Mississippi Department of Environmental Quality
Office of Pollution Control

I-sys 2000 Master Site Detail Report

Site Name: Hercules Inc

PHYSICAL ADDRESS

LINE 1:	613 West 7th Street
LINE 2:	
LINE 3:	
MUNICIPALITY:	Hattiesburg
STATE CODE:	MS
ZIP CODE:	39401-

MAILING ADDRESS

LINE 1:	PO Box 1937
LINE 2:	
LINE 3:	
MUNICIPALITY:	Hattiesburg
STATE CODE:	MS
ZIP CODE:	39401-

OTHER INFORMATION

MASTER ID:	002022
COUNTY:	Forrest
REGION	SRO
SIC 1:	2822
AIR TYPE:	TITLE V
HW TYPE:	LARGE QUANTITY
SOLID TYPE:	
WATER TYPE:	INDUSTRIAL
BRANCH:	Chemical

ECED CONTACT:
Yassin, Mohammad

BASIN:

AIR PROGRAMS ☑ SIP ☐ PSD ☐ NSPS ☐ NESHAPS ☑ MACT

Mississippi Department of Environmental Quality
Office of Pollution Control

Pemits

PROGRAM	PERMIT TYPE	PERMIT #	MDEQ PERMIT CONTACT	ACTIVE
HAZ. WASTE	EPA ID	MSD008182081		YES
AIR	TITLE V	080000001	Ketchum, Brian	YES
AIR	SOP	080000001	Ketchum, Brian	YES
WATER	NPDES	MS0001830	Cook, Charles	NO
WATER	NPDES	MS0001830	Cook, Charles	NO
WATER	NPDES	MS0001830	Beasley, Jerry	YES
WATER	PRE-TREATMENT	MSP091286	Tomkins, Tracy	YES
GENERAL	SARA TITLE III	MSR110153	Lavallee, Louis	YES

Compliance Actions

MEDIA	ACTIVITY TYPE	SCHEDULED	COMPLETED	INSPECTED BY
WATER	CEI - NA	3/17/99	3/17/99	Yassin, Mohammad
WATER	CMI - PRETREATMENT	11/1/99		Sharp, Loyd
WATER	CMI - NPDES	4/1/00		Sharp, Loyd
WATER	CMI - NPDES	11/1/99		Sharp, Loyd
WATER	CEI - NA	9/30/00		Yassin, Mohammad
HAZ WASTE	Compliance Evaluation Inspect	9/30/00		Yassin, Mohammad
AIR	State Compliance Inspection	9/30/00		Yassin, Mohammad
HAZ WASTE	Compliance Evaluation Inspect	6/30/99	6/30/99	Yassin, Mohammad
AIR	State Compliance Inspection	6/29/99	6/29/99	Yassin, Mohammad
WATER	CEI - NA	6/30/99	6/30/99	Yassin, Mohammad

CHRONIC TOXICITY TEST

for
HERCULES

2nd Quarter, 2001
May 15, through May 22, 2001

Environmental Contracting Service
2703 Oak Grove Road
Hattiesburg, MS 39402

RESULTS

EPA Method 1000.0 Results

Two fathead minnows died in the 6.25% and one fathead minnow died in the 12.5% concentration. The inhibition concentration (IC_{25}) for the larval fish growth was calculated to be greater than 100% of the effluent. The inhibition concentration (IC_{25}) for the larval fish survival was calculated to be greater than 100% of the effluent.

EPA Method 1002.0 Results

No mortalities were recorded in the *Ceriodaphnia dubia* test. The inhibition concentration for *C. dubia* reproduction was calculated to be IC_{25} greater than 100% effluent. The inhibition concentration for *C. dubia* survival was calculated to be IC_{25} greater than 100% effluent.

QA/QC Reference Test Results

The most recent EPA Method 1000.0 QA/QC Reference test (April 4, through April 11, 2001) revealed an NOEC of 2.0 g/L and an LOEC of 3.0 g/L Sodium chloride. An EPA Method 1002.0 QA/QC Reference test (April 4, through April 11, 2001) revealed an NOEC of 1.25 g/L and an LOEC of 1.50 g/L Sodium chloride. All values were within upper and lower control limits established by this laboratory and as demonstrated by its control charts.

Certified By: _____ 06-15-01 *Date:*

Michael S. Bonner, Ph.D., President
Environmental Contracting Service
P.O. Box 15727
Hattiesburg, Mississippi 39404

Total number of pages 20

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CHRONIC TOXICITY TEST

for
HERCULES

4TH Quarter, 2000
December 19, through December 26, 2000

Environmental Contracting Service
2703 Oak Grove Road
Hattiesburg, MS 39402

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

RECEIVED
DEC 31 2002
Dept. of Environmental Quality
Water Quality Division

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	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			
F. CRATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*******		*******		79	(15)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT 90 AVG	90 DAILY MX	DEG.F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.0	*******	7.3	(12)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	*****	6.5 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.36	0.98	(03)	*******	*******	*******	*****	0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTINUOUS	RECORDE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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DEC 31 2002
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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	02	12	19
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	11	01	02	11	30

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 MTN	******	******	MG/L		3 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
[redacted] ON, TOT ORGANIC 00680 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 01145 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	CONTIN

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	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	584-3220	02	12	19

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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 (Indicate 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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	30

*** NO DISCHARGE |XX| ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL TO[illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
[illegible], IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
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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	NUMBER	DATE YEAR	MO	DAY
601	584-3220	02	12	19

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
513 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)

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MAJOR
(SUBC SO)
F - FINAL
PROCESS WASTEWATE

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	10	01	TO	02	10	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		3 DAYS/WEEK	GRAB
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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC [redacted] 00680 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 01145 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	CONTIN

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

WDL for

TELEPHONE: AREA CODE 601 — NUMBER 584-3220

DATE: YEAR 02 — MO 11 — DAY 25

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

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This is a 4-part form.

00995/02[illegible]

PAGE OF

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)

Form Approved.
OMB No. 2040-0004

MS0001330	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 30)
F - FINAL
PROCESS WASTEWATER

CHEM.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	10	01	TO	02	10	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			
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[redacted]EL [redacted]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01106 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		5 DAYS/ WEEK	GRAB
FLOW, IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*******	*******	*******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*** ***		CONTIN UOUS	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr

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WDL/vrf

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	02	11	25

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

NOV 27 2002
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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME
ADDRESS
FACILITY FORREST COUNTY
LOCATION

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

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	10	01	02	10	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			
PH, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						79	(15)	0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.8		7.5	(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 VALUE	SAMPLE MEASUREMENT	0.54	1.15	(03)					0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTIN OUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NOV 27 2002
DEQ-OPC

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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	02	11	25
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 INCORPORATED

ADDRESS: P O BOX 1937
613 WEST 7 H ST
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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MAJOR
(J P S)
- FINAL CHEM
STORM WATER, NONCONTACT COOLIN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	[illegible]	01	TO	02	09	

*** 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	******	******		******		81	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
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		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.51	2.23	(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	02	10	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 INCORPORATED

ADDRESS P O BOX 1937
513 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

*** 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 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FL[illegible], IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	02	10	21
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 [illegible] CORPORATED

ADDRESS [illegible] O BOX 1[illegible]37

613 WEST [illegible] STREET

[illegible] 39403-1937

FACILITY [illegible] COUNTY

LOCATION [illegible] 39403-1937

ATT: [illegible] JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001930	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

MAJOR
(SUGR [illegible])
[illegible] - FINAL
PROCESS WAST[illegible]

C. E

*** 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)	SAMPLE MEASUREMENT	******	******			******	******	(20)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
[illegible] 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-1R METH) TOT, RO	SAMPLE MEASUREMENT			(26)	******			(19)			
00560 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			(26)	******			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
CARBON, TOT ORGANIC ([illegible])	SAMPLE MEASUREMENT			(26)	******			(19)			
00680 1 0 0 EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT			(26)	******			(19)			
00981 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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	02	10	21

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.

00993/020117-1145

PAGE 1 OF 1

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 LOCATION: FORREST COUNTY
HATTIESBURG MS 39403-1937

ATTN: CHARLES JORDAN

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

OMB No. 2040-0004

MS0001630	001 0	MAJOR (SUPER FD) I - INITIAL
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

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
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										

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	02	10	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 [illegible] INCORPORATED

ADDRESS P O BOX 1937

[illegible] 613 WEST 7TH STREET

HATTIESBURG MS 39403-1937

FACILITY LOCATION FORREST COUNTY

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	002 Q

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

(SUBA 50)
F - FINAL
BIOASSAY RE[illegible]
*** NO DISCHARGE ***

RECEIVED
OCT 29 2002

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 /DAY CHR CERIODAPHNIA TAP3B 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	[illegible]			[illegible]	[illegible]	(23)	*		
	PERMIT REQUIREMENT	******	****** [illegible]		100 MINIMUM	******	******	PER-CENT		0TRLY	COMP24
[illegible] STATIC /DAY CHR [illegible] PHALES TRPOC 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)	*		
	PERMIT REQUIREMENT	******	****** [illegible]		100 MINIMUM	******	******	PER-CENT		0TRLY	COMP24
	SAMPLE MEASUREMENT										
	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

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	02	10	21

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

* Bioassays are conducted on semi-annual basis.

