**I**

TREATMENT TYPE:

AC=Activated Carbon
AN=Anaerobic Lagoon
CC=Contact Cooling
DW=Deepwell
EV=Evaporation
NC=Non-Contact Cooling
OD=Oxidation Ditch
PS=Primary Sedimentation
RBC=Rotating Bilogical Contractor
SS=Secondary Sedimentation
TF=Trickling Filter
AS= Activated Sludge
API=API Separator
CL=Conventional Lagoon
DF=Diffuser
HC=Hydrograph Controlled
OS=Off Site Disposal
PC=Physical Chemistry
RR=Recycle and Reuse
SI=Spray Irrigation
AL=aerated Lagoon
AW=Artificial Wetlands
CT=Cooling Tower
EOP=End of Pipe
ML=Multiple Lagoon
OF=Overland Flow
PH=pH Adjustment
RO=Reverse Osmosis
SF=Sand Filter
SW=Statewide

TOXIC AND BIOASSAY CODE:

FOR PRETREATMENT PERMITS ONLY (RDF5 CODE):
BRANCH CODES:**CHEM** **Chemical Branch**

AFS	Aluminum Forming	EMS	Explosives Mfg	MFS	Metal Finishing	PTS	Photographic
AMS	Asbestos Mfg	FLS	Feedlots	MMS	Metal Molding & Casting	PFS	Plastics Molding & Forming
BMS	Battery Mfg	FAS	Ferroalloy Mfg	MIS	Mineral Mining & Processing	PES	Porcelain Enameling
CVS	Canned & Preserved Fruits & Veg Processing	FMS	Fertilizer Mfg	NPS	Nonferrous Metals Forming & Powders	PPS	Pulp, Paper & Paperboard
CSS	Canned & Preserved Seafood Processing	GMS	Glass Mfg	NMS	Nonferrous Metals Mfg	RMS	Rubber Mfg
CBS	Carbon Black Mfg	GRS	Grain Mills	OES	Oil & Gas Extraction	SDS	Soap & Detergent Mfg
CMS	Cement Mfg	GWS	Gum & Wood Chemicals Mfg	OMS	Ore Mining & Dressing	SES	Steam Electric Power Generating
CWS	Centralized Waste Treatment	HOS	Hospital	OCS	Organic Chemicals Mfg	SPS	Sugar Processing
COS	Coal Mining	IFS	Ink Formulating	PAS	Paint Formulating	TES	Transportation Equipment Cleaning
CCS	Coil Coating	ICS	Inorganic Chemicals Mfg	PVS	Paving & Roofing Materials (tars & asphalt)	TXS	Textile Mills
CFS	Copper Forming	ISS	Iron & Steel Mfg	PCS	Pesticide Chemicals	TPS	Timber Products Processing
DPS	Dairy Products Processing	LFS	Landfills	PRS	Petroleum Refining	WCS	Waste Combustors
ECS	Electrical & Electronic Components	LTS	Leather Tanning & Finishing	PHS	Pharmaceutical Mfg	NC	Non-categoncal
ELS	Electroplating	MPS	Meat Products	PMS	Phosphate Mfg	NCS	Non-categorical significant

FACILITY ADDRESS SCREEN (FACA)

PERMIT #:**MS0001830**

Primary DMR Mailing Address

FACILITY NAME: **Hercules Inc**
ADDRESS LINE 1: **613 West 7th Street**
ADDRESS LINE 2:**<NO DATA FOUND>**
CITY:**Hattiesburg,**
STATE:**Mississippi**
ZIP:**39401**

Alternate DMR Mailing Address

FACILITY NAME:**Hercules Inc**
ADDRESS LINE 1:**613 West 7th Street**
ADDRESS LINE 2:**<NO DATA FOUND>**
CITY:**Hattiesburg,**
STATE:**Mississippi**
ZIP:**39401**

Facility Location Address

COUNTY NAME:**Forrest**
ADDRESS LINE 1:**613 West 7th Street**
ADDRESS LINE 2:**<NO DATA FOUND>**
CITY:**Hattiesburg,**
STATE:**MS**
ZIP:**39401**
TELEPHONE:**(601) 545-3450**

PERMIT TRACKING SCREEN (PTRK)

PERMIT #:**MS0001830**

FACILITY NAME:**Hercules Inc**

PERMIT ISSUANCE:
PERMIT TRACKING EVENT CODE: **P4099**

ACTUAL DATE: - -

PERMIT EXPIRATION:
PERMIT TRACKING EVENT CODE: **P5099**

ACTUAL DATE:**4-30-12**

PERMIT #:MS0001830 **Chemical Branch**

OUTFALL GENERAL DATA SCREEN #1 (OFLG)

TRANSACTION CODE:**N** (N=New, C=Change)

DISCHARGE NUMBER:**002**

REPORT DESIGNATOR: **A**

INITIAL REPORT DATE:**05-01-07**
(date monitoring is to begin)

REPORT UNITS:**M**

NUMBER OF UNITS IN
REPORT PERIOD:**001**

TOTAL NUMBER OF MONTHS DUE
(Months due in 5 Years):**060**

INITIAL SUBMISSION DATE:**06-28-07**

STATE SUBMISSION UNIT: **M**

NUMBER OF UNITS IN STATE SUBMISSION PERIOD:**01** **(see instruction sheet)**

PIPE DESCRIPTION:**Non-contact Cooling Water**

INITIAL LIMIT DATES: START: - - END: - -

INTERIM LIMIT DATES: START: - - END: - -

FINAL LIMIT DATES: START:**05-01-07** END:**04-30-12**

PIPE INACTIVE CODE: PIPE INACTIVE DATE: - -

AGENCY REVIEWER:**CHEM**

USE THESE LINES IF YOU WANT COMMENTS OR INSTRUCTIONS TO APPEAR ON THE BOTTOM OF THE DMR WHEN IT IS PREPRINTED FOR THE FACILITY. EACH FIELD REPRESENTS ONE LINE ON THE DMR.

PERMIT FACILITY GEOGRAPHIC DATA SCREEN (FAGD)

PERMIT #:MS0001830 **TRANSACTION CODE: C**

LATITUDE (FLAT):+3120180

LONGITUDE (FLON): 08918160

LAT/LONG METHOD (FLLM):8

LAT/LONG DATUM (FLLT):2

LAT/LONG SCALE (FLLS):N

LAT LONG DESCRIPTION (FLLD):02099

USGS HYDROLOGIC BASIN CODE:<NO DATA FOUND>

OUTFALL GEOGRAPHIC DATA

PERMIT #:MS0001830 **TRANS CODE: C**

DISCHARGE NUMBER	REPORT DESIGNATOR	LATITUDE (PLAT)	LONGITUDE (PLON)	LAT/LONG METHOD (PLLM)	LAT/LONG DATUM (PLLT)	LAT/LONG SCALE (PLLS)	LAT/LONG DESCRIPTION (PLLD)	USGS HYDROLOGIC BASIN CODE (PHBC)
002	A	+3120180	-08918160	A	2	3	010099	

Audra Sandifer/EPD/OPC/DEQ
03/26/2007 01:46 PM

To LCotten@hattiesburgamerican.com
cc
bcc
Subject Public Notice

March 26, 2007

Hattiesburg American
PO Box 1111
Hattiesburg, MS 39403-1111

FILE COPY

Dear Sir/Madam:

Re: Hercules Inc
Draft Permit Public Notice
Water Ref. No.MS0001830
Forrest County

Enclosed herewith is a legal notice to be published in your newspaper on or before **April 2, 2007.** Also, please furnish this office with statement and proof of publication in duplicate.

If there are questions concerning this legal notice, please contact me at (601) 961-5673.

Sincerely,

Audra Sandifer, P.E.
Chemical Branch
Environmental Permits Division

Enclosure
cc: Ms. Linda Stanford, OPC

enSearch Online Public Notice.doc

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171

Public Notice Start Date: April 2, 2007
Deadline For Comment: May 2, 2007

MDEQ Contact: Audra Sandifer

Hercules Inc. located at 613 West 7th Street, Hattiesburg, MS, phone No. (601) 545-3450, has applied to the Mississippi Department of Environmental Quality for the following permitting action: Renewal of NPDES permit Ref: MS0001830. The applicant's operations fall within SIC Code 2821.

Hercules Inc. is a diversified chemical manufacture of paper chemicals, ketene dimmer, resin emulsions, and was emulsions. The NPDES permit authorizes the facility to discharge non-contact cooling water to an unnamed tributary of the Bowie River for Outfall 001.

The staff of the Permit Board has developed this draft permit based on information submitted to the Permit Board by the applicant, appropriate State and Federal agencies and other interested parties. The staff of the Permit Board is soliciting all relative information pertaining to the proposed activity, including public comment, to ensure that the final staff recommendation on the draft permit complies with all State and Federal regulations. Public review and comment on the draft permit and supporting documentation is an important element in the staff evaluation and resulting recommendation to the Permit Board. The draft permit conditions have been developed to ensure compliance with all State and Federal regulations but are subject to change based on information received as a result of public participation.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Audra Sandifer at the Permit Board's address shown above, no later than May 2, 2007. All comments received by this date will be considered in the formulation of final determinations regarding the application(s). A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed permit(s). The Permit Board is limited in the scope of its analysis to environmental impact. Any comments relative to zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities and should be addressed to them.

Additional details about the application(s), including a copy of the draft permit(s), are available by writing or calling Debbie Pridgen at the above Permit Board address and telephone number. For those with Internet access, a copy of the proposed draft permit(s) may be found on the Mississippi Department of Environmental Quality's website at: http://opc.deq.state.ms.us/report_public_notice.aspx. This information is also available for review at the following location(s) during normal business hours:

Mississippi Department of Environmental Quality
Office of Pollution Control
Southport Center Building
2380 Highway 80 West
Jackson, Mississippi 39204

The Library of Hattiesburg, Petal, and Forrest County
329 Hardy Street
Hattiesburg, MS 39401

Please bring the foregoing to the attention of persons whom you know will be interested.

2022 PER20070001

PERMIT RATIONALE FOR REISSUANCE
Hercules Inc
Forrest County
Hattiesburg, Mississippi
Water NPDES No. MS0001830
March 7, 2007

I. FACILITY INFORMATION

Facility Name: Hercules Inc
Facility Address: 613 West 7th Street
Hattiesburg,, MS 39401

Permit No.: MS0001830
SIC: 2821
Permit Writer: Audra Sandifer
EPD Branch: Chemical Branch

II. NATURE OF BUSINESS

Diversified chemical manufacture of paper chemicals, ketene dimmer, resin emulsions, and wax emulsions.

III. EFFLUENT AND RECEIVING STREAM FLOW DATA

Non-contact Cooling Water discharges into unnamed tributary of the Bowie River for Outfall – 002.

IV. 303(d) ISSUES

None

V. TYPE OF WASTEWATER TREATMENT:

None

VI. EPA APPLICABLE CATEGORICAL GUIDELINES

None

VII. DATA FROM APPLICATION FORM (2E)

Parameter	Maximum Daily Value	Number of Analysis
BOD	ND	1
TSS	3 mg/L	1
Oil and Grease	ND	1
COD	ND	1

TOC	1.8 mg/L	1
Ammonia (as N)	ND	1
pH	6.8 – 7.7	24
Discharge Flow	0.22 MGD	365
Temp (Winter)	20°C (Max) 17°C (Min)	39
Temp (Summer)	29°C (Max) 25°C (Min)	39

VIII. WATER QUALITY LIMITATIONS BASED ON WASTELOAD ALLOCATION

Not Applicable

IX. CATEGORICAL GUIDELINE LIMITATIONS CALCULATIONS

Not Applicable

X. TOXICITY SCREENING

Not Applicable

XI. PROPOSED FINAL LIMITATIONS

1. Maximum Permit Limitations

Outfall	Parameter	Categorical Limitation	Water Quality Limitation	Present Permit Limitation	Proposed Permit Limitation	Basis
002	pH	n/a	6.0 – 9.0	6.0 – 9.0	6.0 – 9.0	WQS
	Temperature	n/a	32.2°C (90 °F)	32.2°C (90 °F)	32.2°C (90 °F)	WQS

Effluent flow must also be monitored continuously and reported on the facility's DMR.
Temperature is monitored 3 times/week with instantaneous sampling.
pH is monitored twice/month with grab sampling.

XII. BPJ STATEMENT:

Not Applicable

State of Mississippi

WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Hercules Inc
613 West 7th Street
Hattiesburg, MS
Forrest County

has been granted permission to discharge wastewater in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified:

Expires:

Permit No. MS0001830

Agency Interest # 2022

*** Draft Permit ***

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-48	Oil and Hazardous Substance Liability Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances. [WPC-1 Chapter One Section IV.A(23)]
T-49	Property Rights The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations. [WPC-1 Chapter One Section V.E]
T-50	Severability The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby. [WPC-1 Chapter One Section IV.A(25)]
T-51	Protection of Confidential Information (1) Pursuant to Miss. Code Ann. ' 49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. ' 49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality. [WPC-1 Chapter One Section III.F]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-52	Protection of Confidential Information- continued (2) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to part (1) of this requirement, shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi. [WPC-1 Chapter One Section III.F]
T-53	Protection of Confidential Information- continued (3) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. ' 49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA, shall be allowed until any appeal from the determination of the Commission is completed. [WPC-1 Chapter One Section III.F]
T-54	Spill Prevention and Best Management Plans Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact. [WPC-1 Chapter One Section IV.A(12)a]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-55	Reopener Clause

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
2. Controls any pollutant not limited in the permit. [WPC-1 Chapter One Section IV.F(1)]

T-56 Closure Requirements

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State. [WPC-1 Chapter One Section IV.A(11)]

T-57 Permit Actions

The permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a modification of planned changes or anticipated noncompliance, does not stay any permit condition. [WPC-1 Chapter One Section V.C(5)]

RPNT1 (MS001830-002) Outfall 1(Non-contact cooling water):

Submittal/Action Requirements:

Condition No.	Condition
S-1	The Permittee shall submit analytical results on a monthly Discharge Monitoring Report (DMR): Due monthly, by the 28th of the subsequent month. [WPC-1 Chapter One IV.A(15)c]

GENERAL INFORMATION

Hercules Inc
613 West 7th Street
Hattiesburg, MS
Forrest County

Alternate/Historic Identifiers

ID	Alternate/Historic Name	User Group	Start Date	End Date
2022	Hercules, Inc.	Official Site Name	9/1/1968	
2803500001	Hercules Inc	Air-AIRS AFS	6/11/1991	
MSD008182081	Hercules, Inc.	Hazardous Waste-EPA ID	1/20/1997	
080000001	Hercules, Inc.	Air-Title V Operating	11/13/1998	11/12/2003
080000001	Hercules, Inc.	Air-State Operating	6/11/1991	6/1/1994
MSR110153	Hercules, Inc.	GP-Sara Title III	10/17/1997	1/29/2001
MS0001830	Hercules, Inc.	Water-NPDES	10/22/1991	10/21/1996
MS0001830	Hercules, Inc.	Water-NPDES	9/29/1986	9/28/1991
MSP091286	Hercules, Inc.	Water-Pretreatment	3/12/1999	2/28/2004
MS0001830	Hercules, Inc.	Water-NPDES	9/30/1997	9/29/2002
MSR110153	Hercules, Inc.	GP-Baseline	1/29/2001	12/16/2005
MS0001830	Hercules, Inc.	Water-NPDES	10/31/2002	9/30/2007
080000001	Hercules, Inc.	Air-Title V Operating	4/22/2004	3/31/2009
2022	Hercules Powder Company	Historic Site Name	1/1/1912	9/1/1968
MSP091286	Hercules Inc	Water-Pretreatment	11/5/2004	10/31/2009
MSR110153	Hercules Inc	GP-Baseline	12/16/2005	9/30/2010
MSR103943	Hercules, Inc.	GP-Construction	1/3/2006	5/31/2010
080000001	Hercules, Inc.	Air-Title V Fee Customer	11/13/1998	

Basin: Pascagoula River Basin

GENERAL INFORMATION

Latitude: 31° 20' 9" 2 tenths

Longitude: 89° 18' 26" 4 tenths

Location Description: PG- Plant Entrance (General). Data collected by J. Dewayne Headrick on 11/2/2005.

State of Mississippi

WATER POLLUTION CONTROL PERMIT

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

THIS CERTIFIES

Hercules Inc
613 West 7th Street
Hattiesburg, MS
Forrest County

has been granted permission to discharge wastewater in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

Mississippi Environmental Quality Permit Board

Mississippi Department of Environmental Quality

Issued/Modified:

Expires:

Permit No. MS0001830

Agency Interest # 2022

*** Draft Permit ***

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Subject Item Inventory.....i

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General Information.....A-1

Other Relevant Documents:

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

Hercules Inc

Subject Item Inventory

Permit Number:MS0001830

Activity ID No.: PER20070001

Subject Item Inventory:

ID	Designation	Description
AI2022		
RPNT1	002	Non-contact cooling water

Receiving Stream Relationships:

Subject Item	Relationship	Receiving Stream
RPNT1 Non-contact cooling water	Discharges Into	Unnamed Tributary of
	Then Into	Bouie River

KEY

ACT = Activity

AREA = Area

CONT = Control Device

IA = Insignificant Activity

RPNT = Release Point

AI = Agency Interest

CAFO = Concentrated Animal Feeding Operation

EQPT = Equipment

MAFO = Animal Feeding Operation

TRMT = Treatment

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Subject Item: **Non-contact cooling water**

RPNT0000000001: **002**

Such discharges shall be limited and monitored by the permittee as specified below:

Parameter	Discharge Limitations							Monitoring Requirements		
	Quantity / Loading Average	Quantity / Loading Maximum	Quantity / Loading Units	Conc. / Quality Minimum	Conc. / Quality Average	Conc. / Quality Maximum	Conc. / Quality Units	Frequency	Sample Type	Which Months
Flow Effluent	Report Monthly Average	******	Million Gallons per Day	******	******	******	******	Continuously	Continuous Recorder	Jan-Dec
pH Effluent	******	******	******	6 Daily Minimum	******	9 Daily Maximum	SU	Twice per Month	Grab Sampling	Jan-Dec
Temperature (Deg. F) Effluent	******	******	******	******	Report Monthly Average	90 Daily Maximum	degrees F	3 Times per Week	Instantaneous Sampling	Jan-Dec

*** Draft Permit ***

Permit to Discharge Wastewater in Accordance with National Pollutant Discharge Elimination System

Hercules Inc
Facility Requirements
Permit Number:MS0001830
Activity ID No.: PER20070001

AI2022:

Limitation Requirements:

Condition No.	Parameter	Condition
L-1		There shall be no discharge of floating solids or visible foam in other than trace amounts. [WPC-2 Section II.2]
L-2		The discharges shall not cause the occurrence of a visible sheen on the surface of the receiving waters. [WPC-2 Section II.2]
L-3		Samples taken in compliance with the monitoring requirements specified in this permit shall be taken at the nearest accessible point after final treatment but prior to mixing with the receiving stream or as otherwise specified in this permit. [WPC-1 Chapter One Section IV.A(28)]

Record-Keeping Requirements:

Condition No.	Condition
R-1	Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including:

(1) The exact place, date, and time of sampling;
(2) The dates the analyses were performed;
(3) The person(s) who performed the analyses;
(4) The analytical techniques, procedures or methods used; and
(5) The results of all required analyses. [WPC-1 Chapter One Section IV.A(29)a]

AI2022 (continued):

Submittal/Action Requirements:

Condition No.	Condition
S-1	Reporting Monitoring results obtained during the previous reporting period shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. Copies of these, and all other reports required herein, shall be signed in accordance with Chapter One Sections II.C. and II.E. of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address: Mississippi Department of Environmental Quality Office of Pollution Control P.O. Box 10385 Jackson, Mississippi 39289-0385. [WPC-1 Chapter One Section IV.A(15)c(1)]
S-2	Reporting Requirements - Planned Changes The permittee shall give notice to the Permit Board as soon as possible of any planned physical alterations or additions, including but not limited to, a change of operation to the permitted facility. Notice is required in the circumstances that follow: (1) The alteration or addition to a permitted facility may meet one of the criteria for determining whether the facility is a new source in 40 CFR 122.29(b); or (2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are not subject to either effluent limitations in the permit or notification requirements under 40 CFR 122.42(a)(1). (3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan; [WPC-1 Chapter One Section IV.A(15)a]
S-3	Reporting Requirements - Anticipated Noncompliance The permittee shall give advance notice to the Permit Board of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. [WPC-1 Chapter One Section IV.A(15)b]

AI2022 (continued):

Submittal/Action Requirements:

Condition No.	Condition
S-4	Noncompliance Notification - Twenty-Four Hour Reporting (1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and/or prevent recurrence of the noncompliance. (2) The following shall be included as information which must be reported within 24 hours under this paragraph. (i) Any unanticipated bypass which exceeds any effluent limitation in the permit. (ii) Any upset which exceeds any effluent limitation in the permit. (iii) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Permit Board in the permit to be reported within 24 hours. (iv) The Executive Director may waive the written report on a case-by-case basis for reports under paragraph (1) of this section if the oral report has been received within 24 hours. [WPC-1 Chapter One Section IV.A(29)e]
S-5	Noncompliance Notification - Other Noncompliance The permittee shall report all instances of noncompliance not reported under the twenty-four hour reporting requirements, at the time monitoring reports are submitted or within 30 days from the end of the month in which the noncompliance occurs. The reports shall contain the same information as is required under the twenty-four hour reporting requirements contained in this permit. [WPC-1 Chapter One Section IV.A(29)f]
S-6	Noncompliance Notification - Other Information Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Permit Board, it shall promptly submit such facts or information. [WPC-1 Chapter One Section IV.A(29)g]
S-7	Expiration of Permit At least 180 days prior to the expiration date of this permit pursuant to the State law and regulation, the permittee who wishes to continue to operate under this permit shall submit an application to the Permit Board for reissuance. The Permit Board may grant permission to submit an application later than this, but no later than the expiration date of the permit. [WPC-1 Chapter One Section V.B(1)]

AI2022 (continued):

Submittal/Action Requirements:

Condition No.	Condition
S-8	Requirements Regarding Cooling and Boiler Water Additives Notification shall be made to the permitting authority in writing not later than sixty (60) days prior to initiating the addition of any chemical product to the cooling water and/or boiler water which is subject to discharge, other than those previously approved and/or used. Such notification should include, but not be limited to: (1) Name and composition of the proposed additive, (2) Proposed discharge concentration, (3) Dosage addition rates, (4) Frequency of use, (5) EPA registration, if applicable, and (6) Aquatic species toxicological data. Written approval must be received from the permitting authority prior to initiating use. [WPC-1 Chapter One Section IV.A(14)]

Narrative Requirements:

Definitions:

Condition No.	Condition
T-1	Definitions: General The permittee shall refer to WPC-1, Chapter 1, Section I.A for definitions of any permit term not specified in this permit. [WPC-1 Chapter One Section I.A]
T-2	Definitions: Monthly Average "Monthly Average" means the average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during the month. The monthly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the calendar month. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(40)]

AI2022 (continued):

Narrative Requirements:

Definitions:

Condition No.	Condition
T-3	Definitions: Daily Discharge "Daily discharge" means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily average" is calculated as the average measurement of the discharge of the pollutant over the day. [WPC-1 Chapter One Section I.A(14)]
T-4	Definitions: Daily Maximum "Daily maximum" means the highest "daily discharge" over a calendar month. [WPC-1 Chapter One Section I.A(15)]
T-5	Definitions: Toxic Pollutants "Toxic pollutants" means any pollutant listed as toxic under Section 307(a)(1) or, in the case of "sludge use or disposal practices", any pollutant identified in regulations implementing Section 405(d) of the Clean Water Act. [WPC-1 Chapter One Section I.A]
T-6	Definitions: Hazardous Substances "Hazardous substances" are defined in 40 CFR 116.4. [40 CFR 116.4]
T-7	Definitions: Quarterly Average "Quarterly Average" means the average of "daily discharges" over a three month period, calculated as the sum of all "daily discharges" measured during the quarter divided by the number of "daily discharges" measured during the quarter. The quarterly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the quarter. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(26)]
T-8	Definitions: Quarterly Maximum "Quarterly Maximum" means the highest "daily discharge" measured over a three-month period. [WPC-1 Chapter One Section I.A(57)]

AI2022 (continued):

Narrative Requirements:

Definitions:

Condition No.	Condition
T-9	Definitions: Yearly Average "Yearly Average" means the average of "daily discharges" over a calendar year, calculated as the sum of all "daily discharges" measured during the calendar year divided by the number of "daily discharges" measured during the calendar year. The yearly average for fecal coliform bacteria is the geometric mean of "daily discharges" during the calendar year. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero. [WPC-1 Chapter One Section I.A(77)]
T-10	Definitions: Yearly Maximum "Yearly Maximum" means the highest "daily discharge" measured over a calendar year. [WPC-1 Chapter One Section I.A(78)]