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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MAJOR
(SUBR SO)
P - FINAL
STORM WATER, NONCONTACT COOLIN

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	08	01	02	08	31

NO DISCHARG

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 VALU	SAMPLE MEASUREMENT						84	(15)	0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS/INSTAN WEEK	
00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				6.9		7.5	(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	0.45	0.79	(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 OCT 1 2002

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	02	09	26

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

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

NAME [illegible] INCORPORATED

ADDRESS P O BOX 193

61 WEST 7TH STREET

HATTIESBURG MS 94 3- 3/

FACILITY LOCATION FORREST COUNTY

HATTIESBURG MS 3 40 -133/

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
(SUBS)
F - FINAL
PROCESS WASTEWATER

[illegible] CREEK

MONITORING PERIOD FROM 02 08 01 TO 02 08 31

[illegible] NO DISCHARGE | XX |

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	******	******	PRM		3 DAYS/ WEEK	GRAB
[illegible] 5-DAY (20 DEG. C) [illegible] 0 1 0 0 EFFLUENT G[illegible] VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 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		3 DAYS/ WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TO , C 00560 1 0 [illegible] 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		3 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		3 DAYS/ WEEK	COMP24
[illegible]ON, TOT O[illegible]NIC [illegible]) 00680 1 0 0 EFFLUENT GROSS V LUE	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, TOT L [illegible]CO VERABLE 01051 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		ONCE/ MONTH	CONTIN

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 02 MO 09 DAY 26

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

OCT 1 2002

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

This is a 4-part form.

00991/020117-1145

PAGE 1 OF 1

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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	08	01	TO	02	08	31

*** NO DISCHARGE | XX | ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL [illegible]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
[illegible], IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*** ****		CONTINUOUS	RCORDR
	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	02	09	26

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

OCT 1 2002

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

This is a 4-part form.

00992/02[illegible]117-114[illegible]

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
513 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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	07	31

MAJOR
(SUBR SO)
F - FI...
PROCESS WASTEWATER
... NO DISCHARGE XX

RECEIVED AUG 21 2002

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
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******			******	******	(20)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RO	SAMPLE MEASUREMENT			(26)	******			(19)			
00560 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			(26)	******			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
C[illegible]ON, TOT ORGANIC ([illegible])	SAMPLE MEASUREMENT			(26)	******			(19)			
00680 1 0 0 EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT			(26)	******			(19)			
00981 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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	02	08	20
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.

00989/020117-1145

PAGE 1 OF

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 39403-193 / FROM
ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

MS0001830	001 A	MAJOR (SUBR SO) F - FINAL PROCESS WASTEWATER	CHEM
PERMIT NUMBER	DISCHARGE NUMBER		

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	02	07	01	TO	02	07	31

NO DISCHARGE XX

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 00999 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	CONTIN
[redacted]EL [redacted]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	GRAB
[redacted], IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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		
601	584-3220	02	08	20
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 [illegible]

ADDRESS [illegible] 1937
[illegible] 7TH STREET
[illegible] MS 39403-1937

FACILITY [illegible]

LOCATION [illegible] MS 39403-1937

[illegible]: [illegible] JORDAN

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

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	07	01	02	07	31

MAJOR
(S[illegible] SO)
[illegible] CH[illegible]
S[illegible] W[illegible], [illegible] C[illegible] LIN

*** 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 DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		86	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.4	(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 VALUE	SAMPLE MEASUREMENT	0.40	0.72	(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	02	08	20

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.

01011/020117-1145

PAGE 1 OF

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
913 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FOREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: CHARLES JONDAN

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

MS0001830	002 0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	04	01	TO	02	06	30

RECEIVED JUL 31 2002 DEQ

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			
1025 STATE /DAY CHR CERIODAPHNIA TRPSN 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	Semi-annual	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
STATE /DAY CHR CHARLES TRPSC 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	Semi-annual	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
C.dubia Reproduction	SAMPLE MEASUREMENT				100				0	Semi-annual	
	PERMIT REQUIREMENT										
P. promelas Growth	SAMPLE MEASUREMENT				100				0	Semi-annual	
	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
601	584-3220

DATE

YEAR	MO	DAY
02	07	26

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

Semi-annual Report for 1st 6 months of 2002.

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

NAME [illegible] INCORPORATED

ADDRESS P [illegible] OX 1937
613 [illegible] 7TH STREET
[illegible]SBURG MS 39403-1937

FACILITY [illegible] COUNTY

LOCATION [illegible]SBURG MS 39403-1937

ATT : CH[illegible] JORD [illegible]

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001[illegible]30	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	06	01	TO	02	06	30

[illegible] JOR
(SO[illegible] C)
[illegible] - I L
[illegible], NONC [illegible] ACT COOLIN
CHEM
[illegible] DISCH [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	Daily	Grab
	PERMIT REQUIREMENT	******	******		******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(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 VALUE	SAMPLE MEASUREMENT	0.43	0.68	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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		
601	584-3220	02	07	26
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.

01010/020117-1145

PAGE 1 OF

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: [illegible]

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBJECT TO)
F - FINAL
PROCESS [illegible] TER

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	06	01	TO	02	06	30

[illegible] TO DISCHARGE [XX] [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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
[illegible] 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		3 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		3 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		3 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		3 DAYS WEEK	COMP24
CARBON, TOT ORGANIC [illegible] 00680 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	CONTIN

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	02	07	26

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.

00967/020117-1145

PAGE 1 OF 1

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
13 [illegible] ST /TH STREET
HATTIESBURG MS 39403-1937

FACILITY FOREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

NOTE: CHARLES JOHN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR 30)
F - FINAL
[illegible]

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	06	01	TO	02	06	30

*** NO DISCHARGE [XX] ***

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 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
[illegible], IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		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	02	07	26

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.

00988/0[illegible]

PAGE OF

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)

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
001 0 — DISCHARGE NUMBER
MAJOR (SUBR 30) I - I III B [illegible] CIGM

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
FROM 02	04	01	TO	02	06	30

[illegible] DISCHARGE [XX]

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
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										

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 02 MO 07 DAY 26

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.

01002/02117-1143

PAGE [illegible] OF 1

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

NAME [illegible]

ADDRESS P O BOX 1937
613 [illegible] 7TH STREET
[illegible] MS 39403-1937

FACILITY [illegible] COUNTY

LOCATION [illegible] MS 39403-1937
CITY: CHAPLIN JORDAN

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

Form Approved.
OMB No. 2040-0004

[illegible] PERMIT NUMBER

001 A DISCHARGE NUMBER

[illegible] (SUB NO)

F - FINAL

PROCESS WASTEWATER

CHEM

JUN 25 2002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31

[illegible] 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	*******	*******	PPM		3 DAYS/WEEK	GRAB
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		3 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		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, NO 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (TOC) 00680 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 01145 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	CONTIN

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
601	584-3220

DATE

YEAR	MO	DAY
02	06	17

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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31

*** NO DISCHARGE | X | ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL [illegible]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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	NUMBER	DATE YEAR	MO	DAY
601	584-3220	02	06	17

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.

00986/020117-1145

PAGE OF

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
61 WEST 7TH STREET
HATTIESBURG MS 9[illegible]-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 3[illegible]3-19[illegible]

ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001[illegible]	002 A

MAJOR
SUBR NO
F - FINAL CHEM
STORM WATER, NONCONTACT COOLIN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	[illegible]	01	TO	02	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
TEMPERATURE, WATER DEG. FAHRENHEIT 0[illegible] 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		88	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.3	(12)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLO[illegible], [illegible] CONDUIT TR[illegible] [illegible]TMENT PLANT 50050 1 0 0 EFFLUENT [illegible] VALUE	SAMPLE MEASUREMENT	0.71	1.18	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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	02	06	17

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.