Condition No.	Condition
T-11	The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule: Upon Permit Issuance. [WPC-1 Chapter One Section IV.A(9)]
T-12	Within 14 days after either an interim or final date of compliance specified by this permit, the permittee shall provide the Permit Board with written notice of his compliance or noncompliance with the requirements or conditions specified to be completed by that date. [WPC-1 Chapter One Section IV.A(10)]
T-13	Representative Sampling Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored wastewater. [WPC-1 Chapter One Section IV.A(28)e]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-14	Reporting If the results for a given sample analysis are such that any parameter (other than fecal coliform) is not detected at or above the minimum level for the test method used, a value of zero will be used for that sample in calculating an arithmetic mean value for the parameter. If the resulting calculated arithmetic mean value for that reporting period is zero, the permittee shall report "NODI = B" on the DMR. For fecal coliform, a value of 1.0 shall be used in calculating the geometric mean. If the resulting fecal coliform mean value is 1.0, the permittee shall report "NODI = B" on the DMR. For each quantitative sample value that is not detectable, the test method used and the minimum level for that method for that parameter shall be attached to and submitted with the DMR. The permittee shall then be considered in compliance with the appropriate effluent limitation and/or reporting requirement. [WPC-1 Chapter One Section II.G]
T-15	Reporting If the permittee monitors any pollutant as prescribed in the permit more frequently than required by the permit using test procedures approved under 40 CFR Part 136 or, in the case of sludge use or disposal, approved under 40 CFR Part 136 unless otherwise specified in 40 CFR Part 503, or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Permit Board. [WPC-1 Chapter One Section IV.A(15)c(2)]
T-16	Reporting Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Board in the permit. [WPC-1 Chapter One Section IV.A(15)c(3)]
T-17	Test Procedures Test procedures for the analysis of pollutants shall include those set forth in 40 CFR 136 or alternative procedures approved and/or promulgated by EPA. [WPC-1 Chapter One Section IV.A(30)]
T-18	Records Retention All records and results of monitoring activities required by this permit, including calibration and maintenance records, shall be retained by the permittee for a minimum of three (3) years, unless otherwise required or extended by the Permit Board, copies of which shall be furnished to the Department upon request. [WPC-1 Chapter One Section IV.A(29)a]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-19	Falsifying Reports Any permittee who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required by the Permit Board to be maintained as a condition in a permit, or who alters or falsifies the results obtained by such devices or methods and/or any written report required by or in response to a permit condition, shall be deemed to have violated a permit condition and shall be subject to the penalties provided for a violation of a permit condition pursuant to Section 49-17-43 of the Code. [WPC-1 Chapter One Section IV.A(29)d]
T-20	Facility Expansion and/or Modification Any facility expansion, production increases, process modifications, changes in discharge volume or location or other changes in operations or conditions of the permittee which may result in a new or increased discharge of waste, shall be reported to the Permit Board by submission of a new application for a permit pursuant to Section II.A. of the Mississippi Wastewater Regulations, or if the discharge does not violate effluent limitations specified in the permit, by submitting to the Permit Board a notice of a new or increased discharge. [WPC-1 Chapter One Section IV.A(14)]
T-21	Duty to Comply The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. [WPC-1 Chapter One Section IV.A(2)]
T-22	Proper Operation, Maintenance and Replacement The permittee shall at all times properly operate, maintain, and when necessary, promptly replace all facilities and systems of collection, treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures. Proper replacement includes maintaining an adequate inventory of replacement equipment and parts for prompt replacement when necessary to maintain continuous collection and treatment of wastewater. This provision requires the operation of back-up or auxiliary facilities or similar systems that are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. [WPC-1 Chapter One Section IV.A(18)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-23	Duty to Mitigate The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment. [WPC-1 Chapter One Section IV.A(19)]
T-24	Bypassing The permittee shall comply with the terms and conditions regarding bypass found in 40 CFR 122.41(m). [40 CFR 122.41(m)]
T-25	Bypassing - Definitions "Bypass" means the intentional diversion of waste streams from any portion of a treatment facility. "Severe property damage" means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production. [40 CFR 122.41(m)]
T-26	Bypassing - Bypass not exceeding limitations The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the notice and prohibition provisions of the bypass requirements in this permit. [40 CFR 122.41(m)]
T-27	Bypassing -Notice Anticipated bypass- If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass. Unanticipated bypass- The permittee shall submit notice of an unanticipated bypass as required by the twenty-four hour reporting requirements set forth in this permit. [40 CFR 122.41(m)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-28	Bypassing- Prohibition of Bypass (1) Bypass is prohibited, and the Commission may take enforcement action against a permittee unless: (i) Bypass was unavoidable to prevent loss of life, personal injury, or sever property damage. (ii) There was no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventative maintenance; and (iii) The permittee submitted notices as required under the Twenty-Four Hour reporting requirements set forth in this permit. (2) The Commission may approve an anticipated bypass, after considering its adverse affects, if the Commission determines that it will meet the three conditions listed above in paragraph (1) of this permit condition. [40 CFR 122.41(m)]
T-29	Upsets The permittee shall meet the conditions of 40 CFR 122.41(n) regarding "Upsets" and as in the upset requirements of this permit. [WPC-1 Chapter One Section IV.A(27)]
T-30	Upsets- Definition "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation. [WPC-1 Chapter One Section IV.A(27)]
T-31	Upsets - Effect of an Upset An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the "conditions necessary for demonstration of upset" requirements of this permit are met. Any determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, shall not constitute final administrative action subject to judicial review. [WPC-1 Chapter One Section IV.A(27)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-32	Upsets - Conditions necessary for demonstration of upset A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that: (1) An upset occurred and that the permittee can identify the cause(s) of the upset; (2) The permitted facility was at the time being properly operated; (3) The permittee submitted notice of the upset as required in 40 CFR 122.41(L)(6)(ii)(B)(24-hour notice of noncompliance); and (4) The permittee complied with any remedial measures required under 40 CFR 122.41(d) (Duty to Mitigate). [WPC-1 Chapter One Section IV.A(27)]
T-33	Upsets - Burden of proof In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof. [WPC-1 Chapter One Section IV.A(27)]
T-34	Removed Substances Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act, the Federal Resource Conservation and Recovery Act, and the Mississippi Water Pollution Control Act. [WPC-1 Chapter One Section IV.A(21)]
T-35	Power Failures If electric power is required, in order to maintain compliance with the conditions and prohibitions of the permit, the permittee shall either: (1) Provide an alternative power source to operate the wastewater control facilities; or, if such alternative power source is not in existence, and no date for its implementation appears in the permit, (2) Halt, reduce, or otherwise control production and/or all wastewater flows upon reduction, loss, or failure of the primary source of power to the wastewater control facilities. [WPC-1 Chapter One Section IV.A(22)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-36	Inspection and Entry The permittee shall allow any authorized Commission representative to enter the permittee's premises at any reasonable time, to have access to and copy any applicable records, to inspect process facilities, treatment works, monitoring methods or equipment or to take samples, as authorized by Section 49-17-21 of the Code. In the event of investigation during an emergency response action, a reasonable time shall be any time of the day or night. Follow-up investigations subsequent to the conclusion of the emergency event shall be conducted at reasonable times. [WPC-1 Chapter One Section IV.A(17)]
T-37	Transfer of Ownership or Control This permit is not transferable to any person without proper modification of this permit following procedures found in WPC-1, Chapter 1, Section V.C. [WPC-1 Chapter One Section V.C]
T-38	Signatory Requirements All applications, reports, or information submitted to the Permit Board shall be signed and certified. [WPC-1 Chapter One Section II.C]
T-39	Signatory Requirements - Application Signatures All permit applications shall be signed as follows: (1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (i) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making function for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. [WPC-1 Chapter One Section II.C]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-40	Signatory Requirements -Reports and Other Information All reports required by the permit and other information requested by the Permit Board shall be signed by a person described by the application signature requirements in this permit or by a duly authorized representative of that person. A person is a duly authorized representative only if: (1) The authorization is made in writing by a person described by the application signature requirements; (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and (3) The written authorization is submitted to the Permit Board. [WPC-1 Chapter One Section II.C]
T-41	Signatory Requirements - Changes to Authorization If an authorization under the signatory requirements of this permit is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the signatory requirements of this permit must be submitted to the Permit Board prior to or together with any reports, information, or applications. [WPC-1 Chapter One Section II.C]
T-42	Signatory Requirements - Certification Any person signing a document under the signatory requirements stated in this permit shall make the following certification: "I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [WPC-1 Chapter One Section II.C]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-43	Availability of Records Except for information deemed to be confidential under the Mississippi Code Ann. 49-17-39 and 40 CFR 123.41, file information relating to this permit shall be made available for public inspection and copying during normal business hours at the office of the Department of Environmental Quality in Jackson, Mississippi. Written request must be provided in accordance with policies developed by the Commission and must state, specifically, records proposed for review, date proposed for review and copying requirements. [WPC-1 Chapter One Section III.E]
T-44	Duty to Provide Information The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance with the permit. The permittee shall also furnish to the Permit Board upon request, copies of records required to be kept by the permit. [WPC-1 Chapter One Section IV.A(16)]
T-45	Toxic Pollutants The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act. [WPC-1 Chapter One Section IV.A(26)]
T-46	Toxic Pollutants Notification Requirements The permittee shall comply with the applicable provisions of 40 CFR 122.42. [WPC-1 Chapter One Section IV.A(26)]
T-47	Civil and Criminal Liability (1) Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law. (2) Except as provided in permit conditions on "Bypassing" and "Upsets", nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance. (3) It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [WPC-1 Chapter One Section IV.A(24)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-48	Oil and Hazardous Substance Liability Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances. [WPC-1 Chapter One Section IV.A(23)]
T-49	Property Rights The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations. [WPC-1 Chapter One Section V.E]
T-50	Severability The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby. [WPC-1 Chapter One Section IV.A(25)]
T-51	Protection of Confidential Information (1) Pursuant to Miss. Code Ann. ' 49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. ' 49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality. [WPC-1 Chapter One Section III.F]
T-52	Protection of Confidential Information- continued (2) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to part (1) of this requirement, shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi. [WPC-1 Chapter One Section III.F]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-53	Protection of Confidential Information- continued (3) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. ' 49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA, shall be allowed until any appeal from the determination of the Commission is completed. [WPC-1 Chapter One Section III.F]
T-54	Spill Prevention and Best Management Plans Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact. [WPC-1 Chapter One Section IV.A(12)a]
T-55	Reopener Clause This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved: 1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or 2. Controls any pollutant not limited in the permit. [WPC-1 Chapter One Section IV.F(1)]

AI2022 (continued):

Narrative Requirements:

Condition No.	Condition
T-56	Closure Requirements Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State. [WPC-1 Chapter One Section IV.A(11)]
T-57	Permit Actions The permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a modification of planned changes or anticipated noncompliance, does not stay any permit condition. [WPC-1 Chapter One Section V.C(5)]

RPNT1 (002) Non-contact cooling water:

Submittal/Action Requirements:

Condition No.	Condition
S-1	The Permittee shall submit analytical results on a monthly Discharge Monitoring Report (DMR): Due monthly, by the 28th of the subsequent month. [WPC-1 Chapter One IV.A(15)c]

GENERAL INFORMATION

Hercules Inc
613 West 7th Street
Hattiesburg, MS
Forrest County

Alternate/Historic Identifiers

ID	Alternate/Historic Name	User Group	Start Date	End Date
2022	Hercules, Inc.	Official Site Name	9/1/1968	
2803500001	Hercules Inc	Air-AIRS AFS	6/11/1991	
MSD008182081	Hercules, Inc.	Hazardous Waste-EPA ID	1/20/1997	
080000001	Hercules, Inc.	Air-Title V Operating	11/13/1998	11/12/2003
080000001	Hercules, Inc.	Air-State Operating	6/11/1991	6/1/1994
MSR110153	Hercules, Inc.	GP-Sara Title III	10/17/1997	1/29/2001
MS0001830	Hercules, Inc.	Water-NPDES	10/22/1991	10/21/1996
MS0001830	Hercules, Inc.	Water-NPDES	9/29/1986	9/28/1991
MSP091286	Hercules, Inc.	Water-Pretreatment	3/12/1999	2/28/2004
MS0001830	Hercules, Inc.	Water-NPDES	9/30/1997	9/29/2002
MSR110153	Hercules, Inc.	GP-Baseline	1/29/2001	12/16/2005
MS0001830	Hercules, Inc.	Water-NPDES	10/31/2002	9/30/2007
080000001	Hercules, Inc.	Air-Title V Operating	4/22/2004	3/31/2009
2022	Hercules Powder Company	Historic Site Name	1/1/1912	9/1/1968
MSP091286	Hercules Inc	Water-Pretreatment	11/5/2004	10/31/2009
MSR110153	Hercules Inc	GP-Baseline	12/16/2005	9/30/2010
MSR103943	Hercules, Inc.	GP-Construction	1/3/2006	5/31/2010
080000001	Hercules, Inc.	Air-Title V Fee Customer	11/13/1998	

Basin: Pascagoula River Basin

GENERAL INFORMATION

Latitude: 31° 20' 9" 2 tenths **Longitude**: 89° 18' 26" 4 tenths

Location Description: PG- Plant Entrance (General). Data collected by J. Dewayne Headrick on 11/2/2005.

PERMIT RATIONALE FOR REISSUANCE
Hercules Inc
Forrest County
Hattiesburg, Mississippi
Water NPDES No. MS0001830
March 7, 2007

I. FACILITY INFORMATION

Facility Name: Hercules Inc
Facility Address: 613 West 7th Street
Hattiesburg,, MS 39401

Permit No.: MS0001830
SIC: 2821
Permit Writer: Audra Sandifer
EPD Branch: Chemical Branch

II. NATURE OF BUSINESS

Diversified chemical manufacture of paper chemicals, ketene dimmer, resin emulsions, and wax emulsions.

III. EFFLUENT AND RECEIVING STREAM FLOW DATA

Non-contact Cooling Water discharges into unnamed tributary of the Bowie River for Outfall – 002.

IV. 303(d) ISSUES

None

V. TYPE OF WASTEWATER TREATMENT:

None

VI. EPA APPLICABLE CATEGORICAL GUIDELINES

None

VII. DATA FROM APPLICATION FORM (2E)

Parameter	Maximum Daily Value	Number of Analysis
BOD	ND	1
TSS	3 mg/L	1
Oil and Grease	ND	1
COD	ND	1

TOC	1.8 mg/L	1
Ammonia (as N)	ND	1
pH	6.8 – 7.7	24
Discharge Flow	0.22 MGD	365
Temp (Winter)	20°C (Max) 17°C (Min)	39
Temp (Summer)	29°C (Max) 25°C (Min)	39

VIII. WATER QUALITY LIMITATIONS BASED ON WASTELOAD ALLOCATION

Not Applicable

IX. CATEGORICAL GUIDELINE LIMITATIONS CALCULATIONS

Not Applicable

X. TOXICITY SCREENING

Not Applicable

XI. PROPOSED FINAL LIMITATIONS

1. Maximum Permit Limitations

Outfall	Parameter	Categorical Limitation	Water Quality Limitation	Present Permit Limitation	Proposed Permit Limitation	Basis
002	pH	n/a	6.0 – 9.0	6.0 – 9.0	6.0 – 9.0	WQS
	Temperature	n/a	32.2°C (90 °F)	32.2°C (90 °F)	32.2°C (90 °F)	WQS

Effluent flow must also be monitored continuously and reported on the facility's DMR.
Temperature is monitored 3 times/week with instantaneous sampling.
pH is monitored twice/month with grab sampling.

XII. BPJ STATEMENT:

Not Applicable

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No 2040-0086

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F MSD003182081 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the Instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		2E
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP HERCULES INCORPORATED

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 CHARLES JORDAN	601 545 3450

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 613 WEST 7TH STREET

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 HATTIESBURG	MS	39401

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 613 WEST 7TH STREET

B. COUNTY NAME

FORREST

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 HATTIESBURG	MS	39401	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
2899 (specify) CHEMICALS AND CHEMICAL PREPS	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: HERCULES INCORPORATED

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 601 545 3450

E. STREET OR P.O. BOX: 613 WEST 7TH STREET

F. CITY OR TOWN: HATTIESBURG

G. STATE: MS

H. ZIP CODE: 39401

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
N MS0001830	P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
U	0800-00001 (specify) AIR PERMIT

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
R	MSP0912B6 (specify) POTW PERMIT

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

DIVERSIFIED CHEMICAL MANUFACTURE OF PAPER CHEMICALS, KETENE DIMER, ROSIN EMULSIONS, AND WAX EMULSIONS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
T. DAN BROOKS PLANT MANAGER	Dan Brooks	2-22-07

COMMENTS FOR OFFICIAL USE ONLY

C

EPA Form 3510-1 (8-90)

Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)*

Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

Form 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
002	N31	20	18	W89	18	16	UNNAMED TRIBUTARY OF THE BOWIE RIVER

II. Discharge Date *(If a new discharger, the date you expect to begin discharging)*

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NONE ARE PRESENTLY BEING USED

IV. Effluent Characteristics

A. Existing Sources -- Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers -- Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)* mg/l		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)				ND	1	
Total Suspended Solids (TSS)				3	1	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*				-	NA	
Total Residual Chlorine *(if chlorine is used)*				-	NA	
Oil and Grease				ND	1	
*Chemical oxygen demand (COD)				ND	1	
*Total organic carbon (TOC)				1.8	1	
Ammonia *(as N)*				ND	1	
Discharge Flow	Value 1.36 MGD		0.22 MGD		365	
pH *(give range)*	Value 7.7 (MAX)		6.8 (MIN)		24	
Temperature *(Winter)* NOV, DEC, JAN	20 (MAX) °C		17 (MIN) °C		39	
Temperature *(Summer)* JUNE, JULY, AUG	29 (MAX) °C		25 (MIN) °C		39	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharges described in this form be intermittent or seasonal? ☑ Yes ☒ No

If yes, briefly describe the frequency of flow and duration.

VI. Treatment System *(Describe briefly any treatment system(s) used or to be used)*

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
T. DAN BROOKS PLANT MANAGER	601 545 3450
C. Signature	**D. Date Signed**
	2-22-07

Please print or type in the unshaded areas only

EPA ID Number *(copy from item I of Form 1)* MSD 008182081

Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

Form 2F NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit To Discharge Stormwater Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number *(list)*	B. Latitude			C. Longitude			D. Receiving Water *(name)*
002	N31	20	18	W89	18	16	UNNAMED TRIBUTARY OF THE BLUE RIVER

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	5 ACRE	30 ACRE			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

90-DAY HAZARDOUS WASTE ACCUMULATION AREA HAS CONCRETE CONTAINMENT DIKING.

PESTICIDES, HERBICIDES, ETC, ARE APPLIED AS NEEDED.

C. For each outfall provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title *(type or print)*	Signature	Date Signed
T. DAN BROOKS PLANT MANAGER		2-22-07

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*: MSD 008183681

VII. Discharge Information

A.B.C. & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E. Potential discharges not covered by analysis - Is any pollutant listed in Table 2F-2 a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes *(list all such pollutants below)* ☐ No *(go to Section VIII)*

VIII. Biological Toxicity Testing Data

☐ Yes *(list results below)* ☒ No *(go to Section IX)*

IX. Contract Analysis Information

☒ Yes ☐ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
BONNER ANALYTICAL TESTING COMPANY	(SEE ATTACHMENT)		

X. Certification

A. Name & Official Title *(type or print)*	B. Area Code and Phone No
T. DAN BROOKS PLANT MANAGER	601 545 3450
C. Signature	D. Date Signed
	2-22-07

VII. Discharge Information (Continued from page 3 of Form 2F)

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Oil and Grease						SEE FORM 2E
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		

Continued from the Front

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		

BONNER ANALYTICAL TESTING COMPANY
2703 OAK GROVE ROAD
HATTIESBURG, MS 39402
PH. (601) 264-2854
Fax (601) 268-7084

Project #: 017752
Collected By: Client

Sample Date/Time: 01-17/18-07 @ 0920
Date/Time Rec'd: 01-18-07 @ 1640

PERMIT RENEWAL

Analyte/Method #	Outfall 002 BT57561	MDL	Date/Time/Analyst
TSS/160.2	3	1	01-22-07/0930/DLR
BOD/405.1	ND	2	01-19-07/1100/SEB
Ammonia/350.2	ND	0.1	01-22-07/0930/MEA
TKN/351.3	1.13	0.3	02-02-07/1345/MEA
COD/410.4	ND	15	01-23-07/1320/MLF
Oil & Grease/1664	ND	1.4	01-19-07/1300/DLR
TOC/415.2	1.810	0.5	01-16-07/0810/KAW
Nitrate/4500	ND	0.3	01-19-07/1320/MLF
Nitrite/354.1	ND	0.01	01-19-07/1320/KAW
Phosphate as P/365.2	ND	0.016	01-22-07/0930/MLF

Data reported in mg/L, unless otherwise noted. All analyses performed in accordance with 40 CFR 136 and amendments.

MDL = Method Detection Limit.

ND = None Detected.

Certified by:_____
Michael S. Bonner, Ph.D.
BONNER ANALYTICAL TESTING COMPANY

ta

ENTERED BY SC

PERMIT BOARD REPORT

DEC 09 2003

Permit Action Form

Hercules Inc
613 West 7th Street
Forrest County
Hattiesburg, MS 39401

Branch Manager: Toby Cook
SIC: 2861

Recommendations

Folder No. – Activity Type	Permit No.	DEQ Contact
PER20030002 - MA-Water-NPDES	MS0001830	Toby Cook

Action:
- ☐ Issue
- ☑ Modification
- ☐ Transfer
- ☐ Revoke
- ☐ Reissue
- ☐ Name Change
- ☐ Deny

By:
- ☑ Division Chief
- ☐ Permit Board
- ☐ Terminate

Programs:

Master File

Program	Sub Program	Delete
Air	Title V - major	☐
Hazardous Waste	Large Quantity Generator	☐
Water	NPDES Minor Industrial	☐
Water	PT CIU	☐
Water	PT SIU	☐
Water	PT CIU - Gum and Wood Chemical Mfg (Subpart 454)	☐
Water	Baseline Stormwater	☐

Marked subprograms should be deleted from the master file by the Master File Administrator

Permit Application

Program	Sub Program
Water	NPDES Minor Industrial

Air Use Only:
- ☐ Emissions data entered in enSite
- ☐ Emissions data prepared using Lotus 1-2-3 (Attached)
- ☐ Permitting action did not change emissions inventory.

Additional Actions:
- ☑ Scan of Signed Cover Requested

Basis: A modification to change pH limits to conform to new Mississippi Water Quality Criteria in accordance with procedures in WPC-1.

Coordination

Comments: Not Applicable

Scanned CAS

Relationships

People

Name	Address	City	State	Zip	Relationship
Charles Jordan	613 West 7th Street	Hattiesburg	MS	39401	Is Air Permit Contact For
Walter Langhans	613 West 7th Street	Hattiesburg	MS	39401	Is Water Permit Contact For
Charles Jordan	613 West 7th Street	Hattiesburg	MS	39401	Is Contact For
Walter Langhans	613 West 7th Street	Hattiesburg	MS	39401	Is General Permit Contact For
Walter Langhans	613 West 7th Street	Hattiesburg	MS	39401	Is Application Signatory for

Administrative Tasks

Task	Scheduled Date	Completed Date
Issue Permit		
Transmittal of Final Permit		
Set Permit Expiration Date		
Application Received	10/6/03	10/6/03
Letter Acknowledging Receipt of Application Issued	10/8/03	10/6/03
Administrative Completeness Letter Issued/ Application Complete	11/20/03	10/23/03
Inspection Conducted	1/4/04	10/23/03
Draft Permit and Rationale Prepared	11/22/03	10/24/03
Draft Permit Sent to Facility	10/29/03	10/27/03
Draft Permit Sent to Supervisor	10/29/03	10/27/03
Draft Permit Sent to ECED	10/29/03	10/27/03
Public Notice Issued	12/11/03	11/3/03
Early Public Notice of Application Complete	11/6/03	11/13/03
Final Permit/Decision and Supporting Documents Prepared		11/26/03
Public Notice Completed	1/2/04	12/3/03
Public Comments Processed		12/3/03

Existing Permits

Permit Number	Description
Air-AIRS AFS	03500001
Air-State Operating	080000001
GP-Baseline	MSR110153
Hazardous Waste-EPA ID	MSD008182081
Water-NPDES	MS0001830
Water-Pretreatment	MSP091286

STATE OF MISSISSIPPI
WATER POLLUTION CONTROL PERMIT

TO DISCHARGE WASTEWATER IN ACCORDANCE WITH THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

THIS CERTIFIES THAT

Hercules Inc
613 West 7th Street
Hattiesburg, Mississippi

has been granted permission to discharge wastewater into

unnamed tributary of the Bowie River

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

MISSISSIPPI ENVIRONMENTAL QUALITY PERMIT BOARD

AUTHORIZED SIGNATURE

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Issued: October 31, 2003

Modified: DEC 3 2003

Permit No. MS0001830

Expires: September 30, 2007

2022 PER20020001

Part I.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning December 3, 2003 , and lasting until **September 30, 2007**, the permittee is authorized to discharge from outfall(s) serial number(s) 002 **(Storm Water & Noncontact Cooiling Water)**

   Such discharges shall be limited and monitored by the permittee as specified below:

PARAMETER	DISCHARGE LIMITATIONS				MONITORING REQUIREMENTS	
	kg/day (lbs/day)	kg/day (lbs/day)	Other Units (Specify)		Measurement Frequency	Sample Type
	Monthly Avg.	Daily Max.	Monthly Avg.	Daily Max.		
Flow-M^3/Day (MGD)	--	--	Report	Report	Continuous	Recorder
Temperature °C(°F)	--	--	Report	32.2(90)	3 Days/Week	Instantaneous

2. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored twice per month with a grab sample of the effluent.
3. There shall be no discharge of floating solids or visible foam in other than trace amounts.
4. The discharge shall not cause the occurrence of a visible sheen on the surface of the receiving waters.
5. Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s): **the nearest accessible point after final treatment but prior to mixing with the receiving stream.**

B. SCHEDULE OF COMPLIANCE

1. The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule:

   Upon permit issuance

2. Within 14 days after either an interim or final date of compliance specified in Part I. B.1., the permittee shall provide the Permit Board with written notice of his compliance or noncompliance with the requirements or conditions specified to be completed by that date.