01009/02[illegible]117-1145

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
NAME [illegible] INCORPORATED
ADDRESS P O BOX 1937
613 EAST 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)

Form Approved.
OMB No. 2040-0004

MS0001430 — PERMIT NUMBER
001 A — DISCHARGE NUMBER
MAJOR
(SUPER SD)
- FINAL
PROCESS WASTEWATER
CHEM

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
02	04	01	TO	02	04	30

MAY 31 2002

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 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*******	*******	*******	***** ****			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******			CONTIN UOUS	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: AREA CODE 601 NUMBER 584-3220

DATE: YEAR 02 MO 05 DAY 21

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

No Discharge

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 39403-193
ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

MS0001830	001 1
PERMIT NUMBER	DISCHARGE NUMBER

C JOR
(SUBR 50)
F - FINAL
PROCESS WASTE WTR
*** NO DISCHARGE | X |

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	04	01	TO	02	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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	***** *****	6 MO MIN	******	******	MG/L DON		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC C) 00680 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 RECO VERABLE 01001 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		ONCE/MONTH	CONTIN

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	02	05	21

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

No Discharge.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME MEADOWS INCORPORATED
ADDRESS P O BOX 1937
613 EAST 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)*

Form Approved
OMB No. 2040-0

MS0001830
PERMIT NUMBER

002 A
DISCHARGE NUMBER

(CODE SO)
2 - FINAL
STORM WATER, NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	02	04	01	TO	02	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						90	(15)	0	Daily	
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		5 DAYS PER WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.0		7.6	(12)	0	Daily	
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		WEEKLY	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	REPORT DAILY MX	MGD						CONTINUOUS	RECORDI
	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		02	05	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 [illegible] INCORPORATED

ADDRESS [illegible] BOX 1937
[illegible] 13 [illegible] 7TH STREET
PATTIESBURG MS 39403-1937

FACILITY [illegible] FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 [illegible]

MAJOR
(SUBR 80)
F - FINAL
CHEM
STORM WATER, NONCONTACT COOLIN
[illegible] DISCHARG

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	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	******	******		******		81	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.8	(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 VALUE	SAMPLE MEASUREMENT	0.42	0.83	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
601	584-3220	02	02	21

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.

01005/020117-1145

PAGE 1 OF

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

NAME: MARCULES INCORPORATED

ADDRESS: P O BOX 1937
613 EAST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY: FORREST COUNTY

LOCATION: HATTIESBURG MS 39403-1937

[illegible] LES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 4

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

APR 24 2002

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	31

*** NO DISCHARGE [XX] ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walt Langhans
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		
(601)545-3450		2002	04	16
AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge

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

This is a 4-part form.

00982/020117-1143

PAGE 2 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME [illegible] 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 — DISCHARGE NUMBER
(SUBM 30) - FINAL
APR 24 2002
CH
0 DISC [illegible] XX

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	01	01	02	03	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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			*****	*****	(20)			
	PERMIT REQUIREMENT	******	******		6 MO MIN	******	******	PPM		3 DAYS/ WEEK	GRAB
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		3 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		3 DAYS/ WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, MG 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		3 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	23.0 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	COMP24
CARBON, TOT ORGANIC 00680 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
SOLIDS, 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	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walt Langhans 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.	(601) 545-3450		2002	04	16
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)*

No Discharge

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

NAME [illegible]

ADDRESS P O BOX [illegible]
513 WEST 7TH STREET
HATTIESBURG MS 39403-[illegible]37

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS [illegible]-1937

ATTN: CHARLES [illegible]RLAN

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

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002

MAJOR
(SUBP SC)
F - FINAL
STORM WATER, NONCONTACT [illegible]

APR 24 2002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	3	0	TO	02	0	[illegible]

*** 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	[illegible]	7.5	(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 VALUE	SAMPLE MEASUREMENT	0.43	1.01	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[illegible]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walt Langhans 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(601)545-3450	2002	04	16
TYPED OR PRINTED			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.

01007/020117-1145

PAGE 1 OF 1

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	03	31

MAJOR
(SUBM 30)
I - INITIAL
PROCESS WASTEWATER
*** NO DISCHARGE | XX |

APR 24 2002

CHEM

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 30DTR AVG	3019 30DTR MAX	LBS/DY	******	******	******	MG/L		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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walt Langhans Plant Manager		(601)545-3450		2002	04	16
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)*

No Discharge

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

This is a 4-part form.

01001/02517-1145

PAGE 1 OF

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 A — DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	02	01	TO	02	02	28

MAR - 2 2002

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	******	******	PPM		3 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		3 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		3 DAYS/ WEEK	COMP24
OIL & GREASE (FREON EXTR.-IN 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		3 DAYS/ WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	COMP24
[redacted]SON, TOT ORGANIC [redacted] 00680 1 0 0 EFFLUENT GROSS VALU	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 01145 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	CONTIN

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 02 MO 03 DAY 27

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.

00979/02117-1145

PAGE 1 OF

NAME/ADDRESS (Include Facility Name Location if Different)

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
613 WEST 7TH STREET
PETTIESBURG S 39403-1937

FACILITY FORREST COUNTY

LOCATION PETTIESBURG S 39403-1937

CHARLES DOLLAR

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	02	01	TO	02	02	2[illegible]

MAJOR
(OTHER)
F - FINAL
PROCESS WASTEWATER
*** NO DISCHARGE [X] ***

RECEIVED
APR - 2 2002

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT [illegible]50 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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	02	03	27

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.

00980/020117-1145

PAGE OF

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			
[illegible]	SAMPLE MEASUREMENT						75	(19)	0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS/ WEEK	INSTAN
[illegible]	SAMPLE MEASUREMENT				6.8		7.3	(12)	0	Daily	Grab
00400 1 0 0	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.42	0.66	(03)					0	As noted.	
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORDE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[illegible]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601	584-3220	02	03	27
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 [illegible] INCORPORATED

ADDRESS P O BOX 1937

513 WEST 7TH STREET

HATTIESBURG MS 39403-1937

FACILITY [illegible]

LOCATION HATTIESBURG MS 39403-1937

ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 1

AGG. (SUBR 30) F - FINAL BIOASSAY REQUIREMENTS

APR - 2 2002

CHEM

NO DISCHARGE [ ]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	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			
[illegible] STATES /DAY CHR CERIODAPHNIA TRPSC 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******	(23)	*		
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
[illegible] STATES /DAY CHR [illegible]PHALES TRPSC 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)	*		
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	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

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	02	03	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

*Bioassay frequency reduced to semi-annually, Jan-June, and July-Dec.

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

This is a 4-part form.

01017/[illegible]

PAGE OF

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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001430	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

FEB 25 2002
DEQ

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	01	31

*** NO DISCHARGE | X | ***

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
[illegible] 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		3 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		3 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		3 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		3 DAYS WEEK	COMP24
CARBON, TOT ORGANIC ([illegible]) 00680 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	CONTIN

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	02	02	21

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.

00977/020117-1145

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 a
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	01	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			
BORON, TOTAL RECOVERABLE 01099 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	CONTIN
[redacted] TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	GRAB
[redacted], IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	******		CONTIN- UOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601	584-3220	02	02	21
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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE | X | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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										

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	02	01	17
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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER, NONCONTACT COOLIN

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	7.8	(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 VALUE	SAMPLE MEASUREMENT	0.26	1.52	(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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 684-3220	02	01	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 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 Q

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

CHEM

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

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		*	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
IC25 STATRE 7DAY CHR POMEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		*	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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	02	01	17
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

*Requested testing frequency change in Permit condition Part III,F,3. Testing frequency of every six months will begin in CY-2002

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

00160/010108-1223 THIS IS A 4-PART FORM PAGE 1 OF

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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 RECO VERABLE 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	CONTIN

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	02	01	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)*

NAME/MAILING 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)

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	02	01	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 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)*

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	01	11	01
TO	01	11	30

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.5	(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 VALUE	SAMPLE MEASUREMENT	0.37	0.58	(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.	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 AREA CODE | NUMBER	01 YEAR	12 MO	19 DAY
TYPED OR PRINTED						

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	12	19
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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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	CONTIN

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 01 MO 12 DAY 19

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

*** NO DISCHARGE TX ***

Form Approved.
OMB No. 2040-0004

RECEIVED NOV 26 2001 DEQ-FCED

CHEM

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
00999 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
[illegible]KEL [illegible]AL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
01074 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
ALUMINUM, TOTAL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
01104 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
PHENOL, SINGLE COMPOUND	SAMPLE MEASUREMENT			(26)	******			(19)			
34694 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
[illegible]OW, IN CONDUIT OR [illegible]U TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
CHEM

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******			******	******	(20)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH)TOT, RE	SAMPLE MEASUREMENT			(26)	******			(19)			
00560 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			(26)	******			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00680 1 0 0 EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT			(26)	******			(19)			
00981 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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	01	11	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)*

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL CHEM
STORM WATER, NONCONTACT COOLIN
*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Inst.
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.2	(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 VALUE	SAMPLE MEASUREMENT	0.44	1.16	(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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	11	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 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)*

MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	07	01	TO	01	09	30

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

RECEIVED
OCT 29 2001
DELIVERED

CHEM

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STAIRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
IC25 STAIRE 7DAY CHR PIMEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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	01	10	23
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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SD)
F - FINAL
PROCESS WASTEWATER

CHEM

RECEIVED OCT 17 2001 DEQ-ECED

*** NO DISCHARGE | X | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL [illegible]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
[illegible]W, IN CONDUIT OR [illegible]U TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	10	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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 LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937
ATTN: CHARLES JORDAN