   Not applicable.

C. DEFINITIONS

1. "Monthly average" means the average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during the month. The monthly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the calendar month. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero.

2. "Daily discharge" means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily average" is calculated as the average measurement of the discharge of the pollutant over the day.

3. "Daily maximum" means the highest "daily discharge" over a calendar month.

4. "Toxic pollutants" include, but are not limited to: (a) any toxic substance listed in Section 307(a)(1) of the Clean Water Act (CWA), any chemical listed in Section 313(c) of the Superfund Amendments and Reauthorization Act of 1986; and (b) any substance (that is not also a conventional or nonconventional pollutant) for which EPA or the State has published an acute or chronic toxicity criterion.

5. "Hazardous substances" are defined in 40 CFR 116.4.

D. MONITORING AND REPORTING

1. Representative Sampling

   Samples and measurements taken as required herein shall be representative of the volume

and nature of the monitored wastewater.

2. Reporting

a) Monitoring results obtained during the previous month shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) **POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. THE FIRST REPORT IS DUE ON [month day, year].** Copies of these, and all other reports required herein, shall be signed in accordance with Chapter One Sections II.C. and II.E. of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address.

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL
P. O. Box 10385
Jackson, Mississippi 39289-0385

b) If the results for a given sample analysis are such that any parameter (other than fecal coliform) is not detected at or above the minimum level for the test method used, a value of zero will be used for that sample in calculating an arithmetic mean value for the parameter. If the resulting calculated arithmetic mean value for that reporting period is zero, the permittee shall report "NODI = B" on the DMR. For fecal coliform, a value of 1.0 shall be used in calculating the geometric mean. If the resulting fecal coliform mean value is 1.0, the permittee shall report "NODI = B" on the DMR. For each quantitative sample value that is not detectable, the test method used and the minimum level for that method for that parameter shall be attached to and submitted with the DMR. The permittee shall then be considered in compliance with the appropriate effluent limitation and/or reporting requirement.

c) If the permittee monitors any pollutant as prescribed in the permit more frequently than required by the permit using test procedures approved under 40 CFR Part 136 or, in the case of sludge use or disposal, approved under 40 CFR Part 136 unless otherwise specified in 40 CFR Part 503, or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Permit Board.

d) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Board in the permit.

3. Test Procedures

Test procedures for the analysis of pollutants shall conform to regulations published

pursuant to Section 304(h) of the Federal Water Pollution Control Act, as amended or alternative procedures approved and/or promulgated by EPA. For those parameters listed in Exhibit D of the Mississippi Wastewater Permit Regulations, the permittee shall use approved methods with minimum quantification levels as sensitive as those found in Exhibit D of the regulations.

4. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including:

a) The exact place, date, and time of sampling;

b) The dates the analyses were performed;

c) The person(s) who performed the analyses;

d) The analytical techniques, procedures or methods used; and

e) The results of all required analyses.

5. Records Retention

All records and results of monitoring activities required by this permit, including calibration and maintenance records, shall be retained by the permittee for a minimum of three (3) years, unless otherwise required or extended by the Permit Board, copies of which shall be furnished to the Department upon request.

6. Falsifying Reports

Any permittee who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required by the Permit Board to be maintained as a condition in a permit, or who alters or falsifies the results obtained by such devices or methods and/or any written report required by or in response to a permit condition, shall be deemed to have violated a permit condition and shall be subject to the penalties provided for a violation of a permit condition pursuant to Section 49-17-43 of the Code.

Part II.

A. MANAGEMENT REQUIREMENTS

1. Facility Expansion and/or Modification

Any facility expansion, production increases, process modifications, changes in discharge volume or location or other changes in operations or conditions of the permittee which may result in a new or increased discharge of waste, shall be reported to the Permit Board by submission of a new application for a permit pursuant to Section II.A. of the Mississippi Wastewater Regulations, or if the discharge does not violate effluent limitations specified in the permit, by submitting to the Permit Board a notice of a new or increased discharge.

2. Duty to Comply 40 CFR 122.41(a)

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application.

3. Noncompliance Notification

a) Twenty-Four Hour Reporting

(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and/or prevent recurrence of the noncompliance.

(2) The following shall be included as information which must be reported within 24 hours under this paragraph.

i. Any unanticipated bypass which exceeds any effluent limitation in the permit.

ii. Any upset which exceeds any effluent limitation in the permit.

iii. Violation of a maximum daily discharge limitation for any of the pollutants listed by the Permit Board in the permit to be reported within 24 hours.

iv. The Executive Director may waive the written report on a case-by-case basis for reports under paragraph a. of this section if the oral report has been received within 24 hours.

b) Other Noncompliance

The permittee shall report all instances of noncompliance not reported under paragraph (a)., at the time monitoring reports are submitted or within 30 days from the end of the month in which the noncompliance occurs. The reports shall contain the information listed in paragraph (a).

c) Other Information

Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Permit Board, it shall promptly submit such facts or information.

4. Proper Operation, Maintenance and Replacement

The permittee shall at all times properly operate, maintain, and when necessary, promptly replace all facilities and systems of collection, treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures. Proper replacement includes maintaining an adequate inventory of replacement equipment and parts for prompt replacement when necessary to maintain continuous collection and treatment of wastewater. This provision requires the operation of back-up or auxiliary facilities or similar systems that are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit

5. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment.

6. Bypassing

The permittee shall comply with the terms and conditions regarding bypass found in 40 CFR 122.41(m).

7. Upsets

Permittee shall meet the conditions of 40 CFR 122.41(n) regarding "Upsets" and as follows:

a) Definition. "Upset" means an exceptional incident in which there is unintentional

and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

b) Effect of an upset. An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the requirements of paragraph c) of this section are met. Any determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, shall not constitute final administrative action subject to judicial review.

c) Conditions necessary for demonstration of upset. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

(1) An upset occurred and that the permittee can identify the cause(s) of the upset;

(2) The permitted facility was at the time being properly operated; and

(3) The permittee submitted notice of the upset as required in 40 CFR 122.41(L)(6)(ii)(B)(24-hour notice of noncompliance).

(4) The permittee complied with any remedial measures required under 40 CFR 122.41(d) (Duty to Mitigate).

d) Burden of proof. In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof.

8. Removed Substances

Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act, the Federal Resource Conservation and Recovery Act, and the Mississippi Water Pollution Control Act.

9. Power Failures

If electric power is required, in order to maintain compliance with the conditions and prohibitions of the permit, the permittee shall either:

a) Provide an alternative power source to operate the wastewater control facilities; or, if such alternative power source is not in existence, and no date for its implementation appears in the permit,

b) Halt, reduce, or otherwise control production and/or all wastewater flows upon reduction, loss, or failure of the primary source of power to the wastewater control facilities.

B. RESPONSIBILITIES

1. Inspection and Entry

The permittee shall allow any authorized Commission representative to enter the permittee's premises at any reasonable time, to have access to and copy any applicable records, to inspect process facilities, treatment works, monitoring methods or equipment or to take samples, as authorized by Section 49-17-29 of the Code. In the event of investigation during an emergency response action, a reasonable time shall be any time of the day or night. Follow-up investigations subsequent to the conclusion of the emergency event shall be conducted at reasonable times.

2. Transfer of Ownership or Control

This permit is not transferable to any person except after proper notice and approval by the Permit Board. In the event of any change in control or ownership of facilities from which the authorized discharges emanate, the permittee shall notify the Mississippi Environmental Quality Permit Board at least thirty (30) days in advance of the proposed transfer date. The notice should include a written agreement between the existing and new permittees containing a specific date for the transfer of permit responsibility, coverage, and liability.

3. Signatory Requirements 40 CFR 122.41(k)

All applications, reports, or information submitted to the Permit Board shall be signed and certified.

a) All permit applications shall be signed as follows:

(1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making function for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding 25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

(3) For a municipality, State, Federal, or other public agency: by either a

principal executive officer or ranking elected official.

b) All reports required by the permit and other information requested by the Permit Board shall be signed by a person described above or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(1) The authorization is made in writing by a person described above;

(2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and

(3) The written authorization is submitted to the Permit Board.

c) Changes to authorization. If an authorization under paragraph b) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of paragraph b) of this section must be submitted to the Permit Board prior to or together with any reports, information, or applications.

d) Certification. Any person signing a document under paragraphs a) or b) of this section shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

4. Availability of Records

Except for data determined to be confidential under the Mississippi Water Pollution Control Law, all reports prepared in accordance with the terms of this permit shall be available for public inspection at the office of the Mississippi Department of Environmental Quality Office of Pollution Control.

5. Duty to Provide Information

The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance

with the permit.

6. Toxic Pollutants

The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act.

7. Toxic Pollutants Notification Requirements

The permittee shall comply with the applicable provisions of 40 CFR 122.42.

8. Civil and Criminal Liability

a) Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law.

b) Except as provided in permit conditions on "Bypassing" and "Upsets" (Part II. A.6 and 7), nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance.

c) It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

9. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances.

10. Property Rights

The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

11. Severability

The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby.

12. Expiration of Permit

At least 180 days prior to the expiration date of this permit pursuant to the State law and regulation, the permittee who wishes to continue to operate under this permit shall submit an application to the Permit Board for reissuance. The Permit Board may grant permission to submit an application later than this, but no later than the expiration date of the permit.

13. Protection of Confidential Information

a) Pursuant to Miss. Code Ann. ' 49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. ' 49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality.

b) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to Part II. B.13.a), shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi.

c) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. ' 49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA, shall be allowed until any appeal from the determination of the Commission is completed.

14. Spill Prevention and Best Management Plans

Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or

equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact.

Part III.

A. REOPENER CLAUSE

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or

2. Controls any pollutant not limited in the permit.

B. CLOSURE REQUIREMENTS

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State.

C. REQUIREMENTS REGARDING COOLING AND BOILER WATER ADDITIVES

Notification shall be made to the permitting authority in writing not later than sixty (60) days prior to initiating the addition of any chemical product to the cooling water and/or boiler water which is subject to discharge, other than those previously approved and/or used. Such notification should include, but not be limited to:

1. Name and composition of the proposed additive,

2. Proposed discharge concentration,

3. Dosage addition rates,

4. Frequency of use,

5. EPA registration, if applicable, and

6. Aquatic species toxicological data.

Written approval must be received from the permitting authority prior to initiating use.

D. OTHER STANDARD CONDITIONS

None.

PERMIT RATIONALE FOR MODIFICATION
Hercules Inc
Forrest County
Hattiesburg, Mississippi
Water NPDES No. MS0001830
October 24, 2003

I. FACILITY INFORMATION

Facility Name: Hercules, Inc.
Facility Address: 613 West 7th Street
Hattiesburg, MS 39401

Permit No.: MS0001830
SIC: 2861
Permit Writer: Toby Cook
EPD Branch: Chemical Branch

II. NATURE OF BUSINESS

Diversified chemical manufacture of modified resins and paper chemicals, polyamides, ketene dimer, resin emulsions, and wax emulsions.

III. EFFLUENT AND RECEIVING STREAM FLOW DATA

Non-Contact Cooling Water discharges to unnamed tributary of the Bowie river for Outfall-002.

IV. 303(d) ISSUES

None.

V. TYPE OF WASTEWATER TREATMENT:

None.

VI. EPA APPLICABLE CATEGORICAL GUIDELINES

A. Applicable Federal Categorical Effluent Guidelines:

None.

B. Applicable State Regulations:

1. " State of Mississippi Water Quality Criteria..." as adopted November 16, 1999.

2. " State Wastewater Regulations for NPDES permits...", as amended August 24, 1995.