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

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
CHEM

*** NO DISCHARGE [X] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
ARBON, TOT ORGANIC C) 00680 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 RECO VERABLE 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	CONTIN

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	01	10	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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)*

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN

CHEM

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(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 VALUE	SAMPLE MEASUREMENT	0.64	1.86	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	01 YEAR	10 MO	09 DAY
TYPED OR PRINTED							

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	07	01	TO	01	09	30

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE | XX | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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										

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	01	10	09
AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN CHEM

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	As Noted.
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(12)	0	Daily	As noted.
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.55	1.27	(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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	09	18
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 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)*

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[redacted]KEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
[redacted]OW, IN CONDUIT OR [redacted]U TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*******	*******	*******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	09	18
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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/ WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/ WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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 RECO VERABLE 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	CONTIN

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	01	09	18
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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937
ATTN: CHARLES JORDAN

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

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
*** NO DISCHARGE | X | ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RC 00560 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 1 0 0 EFFLUENT GROSS VALU	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 RECO VERABLE 00981 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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 AREA CODE	584-3220 NUMBER	01 YEAR	08 MO	15 DAY
TYPED OR PRINTED							

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)*

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
[illegible]OW, IN CONDUIT OR [illegible]U TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN
CHEM
*** NO DISCHARGE | | ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		91	(15)	1	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.2	(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 VALUE	SAMPLE MEASUREMENT	0.31	0.91	(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		
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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 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)*

MS0001830	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	04	01	TO	01	06	30

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER
*** NO DISCHARGE [X] ***

CHEM

Form Approved.
OMB No. 2040-0004

RECEIVED
AUG - 2 2001
Dept. of Environmental Quality
Office of Pollution Control

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY 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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN CHEM

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		90	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.1	(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 VALUE	SAMPLE MEASUREMENT	1.19	2.58	(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		
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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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
CHEM
PROCESS WASTEWATER

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

*** NO DISCHARGE | X | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******			******	******	(20)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RC	SAMPLE MEASUREMENT			(26)	******			(19)			
00560 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			(26)	******			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C)	SAMPLE MEASUREMENT			(26)	******			(19)			
0680 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	152.1 MO AVG	228 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
SELENIUM, TOTAL RECO VERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
00981 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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 AREA CODE	584-3220 NUMBER	01 YEAR	07 MO	25 DAY
TYPED OR PRINTED							

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[redacted]KEL [redacted]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR [redacted]U TREATMENT PLANT [redacted]050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	07	25
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 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)

MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	04	01	TO	01	06	30

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004

RECEIVED JUL 11 2001

CHEM

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
IC25 STATRE 7DAY CHR PIMEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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	01	07	09
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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

CHEM

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1C25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	*	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
[illegible] STATRE 7DAY CHR [illegible]NEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	*	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	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

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 01 MO 04 DAY 09

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

* Received Results on 4/9/01. The tests are being rerun because of the laboratory control results.

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [XX] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL TAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	03	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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)

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	02	01	TO	01	02	28

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE | XX | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****		******	******	(20)			
	PERMIT REQUIREMENT	******	******	****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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	CONTIN

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	01	03	20
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

No Discharge.

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

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)

Form Approved.
OMB No. 2040-0004

Scott Knells

MS0001830 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	02	01	TO	01	02	28

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN

CHEI

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	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 VALUE	SAMPLE MEASUREMENT	0.48	0.86	(03)	******	******	******		0	Contin uous	Rcordr
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	03	20
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 Q

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

MONITORING PERIOD

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

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

RECEIVED MAY 3 2001

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 100 MINIMUM	******	******	PER-CENT	*	As noted QTRLY	COMP24
IC25 STATRE 7DAY CHR [illegible]EPHALES T[illegible]C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 100 MINIMUM	******	******	PER-CENT	*	As noted QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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	01	04	09

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

* Received Results on 4/9/01. The tests are being rerun because of the laboratory control results.

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

00157/010100-1223 THIS IS A 4-PART FORM PAGE 1 OF

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
(Survival)	SAMPLE MEASUREMENT	******	******		100.	******	******	(24)	0	As noted	
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER- CENT		QTRLY	COMP24
(Survival)	SAMPLE MEASUREMENT	******	******		100.	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER- CENT		QTRLY	COMP24
IC25 STATRE 7DAY CHR CERIODAPHNIA (reproduction) TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				100.				0	QTLY	COMP 24
	PERMIT REQUIREMENT										
IC25 STATRE 7DAY CHR PIMEPHALES (Growth) TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				66.1				1	QTLY	COMP24
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	01	01	09
AREA CODE	NUMBER	YEAR	MO	DAY

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

The P. promelas growth results is being re-tested.

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)*

MS0001830 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

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

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER, NONCONTACT COOLIN

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
[redacted] 00 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	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 VALUE	SAMPLE MEASUREMENT	0.23	0.68	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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 601 NUMBER 584-3220

DATE: YEAR 01 MO 02 DAY 16

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)*

MS0001830 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C) 0 10 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 0 480 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	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	02	16
TYPED OR PRINTED		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)*

No Discharge.

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE | X | ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	01 YEAR	02 MO	16 DAY
TYPED OR PRINTED							

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

No Discharge.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM		11	1	TO		11	
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

RECEIVED
DEC 21 2000
DEQ

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						75		0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX			3 DAYS/WEEK	INSTAN
	SAMPLE MEASUREMENT				6.7		7.7		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM			WEEKLY	GRAB
	SAMPLE MEASUREMENT	0.47	1.10						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	00	12	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
Approval expires 05-31-98

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM		11	01	TO	00	11	30

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.0 MO MIN					3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	152.1 MO AVG	228 DAILY MX			REPORT MO AVG	REPORT DAILY MX			1 ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			TWICE/MONTH	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. MGr.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	12	15
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

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

No Discharge.

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

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

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

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	12	15
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

No Discharge.

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

Forrest Co.

Scott

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		10	1	TO	00	11	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

RECEIVED
NOV 17 2000
DEQ

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						77		0	Daily	grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX			3 DAYS/WEEK	INSTAN
	SAMPLE MEASUREMENT				6.6		7.3		0	Daily	grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		WEEKLY	GRAB
	SAMPLE MEASUREMENT	0.33	0.49						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MG						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.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	00	11	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)*

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

XXX

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	00	11	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)*

No Discharge.

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

NAME [illegible]

ADDRESS [illegible] 1937
[illegible] WEST 7TH STREET
[illegible]
MS 39403-1937

FACILITY [illegible]

LOCATION [illegible]

ATTN: CHARLES JORDAN

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

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

MAJOR
([illegible])
P - FINAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

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

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(19)			
	PERMIT REQUIREMENT	******	******	**** ****	5 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
[illegible], 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		3 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		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RE 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		3 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		3 DAYS WEEK	COMP24
[illegible], TOT ORGANIC ([illegible]C) 00680 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 00[illegible] 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	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	00 YEAR	11 MO	14 DAY
TYPED OR PRINTED							

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

No Discharge.

EPA Form 3320-1 (08-95) Previous editions may not be used. **(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)**

[illegible]

PAGE [illegible] OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
HATTIESBURG MS 39401

FACILITY
LOCATION HATTIESBURG MS 39401
ATTN: MR. CHARLES JORDAN

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

MSP091286	001 A
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	10	01	TO	00	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MSY

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	213	239	(19)	0	Weekly	As noted
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.2	*******	7.8	(12)	0	As noted	
	PERMIT REQUIREMENT	*******	*******	**** ****	5.5 MINIMUM	*******	9.5 MAXIMUM	SU		DAILY GRAB	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	51	53	(19)	0	As noted	
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
OIL & GREASE (FREON EXTR.-IR METH) TOT. RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	20	24	(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	0.51	0.73	(03)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		DAILY CONTIN	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	11	14
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
ADDRESS
FACILITY
LOCATION

Forrest Co.

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

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

MONITORING PERIOD

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

Scott

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

RECEIVED
OCT 18 2000
DEQ

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						82		0	Daily	As noted
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.7		8.8		0	Daily	As noted
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.26	0.49						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	10	16

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)*

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

MONITORING PERIOD

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

MAJOR
(SUBSTANCE)
1 - INITIAL
PROCESS WASTEWATER

*** IS DISCHARGE (X) ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
50050 FLOW, IN CONDUIT OR THRU TREATMENT PLANT (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	COMP24
00530 SOLIDS, TOTAL SUSPENDED (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	COMP24
00556 OIL & GREASE (FREON EXTRACTION METHOD) (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	GRAB
00940 CHLORIDE, TOTAL (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	GRAB
50050 FLOW, IN CONDUIT OR THRU TREATMENT PLANT (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(.3)	*******	*******	*******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*****		CONTINUOUS	RECORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	00	10	16
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)*

No Discharge.

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	00	10	16
AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible]
ADDRESS [illegible] 1957
[illegible] 7TH STREET
[illegible] MS 39403-1937
FACILITY [illegible]
LOCATION [illegible]
ATTN: CHARLES [illegible]

Forrest Co -

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

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

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

Scott

[illegible] (SUBM. [illegible]) I - INITIAL PROCESS WASTEWATER

*** NO DISCHARGE [X] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
[illegible]	SAMPLE MEASUREMENT			(23)	******	******	******				
[illegible]	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	[illegible]	******	******	******	**** ****		CONTINUOUS	RCORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	00	09	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

NO DISCHARGE.

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						86		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/ WEEK	GRAB
	SAMPLE MEASUREMENT				6.8		7.4		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM			CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.23	0.45						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3238	00	09	18

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

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

Forrest Co

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER

DISCHARGE NUMBER

Scott

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

AUG 22 2000

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						82		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			5 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.5		7.3		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.20	0.45						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	08	15

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
Approval expires 05-31-98

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		07	1	TO		07	31
	(20-21)	(22-23)	(24-25)		(28-27)	(26-29)	(30-31)

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	5.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	08	15
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

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

No Discharge.

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

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

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						88		0	Daily	As noted.
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.7		7.2		0	Daily	As noted.
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.06	0.59						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDER
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	00 07 12
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)*

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
(TRC)	SAMPLE MEASUREMENT				******	******	******				
	PERMIT REQUIREMENT	2013	3019		******	******	******	**** ****		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										

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 00 MO 07 DAY 12

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

NO DISCHARGE.

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDR
	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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	07	12

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

NO DISCHARGE.

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

FACILITY LOCATION

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

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT				100 .0				0	As noted.	
	PERMIT REQUIREMENT				10.7 MO MIN					QTRLY	COMP24
	SAMPLE MEASUREMENT				100.0				0	As noted.	
	PERMIT REQUIREMENT				10.7 MO MIN					QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	07	11

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
Approval expires 05-31-98

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

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						86		0	Daily	As noted
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.6		7.1		0	Daily	As noted
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.02	0.22						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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6/16/00

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	684-3220	00	06	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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	6/16/00	601 584-3220	00 06 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)*
NO DISCHARGE.

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

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

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						82		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			2 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.8		7.4		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.07	0.25						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	04	25

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)*

Z 083 902 233

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	L S/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	L S/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	L S/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	L S/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	04	25
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

No Discharge.

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

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

Z 083 902 233
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

MONITORING PERIOD

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

*** NO DISCHARGE XXX ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	2013 QRTR AVG	3019 QRTR MAX		******	******	******	*****		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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		501 AREA CODE	584-3220 NUMBER	00 YEAR	04 MO	25 DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

No Discharge.

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RCORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr		601 584-3220	00	03	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

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

No Discharge.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

Cert. Mail: Z 570 544 186

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						77		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			5 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.8		7.3		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.03	0.21						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	03	21

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	00	03	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 INCORPORATED

ADDRESS P O BOX 1937
313 WEST 7TH STREET
HATTIESBURG, MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG

ATTN: CHARLES JORDAN

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

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

MAJOR
(SUPERFUND)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE | XX | ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
[illegible], TOTAL [illegible] 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR ATTN) TOT,RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	00 YEAR	02 MO	18 DAY
TYPED OR PRINTED							

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

No Discharge

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

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

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						72	(15)	0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.7		7.5	(12)	0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.03	0.40	(03)					0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MG/L						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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 584-3220

DATE: YEAR 00 MO 02 DAY 18

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

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

NAME MERCULES INCORPORATED

ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY MERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001350	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SD)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	12	1	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	COMP24
[illegible]DS, TOTAL [illegible]ENDED [illegible]0 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, PO 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	660 MO AVG	99[illegible] DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	[illegible]
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	[illegible]
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	0.00	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		[illegible]	[illegible]
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/17/00	601	584-3220	00	01	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)*

* = Flowrate for outfall is zero.

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: HERCULES INCORPORATED
LOCATION: HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
430001330	002 A
PERMIT NUMBER	DISCHARGE NUMBER

Forrest Co.
MAJOR
(SUBR SU)
I - INITIAL
STORM WATER, NONCONTACT COOLIN

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	12	01	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	Daily	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		5 DAYS/GRAB WEEK	
[illegible] 1 0 0 [illegible]UENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.5	(12)	0	Daily grab.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		UNTIL/GRAB UNDS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.37	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MCD	******	******	******	**** ****		CONTIN/RECORDER UNDS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/12/00	601	584-3220	00	01	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)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
515 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
[illegible]	JC2 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	11	01	TO	99	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBR SU)
I - INITIAL
STORM WATER, NONCONTACT COOLING

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

DEC 20 1999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	77	(15)	0	Daily	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		5 DAYS WEEK	GRAB
	SAMPLE MEASUREMENT	******	******		6.7	******	7.7	(12)	0	Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.01	(03)	******	******	******		0	As noted	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

DEC 20 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	12/9/99	601	584-3220	99	12	07
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 INCORPORATED
ADDRESS P. O. BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG
ATTN: CHARLES JORDAN

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

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

MAJOR
(SUBM. SO)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

DEC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	11	01	TO	99	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, PO 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	3.3 MO AVG	5.6 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0	0.0	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	12 MO	07 DAY
TYPED OR PRINTED						

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

*=No flow rate for mass calculation.

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

NAME - HERCULES INCORPORATED

ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	01	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Forrest G
MAJ Jr
(SUBR SU)
1 - INITIAL
BIOASSAY REQUIREMENTS

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC
NY

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAAB? 1 2 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
[illegible] STAT 96HR ACU P [illegible]HALES [illegible]C 1 2 3 [illegible]LUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 20 2000
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/17/00 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	00 YEAR	01 MO	17 DAY
TYPED OR PRINTED							

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
313 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001392	001 4
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUB S?)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	1	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CARBON TET ORGANIC (TTC) 00539 1 0 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	2713 ORTR AVG	3812 ORTR MAX	LBS/DY	*****	*****	*****	**** ****		3/MO?	24HRPC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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

1/17/00

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	00	01	17
AREA CODE	NUMBER	YEAR	MO	DAY

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

*= Flowrate for outfall is zero.

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001930	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SU)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	01	TO	99	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE - |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	581 MO AVG	1307 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER	COMP24
OIL & GREASE (FREON EXTR.-IR METH)TOT,90 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	665 MO AVG	665 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0	0.0	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 1999
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	11 MO	22 DAY
TYPED OR PRINTED							

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

* = No flow for mass calculations or sampling.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1967
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JURDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0001580 — PERMIT NUMBER
(17-19) 002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	01	TO	99	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBSTANTIVE)
I - INITIAL
STORM WATER, NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	75	(19)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	DEGREES		5 DAYS/WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.2	(12)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.21	1.09	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 22 1999
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	11	22
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001337	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUPR [illegible])
I - INITIAL
STORM WATER, NONCONTACT COOLING

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	09	01	TO	99	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	86	(15)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	DEG.F		5 DAYS/BRAB WEEK	
[illegible] 00 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.5	(12)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.23	0.51	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	10	12
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 INCORPORATED
ADDRESS P O BOX 1937
313 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0001830 — PERMIT NUMBER
(17-19) 001 A — DISCHARGE NUMBER
MAJOR
(SUBR 30)
1 - INITIAL
PROCESS WASTEWATER

MONITORING PERIOD
FROM YEAR 99 MO 09 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 99 MO 09 DAY 30 (26-27) (28-29) (30-31)
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(25)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	
OIL & GREASE (FREON EXTR.-IR METH) TOT.RC 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(25)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	550 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAY/WEEK	
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	1.4 MO AVG	3.0 DAILY MX	LBS/DY	******	******	******	**** ****		1/WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0*	0*	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220 AREA CODE NUMBER	99 YEAR	10 MO	12 DAY
TYPED OR PRINTED						

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

* No flow for outfall 001. Therefore, no mass calculations.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
615 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NPDES Forrest Co.

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

(2-16)	(17-19)
MS0021830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	09	01	TO	99	09	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT,RU 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	REPORT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SEP 29 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.			601	584-3220	99	09	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

N/A = No flow for mass calculation.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0001830 — PERMIT NUMBER
(17-19) 002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	08	01	TO	99	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBM SD)
1 - INITIAL
STORM WATER, CONCENTRATE COOLIN
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	90	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	Deber		CONTINUOUS	
[redacted] 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.4	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.18	0.58	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	601 584-3220	99	09	20
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 MERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY MERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001330	002 K
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 30)
I - INITIAL
BIOASSAY REQUIREMENTS

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	07	01	TO	99	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU D ERIODAPHNIA TAA3B 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUARLY	COMP24
LC50 STAT 96HR ACU P IMPHALES TAA6C 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUARLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

OCT 14 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	10	12
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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
MS0001937	001 A

MAJOR
(SUBSIC)
I - INITIAL
PROCESS WASTEWATER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
99	07	01	99	09	30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CARBON, TOT ORGANIC (TOC) 00680 1 0 0	SAMPLE MEASUREMENT	NA *	NA*	(26)	******	******	******		0	As noted	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2914 ORTR AVG	3821 ORTR MAX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CORP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 | 584-3220	99	10	12
TYPED OR PRINTED		AREA CODE | NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
*No flow for outfall 001. Therefore, no mass calculations.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

File NPDES Permit

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
MS0001333	001 A

MAJOR
(SUBA SU)
1 - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	99	07	01	TO	99	07	31
(20-21)	*(22-23)*	*(24-25)*			*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE 1705 ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GR-P24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GR-P24
OIL & GREASE (FREON EXTR.-IR METH) TOT. RC	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
00560 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	680 MO AVG	990 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GRAB
PHENOLS, SINGLE COMPOUND	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
34694 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.2 MO AVG	3.3 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0	0	(03)	*******	*******	*******		*		
50050 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	****** *****		CONTINUOUS	CONTIN
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	08	23
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

* No flow for mass calculations. Discharge going to City POTW.