VII. DATA FROM APPLICATION FORM – (2E)

Parameter	Maximum Daily Value	Number of Analysis
BOD	ND	1
TSS	1 mg/L	1
Oil and Grease	ND	1
COD	ND	1
TOC	3.7 mg/L	1
Ammonia (as N)	ND	1
pH	6.5-7.8	365
Discharge Flow	2580000 GPD	365

VIII. WATER QUALITY LIMITATIONS BASED ON WASTELOAD ALLOCATION

Not Applicable.

IX. CATEGORICAL GUIDELINE LIMITATIONS CALCULATIONS

Not Applicable.

X. TOXICITY SCREENING

Not Applicable.

XI. PROPOSED FINAL LIMITATIONS

The facility has requested that their permit be modified to reflect the allowable pH limits in acccordance with the updated Mississippi Wastewater Regulations.

1. Maximum Permit Limitations

Outfall	Parameter	Categorical Limitation	Water Quality Limitation	Present Permit Limitation	Proposed Permit Limitation	Basis
002	pH	N/A	6.0-9.0	6.5-9.0	6.0-9.0	WQS
	Temperature	N/A	32.2°C(90°F)	32.2°C(90°F)	32.2°C(90°F)	WQS

XII. BPJ STATEMENT:

Not Applicable.

Mississippi Department of Environmental Quality
Office of Pollution Control
Environmental Permits Division

Project Awareness Checklist

The primary purpose of this checklist is to allow early identification of "big picture" items that could affect EPD's permitting decisions. The checklist will be filled out by the permit manager, with input from the permit applicant as needed. Many of the questions will be answered after the pre-application meeting. The applicable portions of the checklist should be filled out prior to developing the draft permit. The checklist should be attached to the permit action form (PAF).

This checklist does not establish or affect legal rights or obligations. This checklist does not establish or affect procedural requirements for the development or issuance of permits. MDEQ is under no obligation to complete any or all of this checklist.

References to web sites or other sources external to MDEQ are intended for informational purposes only and do not imply any official MDEQ endorsement of, or responsibility for, the opinions, ideas, reliability, data or products presented at those locations, or guarantee the validity of the information provided.

Name of facility

Hercules Inc

AI

2022

Permit type

☐ Issuance
☐ Reissuance without Modification
☑ Modification
☐ Reissuance with Modification

☑ Routine ☐ Priority

Critical path

☐ Air ☑ Water ☐ Hazardous Waste ☐ Solid Waste

Notes/Comments

A. Air

Section Not Applicable ☑

Yes	No	Not Applicable		
☐	☐	☐	A1.	Is the facility located in an area that may become a non-attainment area when the new NAAQS are implemented? PM2.5
☐	☐	☐	A2.	Is this facility a significant minor source as defined by APC-S-2, Section I.B.21?
☐	☐	☐	A3.	Will this facility generate dust, fumes, gases, mist, odorous matter, vapors, or any combination thereof, such as to cause a nuisance to property from which it originated? (APC-S-1, Section 3.3)
☐	☐	☐	A4.	Is this project subject to any of the following regulations? ■ New Source Performance Standards (NSPS) (40 CFR Part 60) ■ National Emission Standards for Hazardous Air Pollutants (NESHAP) (40 CFR Parts 61 and 63) ■ Compliance Assurance Monitoring (CAM) (40 CFR Part 64) ■ Prevention of Significant Deterioration (PSD) (40 CFR Part 52) ■ Acid Rain Program (40 CFR Part 72) ■ Chemical Accident Prevention Provisions (40 CFR Part 68)
☐	☐	☐	A5.	Does this facility fall into one of the 28 listed source categories? (40 CFR 52)
☐	☐	☐	A6.	Is this facility located within 200 km of any Class I area? (40 CFR 52) ■ Will there be construction or air emissions near a national/state forest or national/state park or other recreational area? ☐Yes / ☐No / ☐NA
☐	☐	☐	A7.	Will any air discharges have an impact on water quality?

B. Hazardous Waste

Section Not Applicable ☑

☐	☐	☐	B1.	Is this a hazardous waste TSD project? ■ Typically these projects have opposition. ■ Is there off-site contamination? ☐Yes / ☐No / ☐NA ■ Are "bad boy" and financial capability reviews necessary? ☐Yes / ☐No / ☐NA
☐	☐	☐	B2.	Is the site a brownfield site? ■ Check with Hazardous Waste Division – Brownfields Branch. ■ Check with Hazardous Waste Division – Uncontrolled Sites Branch.

☐ ☐ ☐ B3. Are there universal waste considerations? (Examples: used oil, car batteries, fluorescent tubes.)

C. Solid Waste

Section Not Applicable ☑

☐ ☐ ☐ C1. Is this a new or existing solid waste management facility?

- These projects may have opposition.
- Does the existing facility (or other facilities owned or operated by the applicant) have a history of non-compliance? ☐Yes / ☐No / ☐NA
- Has a disclosure statement been filed? ☐Yes / ☐No / ☐NA
- Is the application a result of enforcement action by ECED? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ C2. Will solid waste be sent to a third-party landfill?

- Contact the landfill owner to verify that the landfill can and will accept the waste.
- Does the County Solid Waste Management Plan need to be modified? ☐Yes / ☐No / ☐NA

D. Water

Section Not Applicable ☑

☐ ☐ ☐ D1. Will the facility discharge wastewater to a third-party wastewater treatment plant (WWTP)?

- Is the WWTP willing and able to accept the discharge? ☐Yes / ☐No / ☐NA
- Is a pretreatment permit needed? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ D2. Review Permit Board Policy on Suitable Points to Discharge Treated Wastewaters, January 2002 for acceptable locations of new discharges. (The document is located in the Knowledge Center.)

- Specific locations where wastewater discharges are prohibited or are strongly discouraged include:
  - Ross Barnett Reservoir and surrounding drainage basin
  - Old Run Tombigbee River north of Fulton
  - Pickwick Lake
  - Mississippi Sound (including the coastal waters)
  - Okatoma Creek
  - Wolf Creek
  - Red Creek
  - Black Creek (located south of Hattiesburg)
- Typically, lakes, reservoirs, bayous, ponds or other confined, low flushing waterbodies, and drainage ways leading to them, are not suitable points of discharge.

- Has the permit manager or the Regional Office done an inspection to determine whether the discharge location is suitable to receive discharged wastewater? ☐Yes / ☐No / ☐NA
- Contact Surface Water Division if unsuitable locations are proposed.

☐ ☐ ☐ D3. Is the water body on the 303(d) list for parameters of concern?
- Check with the Water Quality Assessment Branch for 303(d) listing.
- Consider alternative receiving streams/locations or no-discharge systems.
- Refer to NPDES Permit Issuance Process for Facilities Discharging to 303(d) Listed Waters, January 1999

☐ ☐ ☐ D4. Has a TMDL been developed for the receiving stream?
- See http://www.deq.state.ms.us/newweb/swhome.nsf/pages/WDivision/$file/tmd3.html, or check with the Water Quality Assessment Branch.
- Does the TMDL propose limitations on the discharge? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ D5. Will the project impact wetlands or other waters of the United States?
- Check with WQMB for requirements for 404 permit or 401 Water Quality Certification
- Are there any issues with the Surface Water Division? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ D6. Is an antidegradation package required?
- For POTWs, required for new major discharges (≥1 mgd) or for increases in discharges from majors. (This may change when WQMB issues guidance in the future.)
- For industrial, follow the "Antidegradation Policy Review Checklist." (The document is located in the Knowledge Center.)
- The package must be sent to EPA along with the draft permit.

☐ ☐ ☐ D7. Is the stream classified for shellfish harvesting, drinking water supply, or recreation?
- See State of Mississippi Water Quality Criteria for Intrastate, Interstate and Coastal Waters, November 16, 1995 for a list, or check with WQAB/Standards. (The document is located in the Knowledge Center.)
- Discharge is discouraged. Consider alternative receiving streams/locations or no-discharge systems.
- Have water supply intake distances been evaluated? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ D8. Is the stream actually used for recreation, even if the classification is fish and wildlife?

- Check with WQAB/Standards, Regional Offices, Mississippi Department of Wildlife, Fisheries, and Parks, and Mississippi Forestry Commission.
- Discharge is discouraged. Consider alternative receiving streams/locations or no-discharge systems.
- Have distances of actual water contact activity been evaluated? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ D9. Is the receiving stream classified as an ephemeral stream?
- Check with WQAB/Standards
- Alternate discharge points or no-discharge systems must be investigated before this stream is considered.

☐ ☐ ☐ D10. Will the project violate water buffer zone requirements?
- How is the surrounding area zoned?
- Will there be a discharge near a state forest or park or other recreational area? ☐Yes / ☐No / ☐NA

☐ ☐ ☐ D11. Has the stream been proposed for inclusion in the State Scenic Streams Stewardship Program (Section 51-4 et seq., Mississippi Code)?
- As of March 12, 2003, the streams include
  - Chunky Creek in Newton County from the confluence of Chunky Creek and Tallasher Creek.
  - Chunky River in Newton, Lauderdale and Clarke Counties to the junction with the Chickasawhay River in Clarke County.
  - Magee's Creek in Walthall County from the confluence of Varnell Creek to the Bogue Chitto River.
  - Tangipahoa River in Pike County beginning at U.S. Highway 51 and extending to the Mississippi-Louisiana state line.
  - Wolf River in Pearl River, Hancock, Stone and Harrison Counties from Highway 26 in Pearl River County to the Bay of St. Louis in Harrison County.
- Discharge is discouraged. Consider alternative receiving streams/locations or no-discharge systems.

☐ ☐ ☐ D12. Will the facility obtain water from an existing Public Water System (PWS)?
- Does the PWS have adequate capacity? ☐Yes / ☐No / ☐NA Contact MSDH/Division of Water Supply if needed.
- Check with OLWR if the water use will be ≥300,000 gpd or if the PWS will need a permit modification.

☐ ☐ ☐ D13. Will the facility use surface water or build a dam?
- Check with OLWR for permit requirements.
- Check with WQMB for requirements regarding intake structures or wetlands issues.

☐ ☐ ☐ D14. Will the facility use groundwater?
- Check with OLWR for permit requirements.

E. SARA Title III (EPCRA) Reporting — Section Not Applicable ☑

☐ ☐ ☐ E1. Will the facility meet the reporting criteria of EPCRA Section 313 by man-hour requirement, SIC code or reportable quantity over a certain threshold?

☐ ☐ ☐ E2. In response to the requirements of EPCRA Section 304 has the facility determined if there are "Extremely Hazardous Substances (EHS)" or CERCLA Substances onsite in excess of their respective reportable quantities?

☐ ☐ ☐ E3. Does the facility store onsite an EHS in excess of its respective "Threshold Planning Quantity?" If so then the reporting requirements of EPCRA Section 311 and 312 must be followed.

F. Other — Section Not Applicable ☐

☑ ☐ ☐ F1. List all existing permits and their expiration dates:

Permit Number	Description	Expiration
Air-AIRS AFS	03500001	
GP-Baseline	MSR110153	
Hazardous Waste-EPA ID	MSD008182081	
Water-NPDES	MS0001830	9/30/07
Water-Pretreatment	MSP091286	2/28/04

- Are permit applications in-house for all permits that have expired or will expire in ≤ 180 days? ☐Yes / ☑No / ☐NA
  If no, will the current permitting action proceed?
  ☑Yes / ☐No / ☐NA

Permit Activity	Last Permit Expired Task	Last App Received Task
Air-Title V	11/1/03	5/1/03
Water-PT	2/28/04	4/15/96

☑ ☐ ☐ F2. Are all fees (e.g., Title V), fines, and/or compliance with CEQ orders current?

- Check enSite for actions on or after October 1, 2001. Check with ECED for earlier actions.
- Check with Mona Varner for fees.

☑ ☐ ☐ F3. Check complaints database and compliance history.
- Check enSite for actions on or after October 1, 2001. Check with ECED for earlier actions.
- What is the nature of the historical compliance problems (if applicable)?
- Are there any pending agreed orders? ☐Yes / ☑No / ☐NA

☐ ☑ ☐ F4. Are there EJ considerations?
- Review demographic maps and per capita income information.
- Does the area around the site appear to be a low-income or minority area?
  ☐Yes / ☐No / ☐NA
- Is there a significant amount of industrial activity? ☐Yes / ☐No / ☐NA
- Are there indications that there is a significant population of non-English-speaking people near the site? ☐Yes / ☐No / ☐NA
- Are we aware of any variances or violations in local zoning?
  ☐Yes / ☐No / ☐NA
- Are there quality of life issues? ☐Yes / ☐No / ☐NA
- Contact the EJ coordinator if there appear to be EJ concerns.
- Determine what kind of additional public information activities need to be done.

☐ ☐ ☑ F5. Has it been determined that there is public interest in this project?
- Is there organized public opposition? ☐Yes / ☐No / ☐NA
- Who is the opposition?
- Has there been media coverage or the possibility of media coverage?
  ☐Yes / ☐No / ☐NA
- Are there regulation changes on the horizon that would result in more stringent requirements for the project? ☐Yes / ☐No / ☐NA
- Are there actual, potential, or alleged human health or environmental impacts? ☐Yes / ☐No / ☐NA
  If yes, explain.

☐ ☐ ☑ F6. Are there cumulative impact issues?
- Is there a concentration of emissions in the area?
  ☐Yes / ☐No / ☐NA
- Research by reviewing files, etc. for effects of past projects, the effects of current projects, and the effects of probable future projects. It

includes the effects of other projects which interact with this project and, together, are considerable.

- Is GIS information available? ☐Yes / ☐No / ☐NA
  Has it been used? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ F7. Is the Mississippi Development Authority (MDA) interested?

- Is the proposed project in an economically underdeveloped area of the state? ☐Yes / ☐No / ☐NA
- Is the project receiving CDBG (Community Development Block Grant) funding? ☐Yes / ☐No / ☐NA
  CDBG funding is given for projects in low-to-moderate income areas and thus indicates the possibility of EJ considerations.

☐ ☑ ☐ F8. Will this project have the potential to impact threatened and endangered species? Pesticide limitations for endangered species link. NPDES link.

- Contact WQAB for a list of species.

☐ ☑ ☐ F9. Will this project have the potential to impact archeological and cultural resources?

- Has the Mississippi Department of Archives and History been contacted? ☐Yes / ☐No / ☐NA

☐ ☑ ☐ F10. Is this facility located in a politically sensitive area?

☐ ☑ ☐ F11. Will this facility have a significant economic impact on the area?

☐ ☑ ☐ F12. Does this project involve other state or federal agencies, and if so, in what way?

☐ ☑ ☐ F13. Is the project (or company or location, etc.) listed in the Heightened Awareness Projects database (located in Lotus Notes)?
☐Yes / ☐No / ☐NA
If yes, get in touch with the listed contact person.

☐ ☐ ☑ F14. Review "Enclosure B: EPA/State Review and Oversight Tools for NPDES Permits" to determine if any additional information needs to be gathered. (The document is located in the Knowledge Center.)

☐ ☑ ☐ F15. Is there ***anything else*** that might slow down the permitting decision or change any permit conditions? (Industrial Sector Notebooks) If yes, describe.

Hercules
forre
msoa

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NOV 10 2003

Proof of Publication

The State of Mississippi

378892

Forrest County

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Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
November 3, 2003
Hercules Inc located at 613 West 7th Street, in Hattiesburg, MS, phone No. (601) 545-3450, has applied to the Mississippi Department of Environmental Quality for the following permitting action: Modification of NPDES wastewater discharge permit Ref. No. MS0001830. The applicant's operations fall within SIC Code 2861.
This facility is diversified chemical manufacturer of modified resins and paper chemicals, polyamides, ketene dimer, resin emulsions, and wax emulsions. The NPDES permit for this facility authorizes to discharge non-contact cooling water to unnamed tributary of the Bowie River for Outfall 002. The facility has requested that the pH discharge limits be revised to coincide with the current Mississippi Water Quality Criteria.
The staff of the Permit Board has developed this draft permit based on information submitted to the Permit Board by the applicant, appropriate State and Federal agencies and other interested parties. The staff of the Permit Board is soliciting all relative information pertaining to the proposed activity, including public comment, to ensure that the final staff recommendation on the draft permit complies with all State and Federal regulations. Public review and comment on the draft permit and supporting documentation is an important element in the staff evaluation and resulting recommendation to the Permit Board. The draft permit conditions have been developed to ensure compliance with all State and Federal regulations but are subject to change based on information received as a result of public participation.
Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Toby Cook at the Permit Board's address shown above, no later than December 3, 2003. All comments received by this date will be considered in the formulation of final determinations regarding the application(s). A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed permit(s).
The Permit Board is limited in the scope of its analysis to environmental impact. Any comments relative to zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities and should be addressed to them.
Additional details about the application(s), including a copy of the draft permit(s), are available by writing or calling Toby Cook at the above Permit Board address and telephone number. This information is also available for review at the following location(s) during normal business hours:
Mississippi Department of Environmental Quality
Office of Pollution Control
Southport Center Building
2380 Highway 80 West
Jackson, Mississippi 39204
The Library of Hattiesburg,Petal, & Forrest County
329 Hardy Street
Hattiesburg, MS 39401

Please bring the foregoing to the attention of persons whom you know will be interested.

Publish: November 3, 2003.

PERSONALLY appeared before me, the undersigned nota

Alex Walley

an authorized clerk of the HATTIESBURG AMERICAN,

a daily newspaper published in the City of Hattiesburg, Forrest County, Mississippi who, being duly sworn, states that the notice, a true copy of which is hereto attached, appeared in the issues of said newspaper as follows:

Dates of Publication:

Lines:	134
Words:	466
Issues:	1
Total:	$58.92

Monday, November 3, 2003

FORWARD
NOV 10 2003
Linda Stanford
TO AS/BS

Signed

Alex Walley
Authorized Clerk
of the Hattiesburg

Lorene R. Coates
Notary Public

SWORN to and subscribed before me on

November 3, 2003
(Date)

My Commission Expires: May 24, 2006.
Bonded thru Heiden, Brooks & Garland, Inc.

(SEAL)

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
November 3, 2003

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329 Hardy Street
Hattiesburg, MS 39401

Please bring the foregoing to the attention of persons whom you know will be interested.

2022 PER20030002

11/03/03 PN

DRAFT

STATE OF MISSISSIPPI
WATER POLLUTION CONTROL PERMIT

TO DISCHARGE WASTEWATER IN ACCORDANCE WITH THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

~~THIS CERTIFIES THAT~~

Hercules Inc
613 West 7th Street
Hattiesburg, Mississippi

has been granted permission to discharge wastewater into

unnamed tributary of the Bowie River

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof. This permit is issued in accordance with the provisions of the Mississippi Water Pollution Control Law (Section 49-17-1 et seq., Mississippi Code of 1972), and the regulations and standards adopted and promulgated thereunder, and under authority granted pursuant to Section 402(b) of the Federal Water Pollution Control Act.

MISSISSIPPI ENVIRONMENTAL QUALITY PERMIT BOARD

_____

AUTHORIZED SIGNATURE

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Issued: October 31, 2003

Modified: _____

Permit No. MS0001830

Expires: September 30, 2007

2022 PER20020001

Part I.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning , and lasting until **[Permit Expiration Date]**, the permittee is authorized to discharge from outfall(s) serial number(s) 002 **(Storm Water & Noncontact Cooiling Water)**

   Such discharges shall be limited and monitored by the permittee as specified below:

PARAMETER	DISCHARGE LIMITATIONS				MONITORING REQUIREMENTS	
	kg/day (lbs/day)	kg/day (lbs/day)	Other Units (Specify)		Measurement Frequency	Sample Type
	Monthly Avg.	Daily Max.	Monthly Avg.	Daily Max.		
Flow-M^3/Day (MGD)	---	---	**Report**	**Report**	**Continuous**	**Recorder**
Temperature °C(°F)	---	---	**Report**	**32.2(90)**	**3 Days/Week**	**Instantaneous**

2. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored twice per month with a grab sample of the effluent.
3. There shall be no discharge of floating solids or visible foam in other than trace amounts.
4. The discharge shall not cause the occurrence of a visible sheen on the surface of the receiving waters.
5. Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s): **the nearest accessible point after final treatment but prior to mixing with the receiving stream.**

B. SCHEDULE OF COMPLIANCE

1. The permittee shall achieve compliance with the effluent limitations specified for discharge in accordance with the following schedule:

   Upon permit issuance

2. Within 14 days after either an interim or final date of compliance specified in Part I. B.1., the permittee shall provide the Permit Board with written notice of his compliance or noncompliance with the requirements or conditions specified to be completed by that date.

   Not applicable.

C. DEFINITIONS

1. "Monthly average" means the average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during the month. The monthly average for fecal coliform bacteria is the geometric mean of "daily discharges" measured during the calendar month. In computing the geometric mean for fecal coliform bacteria, the value one (1) shall be substituted for sample results of zero.

2. "Daily discharge" means the "discharge of a pollutant" measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily average" is calculated as the average measurement of the discharge of the pollutant over the day.

3. "Daily maximum" means the highest "daily discharge" over a calendar month.

4. "Toxic pollutants" include, but are not limited to: (a) any toxic substance listed in Section 307(a)(1) of the Clean Water Act (CWA), any chemical listed in Section 313(c) of the Superfund Amendments and Reauthorization Act of 1986; and (b) any substance (that is not also a conventional or nonconventional pollutant) for which EPA or the State has published an acute or chronic toxicity criterion.

5. "Hazardous substances" are defined in 40 CFR 116.4.

D. MONITORING AND REPORTING

1. Representative Sampling

Samples and measurements taken as required herein shall be representative of the volume

and nature of the monitored wastewater.

2. Reporting

a) Monitoring results obtained during the previous month shall be summarized and reported on a Discharge Monitoring Report Form (EPA No. 3320-1) **POSTMARKED NO LATER THAN THE 28TH DAY OF THE MONTH FOLLOWING THE COMPLETED REPORTING PERIOD. THE FIRST REPORT IS DUE ON [month day, year].** Copies of these, and all other reports required herein, shall be signed in accordance with Chapter One Sections II.C. and II.E. of the Mississippi Wastewater Permit Regulations, and shall be submitted to the Mississippi Environmental Quality Permit Board at the following address.

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL
P. O. Box 10385
Jackson, Mississippi 39289-0385

b) If the results for a given sample analysis are such that any parameter (other than fecal coliform) is not detected at or above the minimum level for the test method used, a value of zero will be used for that sample in calculating an arithmetic mean value for the parameter. If the resulting calculated arithmetic mean value for that reporting period is zero, the permittee shall report "NODI = B" on the DMR. For fecal coliform, a value of 1.0 shall be used in calculating the geometric mean. If the resulting fecal coliform mean value is 1.0, the permittee shall report "NODI = B" on the DMR. For each quantitative sample value that is not detectable, the test method used and the minimum level for that method for that parameter shall be attached to and submitted with the DMR. The permittee shall then be considered in compliance with the appropriate effluent limitation and/or reporting requirement.

c) If the permittee monitors any pollutant as prescribed in the permit more frequently than required by the permit using test procedures approved under 40 CFR Part 136 or, in the case of sludge use or disposal, approved under 40 CFR Part 136 unless otherwise specified in 40 CFR Part 503, or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Permit Board.

d) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Board in the permit.

3. Test Procedures

Test procedures for the analysis of pollutants shall conform to regulations published

pursuant to Section 304(h) of the Federal Water Pollution Control Act, as amended or alternative procedures approved and/or promulgated by EPA. For those parameters listed in Exhibit D of the Mississippi Wastewater Permit Regulations, the permittee shall use approved methods with minimum quantification levels as sensitive as those found in Exhibit D of the regulations.

4. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall maintain records of all information obtained from such monitoring including:

a) The exact place, date, and time of sampling;

b) The dates the analyses were performed;

c) The person(s) who performed the analyses;

d) The analytical techniques, procedures or methods used; and

e) The results of all required analyses.

5. Records Retention

All records and results of monitoring activities required by this permit, including calibration and maintenance records, shall be retained by the permittee for a minimum of three (3) years, unless otherwise required or extended by the Permit Board, copies of which shall be furnished to the Department upon request.

6. Falsifying Reports

Any permittee who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required by the Permit Board to be maintained as a condition in a permit, or who alters or falsifies the results obtained by such devices or methods and/or any written report required by or in response to a permit condition, shall be deemed to have violated a permit condition and shall be subject to the penalties provided for a violation of a permit condition pursuant to Section 49-17-43 of the Code.

Part II.

A. MANAGEMENT REQUIREMENTS

1. Facility Expansion and/or Modification

Any facility expansion, production increases, process modifications, changes in discharge volume or location or other changes in operations or conditions of the permittee which may result in a new or increased discharge of waste, shall be reported to the Permit Board by submission of a new application for a permit pursuant to Section II.A. of the Mississippi Wastewater Regulations, or if the discharge does not violate effluent limitations specified in the permit, by submitting to the Permit Board a notice of a new or increased discharge.

2. Duty to Comply 40 CFR 122.41(a)

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application.

3. Noncompliance Notification

a) Twenty-Four Hour Reporting

(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and/or prevent recurrence of the noncompliance.