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 HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
MS0001856	002 A

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	95	07	01	TO	95	07	31

MAJOR
(SUBR SD)
1 - INITIAL
STORM WATER, NONCONTACT COOLIN
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	82	(15)	0	Daily	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		3 DAYS/WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.1	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.28	0.71	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	99	08	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 HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

File NPDES Const

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

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

MAJOR
(SUBR 50)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	08	01	TO	99	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	653	869	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP 24
[illegible]OS, TOTAL [illegible] 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	312	745	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP 24
OIL & GREASE (FREON EXTR.-IN METH) TOT,RU 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	290	636	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	550 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34594 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.9	1.3	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	5.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.58	0.93	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AUG 5 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	07 MO	23 DAY
TYPED OR PRINTED						

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 HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	*(17-19)*
MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SD)
I - INITIAL
STORM WATER, NONCONTACT COOLING

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	05	01	TO	99	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	90	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		3 DAYS/SEAS WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	8.0	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.66	1.26	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	07	23
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 INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001330	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	05	01	TO	99	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(SUBR SO)
I - INITIAL CEC
STORM WATER, NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	95	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		5 DAYS/SEPT PER	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	8.1	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.03	2.42	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

JUN 24 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601	584-3220	99	06	21
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

Flowrate adjustments were made on 5/29,30,31 due to equipment malfunction.

PERMITTEE NAME/ADDRESS (Includes Facility Name/Location if Different)
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
813 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001350	001 A

MAJOR
(SUB SO)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	98	05	1	TO	98	05	31

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CBOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	797	1181	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	24 HR
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	153	596	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	561 MO AVG	1057 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	24 HR
OIL & GREASE (FREON EXTR-IR METH) TOT, RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	58	167	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	350 MO AVG	970 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	2.7	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	See MO AVG	See DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.78	1.43	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	TOTAL
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 AREA CODE	584-3220 NUMBER	99 YEAR	06 MO	21 DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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
Approval expires 05-31-98

PERMIT NUMBER *(2-16)*

DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	560 MO AVG	990 DAILY MX	LBS/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	00	05	18
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)*

NO DISCHARGE.

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
Approval expires 05-31-98

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM			1	TO			

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	*******	*******		******	*******	79	(19)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	105 DAILY MX			5 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.3	(12)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	**** ****	6.5 MINIMUM	*******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.01	0.14	(3)	*******	*******	*******		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.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	00	05	18
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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

File NPDES Forms C.

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

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

MAJOR
(SUBR 30)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	01	TO	99	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	754	1185	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	72	137	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	551 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH)TOT,RO 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	53	128	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	560 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.9	3.4	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.70	0.96	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
21 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	99	05	17
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 INCORPORATED

ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
0000123?	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	01	TO	99	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-000[illegible]
Approval expires 05-31-9[illegible]

MAJOR
(SUBR SO)
1 - INITIAL
STORM WATER, [illegible]

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	93	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		3 DAYS/WEEK	GRAB
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	8.0	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.93	1.37	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	05 MO	17 DAY
TYPED OR PRINTED							

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
119 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	*(17-19)*
MS0001350	001
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUM OF)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	1	TO	99	05	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CARBONACEOUS TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	702	853	(28)	******	******	******		0	As noted.	
DURING A 5 DAY EFFLUENT CROSS VALU	PERMIT REQUIREMENT	2013 DAILY AVG	3017 DAILY MAX	LBS/DY	******	******	******	**** ****		DAILY AVG	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	99	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 HERCULES INCORPORATED

ADDRESS P O BOX 1937
813 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001830	002 G
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SC)
I - INITIAL
BIOASSAY REQUIREMENTS

CEC

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	01	TO	99	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAAB 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		79	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUALY	COMP24
LC50 STAT 96HR ACU P PHALES TAAB 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		75	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUALY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	07	23
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 [redacted]
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY [redacted] INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(SUBM SD)
I - INITIAL
PROCESS WASTEWAT
*** NO DISCHARG [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	631	1228	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	309	852	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
OIL & GREASE (FREON EXTR.-IR METHOD) 00560 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	112	391	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	336 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.9	2.5	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	2.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.68	1.21	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	MEASURE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under those statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220		99	04	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Flowrate adjustment made on 3/31 due to equipment malfunction.

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 HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

[illegible]
(SUBK SO)
I - INITIAL C.C
STORM WATER, NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		3 DAYS WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.8	(12)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	5.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.88	4.00	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	04 MO	27 DAY
TYPED OR PRINTED							

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

Flowrate adjustments made on 3/1-10, 14, 15, 18, 21, 22 due to equipment malfunction for low flowrates.
Flume recalibrated for lower flow span.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001330	002 0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MAJOR
(SUBR. SO)
I - INITIAL
GLASSAY REQUIREMENTS
CEC

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3M 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		18.7	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 NO MIN	******	******	PER-CENT		QTRLY	COMP24
LC50 STAT 96HR ACU P IMPHALES TAP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		17.1	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 NO MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	99	04	27
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 INCORPORATED
ADDRESS P O BOX 1937
313 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
MS0001350	001 Q

MAJOR
(SUBSTANTIAL)
1 - INITIAL
PROCESS WASTEWATER

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	31	TO	99	03	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CARBON TET PERHALIDE (TEC) 32102 1 P M FREQUENT GRAB VALUE	SAMPLE MEASUREMENT	733	1,412	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	2013 DAILY AVG	3910 DAILY MAX	LBS/DY	******	******	******	**** ****		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	04	27
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 INCORPORATED

ADDRESS P O BOX 1937
610 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

File NPDES Forrest

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

(2-16)	(17-19)
MS0001930	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	02	01	TO	99	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MAJOR
(SUPR SU)
I - INITIAL CEC
STORM WATER, NONCONTACT COOLIN

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.5 DAILY MX	DEG.F		5 DAYS/GRAB 02 K	
[illegible] 0 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.9	(12)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.95	1.30	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	99	03	17
AREA CODE	NUMBER	YEAR	MO	DAY

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

Flowrate adjustments were made on 2/28 due to equipment malfunctions.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00429/990119-1203 PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1257
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATT: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

MS0001350	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	02	01	TO	99	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBSD)
I - INITIAL
PROCESS WASTEWATER
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	865	1358	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	1244 MO AVG	2332 DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	CP-24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	80	178	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	
OIL & GREASE (FREON EXTRACTION METHOD) TOT, RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	35	64	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	660 MO AVG	996 DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	
PHENOLS, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	1.1	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	See MO AVG	See DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.72	0.92	(03)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	03 MO	17 DAY
TYPED OR PRINTED							

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 HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

BIOASSAY REQUIREMENTS
(SUBR SO)
I - INITIAL
MAJOR

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	10	01	TO	98	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [__] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
LC50 STAT 96HR ACU P PHALES TA3C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 27 1999
DEQ-ECED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/25/99	601	584-3220	99	01	20
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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES BOLIN

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	01	TO	99	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MAJOR
(SUB 51)
I - INITIAL
STORM WATER, NONCONTACT COOLIN
*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	79	(15)	0	As noted.	
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	100 DAILY MX	DEG F		5 DAYS/WK GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.9	*******	7.7	(12)	0	As noted.	
	PERMIT REQUIREMENT	*******	*******	**** ****	6.5 MINIMUM	*******	9.0 MAXIMUM	SU		5 DAYS/WK GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.30	5.08	(03)	*******	*******	*******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS MGD	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 18 1999
DEQ-OCD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under those statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	99	02	17
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 HERCULES INCORPORATED
LOCATION HATTIESBURG MS
NAME & TITLE PRINCIPAL EXECUTIVE OFFICER: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0031453 — PERMIT NUMBER
(17-19) 001 A — DISCHARGE NUMBER
(SUBSTITUTE)
1 - INITIAL
PROCESS WASTEWATER

MONITORING PERIOD
FROM YEAR 99 MO 01 DAY 01 TO YEAR 99 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CoC