(2) The following shall be included as information which must be reported within 24 hours under this paragraph.

i. Any unanticipated bypass which exceeds any effluent limitation in the permit.

ii. Any upset which exceeds any effluent limitation in the permit.

iii. Violation of a maximum daily discharge limitation for any of the pollutants listed by the Permit Board in the permit to be reported within 24 hours.

iv. The Executive Director may waive the written report on a case-by-case basis for reports under paragraph a. of this section if the oral report has been received within 24 hours.

b) Other Noncompliance

The permittee shall report all instances of noncompliance not reported under paragraph (a)., at the time monitoring reports are submitted or within 30 days from the end of the month in which the noncompliance occurs. The reports shall contain the information listed in paragraph (a).

c) Other Information

Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Permit Board, it shall promptly submit such facts or information.

4. Proper Operation, Maintenance and Replacement

The permittee shall at all times properly operate, maintain, and when necessary, promptly replace all facilities and systems of collection, treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures. Proper replacement includes maintaining an adequate inventory of replacement equipment and parts for prompt replacement when necessary to maintain continuous collection and treatment of wastewater. This provision requires the operation of back-up or auxiliary facilities or similar systems that are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit

5. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of the permit that has a reasonable likelihood of adversely affecting human health or the environment.

6. Bypassing

The permittee shall comply with the terms and conditions regarding bypass found in 40 CFR 122.41(m).

7. Upsets

Permittee shall meet the conditions of 40 CFR 122.41(n) regarding "Upsets" and as follows:

a) Definition. "Upset" means an exceptional incident in which there is unintentional

and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

b) Effect of an upset. An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the requirements of paragraph c) of this section are met. Any determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, shall not constitute final administrative action subject to judicial review.

c) Conditions necessary for demonstration of upset. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

(1) An upset occurred and that the permittee can identify the cause(s) of the upset;

(2) The permitted facility was at the time being properly operated; and

(3) The permittee submitted notice of the upset as required in 40 CFR 122.41(L)(6)(ii)(B)(24-hour notice of noncompliance).

(4) The permittee complied with any remedial measures required under 40 CFR 122.41(d) (Duty to Mitigate).

d) Burden of proof. In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof.

8. Removed Substances

Solids, sludges, filter backwash, or other residuals removed in the course of treatment or control of wastewater shall be disposed of in a manner such as to prevent such materials from entering State waters and in a manner consistent with the Mississippi Solid Waste Disposal Act, the Federal Resource Conservation and Recovery Act, and the Mississippi Water Pollution Control Act.

9. Power Failures

If electric power is required, in order to maintain compliance with the conditions and prohibitions of the permit, the permittee shall either:

a) Provide an alternative power source to operate the wastewater control facilities; or, if such alternative power source is not in existence, and no date for its implementation appears in the permit,

b) Halt, reduce, or otherwise control production and/or all wastewater flows upon reduction, loss, or failure of the primary source of power to the wastewater control facilities.

B. RESPONSIBILITIES

1. Inspection and Entry

The permittee shall allow any authorized Commission representative to enter the permittee's premises at any reasonable time, to have access to and copy any applicable records, to inspect process facilities, treatment works, monitoring methods or equipment or to take samples, as authorized by Section 49-17-29 of the Code. In the event of investigation during an emergency response action, a reasonable time shall be any time of the day or night. Follow-up investigations subsequent to the conclusion of the emergency event shall be conducted at reasonable times.

2. Transfer of Ownership or Control

This permit is not transferable to any person except after proper notice and approval by the Permit Board. In the event of any change in control or ownership of facilities from which the authorized discharges emanate, the permittee shall notify the Mississippi Environmental Quality Permit Board at least thirty (30) days in advance of the proposed transfer date. The notice should include a written agreement between the existing and new permittees containing a specific date for the transfer of permit responsibility, coverage, and liability.

3. Signatory Requirements 40 CFR 122.41(k)

All applications, reports, or information submitted to the Permit Board shall be signed and certified.

a) All permit applications shall be signed as follows:

(1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making function for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding 25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

(3) For a municipality, State, Federal, or other public agency: by either a

principal executive officer or ranking elected official.

b) All reports required by the permit and other information requested by the Permit Board shall be signed by a person described above or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(1) The authorization is made in writing by a person described above;

(2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and

(3) The written authorization is submitted to the Permit Board.

c) Changes to authorization. If an authorization under paragraph b) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of paragraph b) of this section must be submitted to the Permit Board prior to or together with any reports, information, or applications.

d) Certification. Any person signing a document under paragraphs a) or b) of this section shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

4. Availability of Records

Except for data determined to be confidential under the Mississippi Water Pollution Control Law, all reports prepared in accordance with the terms of this permit shall be available for public inspection at the office of the Mississippi Department of Environmental Quality Office of Pollution Control.

5. Duty to Provide Information

The permittee shall furnish to the Permit Board within a reasonable time any relevant information which the Permit Board may request to determine whether cause exists for modifying, revoking and reissuing, or terminating the permit, or to determine compliance

with the permit.

6. Toxic Pollutants

The permittee shall comply with any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) established under Section 307(a) of the Federal Water Pollution Control Act.

7. Toxic Pollutants Notification Requirements

The permittee shall comply with the applicable provisions of 40 CFR 122.42.

8. Civil and Criminal Liability

a) Any person who violates a term, condition or schedule of compliance contained within this permit or the Mississippi Water Pollution Control Law is subject to the actions defined by law.

b) Except as provided in permit conditions on "Bypassing" and "Upsets" (Part II. A.6 and 7), nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance.

c) It shall not be the defense of the permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

9. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject to under Section 311 of the Federal Water Pollution Control Act and applicable provisions under Mississippi Law pertaining to transportation, storage, treatment, or spillage of oil or hazardous substances.

10. Property Rights

The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

11. Severability

The provisions of this permit are severable. If any provision of this permit, or the application of any provision of this permit to any circumstances, is challenged or held invalid, the validity of the remaining permit provisions and/or portions thereof or their application to other persons or sets of circumstances, shall not be affected thereby.

12. Expiration of Permit

At least 180 days prior to the expiration date of this permit pursuant to the State law and regulation, the permittee who wishes to continue to operate under this permit shall submit an application to the Permit Board for reissuance. The Permit Board may grant permission to submit an application later than this, but no later than the expiration date of the permit.

13. Protection of Confidential Information

a) Pursuant to Miss. Code Ann. ' 49-17-39 and 40 CFR 123.41, the Permit Board shall make available to the public all information contained on any form and all public comments on such information. Effluent data and information concerning air or water quality shall also be made available to the public. Information that is determined by the Commission to be trade secrets shall not be disclosed to the public without prior consent of the source of such information. When a claim of confidentiality is made by a person in accordance with the provisions of Miss. Code Ann. ' 49-17-39, a recommendation on the questions of confidentiality shall be made by the Commission and forwarded to the Regional Administrator (or his/her designee) of EPA for his concurrence in such determination of confidentiality.

b) A copy of a State, UIC, or NPDES permit application, public notice, fact sheet, draft permit and other forms relating thereto, including written public comment and other reports, files and information relating to the application not classified as confidential information by the Commission pursuant to Part II. B.13.a), shall be available for public inspection and copying during normal business hours at the office of the Department in Jackson, Mississippi.

c) Upon determination by the Commission that information submitted by a permit applicant is entitled to protection against disclosure as trade secrets, the information shall be so labeled and otherwise handled as confidential. Copies of the information and a notice of the Commission's action shall be forwarded to the Regional Administrator (or his/her designee). In making its determination of entitlement to protection as a trade secret, the Commission shall follow the procedure set forth in Miss. Code Ann. ' 49-17-39. In the event the Commission denies the claim of confidentiality, the applicant shall have, upon notification thereof, the right to appeal the Commission's determination in the same manner provided for other orders of the Commission. No disclosure, except to EPA, shall be allowed until any appeal from the determination of the Commission is completed.

14. Spill Prevention and Best Management Plans

Any permittee which has above ground bulk storage capacity, of more than 1320 gallons or any single container with a capacity greater than 660 gallons, of materials and/or liquids (including but not limited to, all raw, finished and/or waste material) with chronic or acute potential for pollution impact on waters of the State and not subject to Mississippi Hazardous Waste Management Regulations or 40 CFR 112 (Oil Pollution Prevention) regulations shall provide secondary containment as found in 40 CFR 112 or

equivalent protective measures such as trenches or waterways which would conduct any tank releases to a permitted treatment system or sufficient equalization or treatment capacity needed to prevent chronic/acute pollution impact.

Part III.

A. REOPENER CLAUSE

This permit shall be modified, or alternately, revoked and reissued, to comply with any applicable effluent standard, limitation or storm water regulation issued or approved under Section 301(b)(2)(C), and (D), 304(b)(2), 307(a)(2) and 402(p) of the Federal Water Pollution Control Act if the effluent standard, limitation or regulation so issued or approved:

1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or

2. Controls any pollutant not limited in the permit.

B. CLOSURE REQUIREMENTS

Should the permittee decide to permanently close and abandon the premises upon which it operates, it shall provide a Closure Plan to the Permit Board no later than 90 days prior to doing so. This Closure Plan shall address how and when all manufactured products, by-products, raw materials, stored chemicals, and solid and liquid waste and residues will be removed from the premises or permanently disposed of on site such that no potential environmental hazard to the waters of the State will be presented. Closure plan(s) submitted to and approved by Mississippi Department of Environmental Quality for compliance with other environmental regulations will satisfy the closure requirements for those items specifically addressed in the closure plan(s) as long as the closure does not present a potential for environmental hazard to waters of the State.

C. REQUIREMENTS REGARDING COOLING AND BOILER WATER ADDITIVES

Notification shall be made to the permitting authority in writing not later than sixty (60) days prior to initiating the addition of any chemical product to the cooling water and/or boiler water which is subject to discharge, other than those previously approved and/or used. Such notification should include, but not be limited to:

1. Name and composition of the proposed additive,

2. Proposed discharge concentration,

3. Dosage addition rates,

4. Frequency of use,

5. EPA registration, if applicable, and

6. Aquatic species toxicological data.

Written approval must be received from the permitting authority prior to initiating use.

D. OTHER STANDARD CONDITIONS

None.

PERMIT RATIONALE FOR MODIFICATION
Hercules Inc
Forrest County
Hattiesburg, Mississippi
Water NPDES No. MS0001830
October 24, 2003

I. FACILITY INFORMATION

Facility Name: Hercules, Inc.
Facility Address: 613 West 7th Street
Hattiesburg, MS 39401

Permit No.: MS0001830
SIC: 2861
Permit Writer: Toby Cook
EPD Branch: Chemical Branch

II. NATURE OF BUSINESS

Diversified chemical manufacture of modified resins and paper chemicals, polyamides, ketene dimer, resin emulsions, and wax emulsions.

III. EFFLUENT AND RECEIVING STREAM FLOW DATA

Non-Contact Cooling Water discharges to unnamed tributary of the Bowie river for Outfall-002.

IV. 303(d) ISSUES

None.

V. TYPE OF WASTEWATER TREATMENT:

None.

VI. EPA APPLICABLE CATEGORICAL GUIDELINES

A. Applicable Federal Categorical Effluent Guidelines:

None.

B. Applicable State Regulations:

1. " State of Mississippi Water Quality Criteria..." as adopted November 16, 1999.

2. " State Wastewater Regulations for NPDES permits...", as amended August 24, 1995.

VII. DATA FROM APPLICATION FORM – (2E)

Parameter	Maximum Daily Value	Number of Analysis
BOD	ND	1
TSS	1 mg/L	1
Oil and Grease	ND	1
COD	ND	1
TOC	3.7 mg/L	1
Ammonia (as N)	ND	1
pH	6.5-7.8	365
Discharge Flow	2580000 GPD	365

VIII. WATER QUALITY LIMITATIONS BASED ON WASTELOAD ALLOCATION

Not Applicable.

IX. CATEGORICAL GUIDELINE LIMITATIONS CALCULATIONS

Not Applicable.

X. TOXICITY SCREENING

Not Applicable.

XI. PROPOSED FINAL LIMITATIONS

The facility has requested that their permit be modified to reflect the allowable pH limits in acccordance with the updated Mississippi Wastewater Regulations.

1. Maximum Permit Limitations

Outfall	Parameter	Categorical Limitation	Water Quality Limitation	Present Permit Limitation	Proposed Permit Limitation	Basis
002	pH	N/A	6.0-9.0	6.5-9.0	6.0-9.0	WQS
	Temperature	N/A	32.2°C(90°F)	32.2°C(90°F)	32.2°C(90°F)	WQS

XII. BPJ STATEMENT:

Not Applicable.