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1022	1711	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2422 DAILY MX	LBS/DY	******	******	******	**** *****		5 DAYS/1 PER WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	77	220	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	251 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** *****		5 DAYS/1 PER WEEK	
OIL & GREASE (FREON EXTR.-IR METHOD) 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	32	101	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	550 MO AVG	992 DAILY MX	LBS/DY	******	******	******	**** *****		1 PER WEEK	
PHENOLS, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.2	2.3	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** *****		1 PER WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.92	1.52	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** *****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	02	17
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO	DAY
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

RECEIVED
DEC 31 2002
Dept. of Environmental Quality
Water Quality Division

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	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			
F. CRATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*******		*******		79	(15)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT 90 AVG	90 DAILY MX	DEG.F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.0	*******	7.3	(12)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	*****	6.5 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.36	0.98	(03)	*******	*******	*******	*****	0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTINUOUS	RECORDE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
DEC 31 2002
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		DATE		
601	584-3220	02	12	19
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	11	01	02	11	30

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 MTN	******	******	MG/L		3 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
[redacted] ON, TOT ORGANIC 00680 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 01145 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	CONTIN

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	02	12	19

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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 (Indicate 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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	30

*** NO DISCHARGE |XX| ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL TO[illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
[illegible], IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
DEC 31 2002
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	02	12	19

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
513 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)

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MAJOR
(SUBC SO)
F - FINAL
PROCESS WASTEWATE

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	10	01	TO	02	10	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		3 DAYS/WEEK	GRAB
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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC [redacted] 00680 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 01145 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	CONTIN

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

WDL for

TELEPHONE: AREA CODE 601 — NUMBER 584-3220

DATE: YEAR 02 — MO 11 — DAY 25

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

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This is a 4-part form.

00995/02[illegible]

PAGE OF

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)

Form Approved.
OMB No. 2040-0004

MS0001330	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 30)
F - FINAL
PROCESS WASTEWATER

CHEM.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	10	01	TO	02	10	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			
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[redacted]EL [redacted]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01106 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		5 DAYS/ WEEK	GRAB
FLOW, IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*******	*******	*******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*** ***		CONTIN UOUS	RECORD
	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.

WDL/vrf

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	02	11	25

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

NOV 27 2002
DEQ-OPC

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

This is a 4-part form.

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME
ADDRESS
FACILITY FORREST COUNTY
LOCATION

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

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	10	01	02	10	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			
PH, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						79	(15)	0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.8		7.5	(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 VALUE	SAMPLE MEASUREMENT	0.54	1.15	(03)					0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTIN OUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 27 2002
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		DATE		
601	584-3220	02	11	25
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 INCORPORATED

ADDRESS: P O BOX 1937
613 WEST 7 H ST
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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MAJOR
(J P S)
- FINAL CHEM
STORM WATER, NONCONTACT COOLIN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	[illegible]	01	TO	02	09	

*** 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	******	******		******		81	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
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		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.51	2.23	(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	02	10	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 INCORPORATED

ADDRESS P O BOX 1937
513 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

*** NO DISCHARGE | X | ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FL[illegible], IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	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	02	10	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: [illegible] CORPORATED

ADDRESS: [illegible] BOX 1[illegible]37
613 WEST [illegible] STREET
[illegible] 39403-1937

FACILITY: [illegible] COUNTY

LOCATION: [illegible] 39403-1937

ATT.: [illegible] JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001930	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

MAJOR
(SUGR [illegible])
[illegible] - FINAL
PROCESS WAST[illegible]

C. E

*** NO DISCHARGE | X | ***

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	******	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
[illegible] 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		3 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		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-1R METH) TOT, HO 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		3 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		3 DAYS WEEK	COMP24
CARBON, TOT ORGANIC [illegible]) 00680 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	CONTIN

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	02	10	21

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.

00993/020117-1145

PAGE 1 OF 1

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 LOCATION: FORREST COUNTY
HATTIESBURG MS 39403-1937

ATTN: CHARLES JORDAN

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

OMB No. 2040-0004

MS0001630	001 0	MAJOR (SUPER FD) I - INITIAL
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

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
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										

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	02	10	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 [illegible] INCORPORATED

ADDRESS P O BOX 1937

[illegible] 613 WEST 7TH STREET

HATTIESBURG MS 39403-1937

FACILITY LOCATION FORREST COUNTY

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	002 Q

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

(SUBA 50)
F - FINAL
BIOASSAY RE[illegible]
*** NO DISCHARGE ***

RECEIVED
OCT 29 2002

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 /DAY CHR CERIODAPHNIA TAP3B 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	[illegible]			[illegible]	[illegible]	(23)	*		
	PERMIT REQUIREMENT	******	****** [illegible]		100 MINIMUM	******	******	PER-CENT		0TRLY	COMP24
[illegible] STATIC /DAY CHR [illegible] PHALES TRPOC 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)	*		
	PERMIT REQUIREMENT	******	****** [illegible]		100 MINIMUM	******	******	PER-CENT		0TRLY	COMP24
	SAMPLE MEASUREMENT										
	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

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	02	10	21

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

* Bioassays are conducted on semi-annual basis.

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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 A

MAJOR
(SUBR SO)
P - FINAL
STORM WATER, NONCONTACT COOLIN

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	08	01	02	08	31

NO DISCHARG

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 VALU	SAMPLE MEASUREMENT						84	(15)	0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS/INSTAN WEEK	
00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				6.9		7.5	(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	0.45	0.79	(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 OCT 1 2002

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	02	09	26

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

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

NAME [illegible] INCORPORATED

ADDRESS P O BOX 193

61 WEST 7TH STREET

HATTIESBURG MS 94 3- 3/

FACILITY LOCATION FORREST COUNTY

HATTIESBURG MS 3 40 -133/

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
(SUBS)
F - FINAL
PROCESS WASTEWATER

[illegible] CREEK

MONITORING PERIOD FROM 02 08 01 TO 02 08 31

[illegible] NO DISCHARGE | XX |

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	******	******	PRM		3 DAYS/ WEEK	GRAB
[illegible] 5-DAY (20 DEG. C) [illegible] 0 1 0 0 EFFLUENT G[illegible] VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 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		3 DAYS/ WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TO , C 00560 1 0 [illegible] 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		3 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		3 DAYS/ WEEK	COMP24
[illegible]ON, TOT O[illegible]NIC [illegible]) 00680 1 0 0 EFFLUENT GROSS V LUE	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, TOT L [illegible]CO VERABLE 01051 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		ONCE/ MONTH	CONTIN

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 02 MO 09 DAY 26

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

OCT 1 2002

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

This is a 4-part form.

00991/020117-1145

PAGE 1 OF 1

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	08	01	TO	02	08	31

NO DISCHARGE [XX]

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 00999 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	CONTIN
[redacted] AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		5 DAYS/ WEEK	GRAB
[redacted], IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** *****		CONTIN UOUS	RECORD
	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		DATE		
601	584-3220	02	09	26
AREA CODE	NUMBER	YEAR	MO	DAY

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

OCT 1 - 2002

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

This is a 4-part form.

00992/0211?-114?

PAGE 2 OF

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
513 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
(SUBR SO)
F - FI...
PROCESS WASTEWATER
... NO DISCHARGE XX

RECEIVED AUG 21 2002

CH M

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	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
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******			******	******	(20)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RO	SAMPLE MEASUREMENT			(26)	******			(19)			
00560 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			(26)	******			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	COMP24
C[illegible]ON, TOT ORGANIC ([illegible])	SAMPLE MEASUREMENT			(26)	******			(19)			
00680 1 0 0 EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT			(26)	******			(19)			
00981 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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	02	08	20
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.

00989/020117-1145

PAGE 1 OF

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 39403-193 / FROM
ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

MS0001830	001 A	MAJOR (SUBR SO) F - FINAL PROCESS WASTEWATER	CHEM
PERMIT NUMBER	DISCHARGE NUMBER		

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	02	07	01	TO	02	07	31

NO DISCHARGE XX

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 00999 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	CONTIN
[redacted]EL [redacted]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	GRAB
[redacted], IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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		
601	584-3220	02	08	20
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 [illegible]

ADDRESS [illegible] 1937
[illegible] 7TH STREET
[illegible] MS 39403-1937

FACILITY [illegible]

LOCATION [illegible] MS 39403-1937

[illegible]: C[illegible] JORDAN

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

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	07	01	02	07	31

MAJOR
(S[illegible] SO)
[illegible] CH[illegible]
S[illegible] W[illegible], [illegible] C[illegible] LIN

*** 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 DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		86	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.4	(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 VALUE	SAMPLE MEASUREMENT	0.40	0.72	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTIN UOUS	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	02	08	20

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.

01011/020117-1145

PAGE 1 OF

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
913 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FOREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: CHARLES JONDAN

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

MS0001830	002 0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	04	01	TO	02	06	30

RECEIVED JUL 31 2002 DEQ

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			
1025 STATE /DAY CHR CERIODAPHNIA TRPSN 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	Semi-annual	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
STATE /DAY CHR CHARLES TRPSC 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	Semi-annual	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
C.dubia Reproduction	SAMPLE MEASUREMENT				100				0	Semi-annual	
	PERMIT REQUIREMENT										
P. promelas Growth	SAMPLE MEASUREMENT				100				0	Semi-annual	
	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
601	584-3220

DATE

YEAR	MO	DAY
02	07	26

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

Semi-annual Report for 1st 6 months of 2002.

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

NAME [illegible] INCORPORATED

ADDRESS P [illegible] OX 1937
613 [illegible] 7TH STREET
[illegible]SBURG MS 39403-1937

FACILITY [illegible] COUNTY

LOCATION [illegible]SBURG MS 39403-1937

ATT : CH[illegible] JORD [illegible]

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001[illegible]30	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	06	01	TO	02	06	30

[illegible] JOR
(SO[illegible] C)
[illegible] - I L
[illegible], NONC [illegible] ACT COOLIN
CHEM
[illegible] DISCH [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	Daily	Grab
	PERMIT REQUIREMENT	******	******		******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(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 VALUE	SAMPLE MEASUREMENT	0.43	0.68	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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		
601	584-3220	02	07	26
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.

01010/020117-1145

PAGE 1 OF

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: [illegible]

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBJECT TO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	06	01	TO	02	06	30

*** NO DISCHARGE |XX| ***

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
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		3 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		3 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		3 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		3 DAYS WEEK	COMP24
CARBON, TOT ORGANIC 00680 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	CONTIN

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	02	07	26
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.

00967/020117-1145

PAGE 1 OF 1

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
13 [illegible] ST /TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 39403-1937

NOTE: CHARLES JOHN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR 30)
F - FINAL
[illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	06	01	TO	02	06	30

*** NO DISCHARGE [XX] ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
[illegible], IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	******		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 AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	02	07	26

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.

00988/0[illegible]

PAGE OF

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)

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
001 0 — DISCHARGE NUMBER
MAJOR (SUBR 30) I - I III B [illegible] CIGM

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
FROM 02	04	01	TO	02	06	30

[illegible] DISCHARGE [XX]

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
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										

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 02 MO 07 DAY 26

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.

01002/02117-1143

PAGE [illegible] OF 1

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

NAME [illegible]

ADDRESS P O BOX 1937
613 [illegible] 7TH STREET
[illegible] MS 39403-1937

FACILITY [illegible] COUNTY

LOCATION [illegible] MS 39403-1937
CITY: CHAPLIN JORDAN

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

Form Approved.
OMB No. 2040-0004

[illegible] PERMIT NUMBER

001 A DISCHARGE NUMBER

[illegible] (SUB NO)

F - FINAL

PROCESS WASTEWATER

CHEM

JUN 25 2002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31

[illegible] 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	*******	*******	PPM		3 DAYS/WEEK	GRAB
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		3 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		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, NO 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (TOC) 00680 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 01145 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	CONTIN

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
601	584-3220

DATE

YEAR	MO	DAY
02	06	17

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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31

*** NO DISCHARGE | X | ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL [illegible]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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	02	06	17

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.

00986/020117-1145

PAGE OF

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
61 WEST 7TH STREET
HATTIESBURG MS 9[illegible]-1937

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS 3[illegible]3-19[illegible]

ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001[illegible]	002 A

MAJOR
SUBR NO
F - FINAL
STORM WATER, NONCONTACT COOLIN CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	[illegible]	01	TO	02	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
TEMPERATURE, WATER DEG. FAHRENHEIT 0[illegible] 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		88	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.3	(12)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLO[illegible], [illegible] CONDUIT TR[illegible] [illegible]TMENT PLANT 50050 1 0 0 EFFLUENT [illegible] VALUE	SAMPLE MEASUREMENT	0.71	1.18	(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	02	06	17

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.

01009/020117-1145

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
NAME [illegible] INCORPORATED
ADDRESS P O BOX 1937
613 EAST 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)

Form Approved.
OMB No. 2040-0004

MS0001430 — PERMIT NUMBER
001 A — DISCHARGE NUMBER
MAJOR
(SUPER SD)
- FINAL
PROCESS WASTEWATER
CHEM

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
02	04	01	TO	02	04	30

MAY 31 2002

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 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	*******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*******	*******	*******	***** ****			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******			CONTIN UOUS	RECORDR
	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 02 MO 05 DAY 21

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

No Discharge

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 39403-193
ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

MS0001830	001 1
PERMIT NUMBER	DISCHARGE NUMBER

C JOR
(SUBR 50)
F - FINAL
PROCESS WASTE WTR
*** NO DISCHARGE | X |

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	04	01	TO	02	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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	***** *****	6 MO MIN	******	******	MG/L DON		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC C) 00680 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 RECO VERABLE 01001 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		ONCE/MONTH	CONTIN

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		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	02	05	21

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

No Discharge.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME MEADOWS INCORPORATED
ADDRESS P O BOX 1937
613 EAST 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)*

Form Approved
OMB No. 2040-0

MS0001830
PERMIT NUMBER

002 A
DISCHARGE NUMBER

(CODE SO)
2 - FINAL
STORM WATER, NONCONTACT COOLING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	02	04	01	TO	02	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						90	(15)	0	Daily	
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		5 DAYS PER WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.0		7.6	(12)	0	Daily	
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		WEEKLY	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	REPORT DAILY MX	MGD						CONTINUOUS	RECORDI
	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		DATE		
601-584-3220		02	05	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 [illegible] INCORPORATED

ADDRESS [illegible] BOX 1937
[illegible] /TH STREET
PATTIESBURG MS 39403-1937

FACILITY [illegible] COUNTY

LOCATION HATTIESBURG MS 39403-1937

ATTN: [illegible] JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 [illegible]

MAJOR
(SUBR 80)
F - FINAL
CHEM
STORM WATER, NONCONTACT COOLIN
[illegible] DISCHARG

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	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	******	******		******		81	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.8	(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 VALUE	SAMPLE MEASUREMENT	0.42	0.83	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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

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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	02	02	21

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.

01005/020117-1145

PAGE 1 OF

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

NAME MARCULES INCORPORATED

ADDRESS P O BOX 1937
613 EAST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY FORREST COUNTY

LOCATION HATTI BURG MS 39403-193 / FROM

[illegible] LES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 4

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

APR 24 2002

CHEM

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	31

*** NO DISCHARGE [XX] ***

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walt Langhans
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		
(601)545-3450		2002	04	16
AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge

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

This is a 4-part form.

00982/020117-1143

PAGE 2 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME [illegible] 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 — DISCHARGE NUMBER
(SUBM 30) - FINAL
APR 24 2002
CH
0 DISC [illegible] XX

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
02	01	01	02	03	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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			*****	*****	(20)			
	PERMIT REQUIREMENT	******	******		6 MO MIN	******	******	PPM		3 DAYS/ WEEK	GRAB
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		3 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		3 DAYS/ WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, MG 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		3 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	23.0 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	COMP24
CARBON, TOT ORGANIC 00680 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
SOLIDS, 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	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walt Langhans 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.	(601) 545-3450		2002	04	16
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)*

No Discharge

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

NAME [illegible]

ADDRESS P O BOX [illegible]
513 WEST 7TH STREET
HATTIESBURG MS 39403-[illegible]37

FACILITY FORREST COUNTY

LOCATION HATTIESBURG MS [illegible]-1937

ATTN: CHARLES [illegible]RLAN

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

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002

MAJOR
(SUBP SC)
F - FINAL
STORM WATER, NONCONTACT [illegible]

APR 24 2002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	3	0	TO	02	0	[illegible]

*** 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS WEEK	INSTAN
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	[illegible]	7.5	(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 VALUE	SAMPLE MEASUREMENT	0.43	1.01	(03)	******	******	******		0	As Noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[illegible]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walt Langhans 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(601)545-3450	2002	04	16
TYPED OR PRINTED			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.

01007/020117-1145

PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	03	31

MAJOR
(SUBM 30)
I - INITIAL
PROCESS WASTEWATER
*** NO DISCHARGE | XX |

APR 24 2002

CHEM

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 30DTR AVG	3019 30DTR MAX	LBS/DY	******	******	******	MG/L		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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walt Langhans Plant Manager		(601)545-3450		2002	04	16
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)*

No Discharge

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

This is a 4-part form.

01001/02517-1145

PAGE 1 OF

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 A — DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	02	01	TO	02	02	28

MAR - 2 2002

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	******	******	PPM		3 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		3 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		3 DAYS/ WEEK	COMP24
OIL & GREASE (FREON EXTR.-IN 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		3 DAYS/ WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	COMP24
[redacted]SON, TOT ORGANIC [redacted] 00680 1 0 0 EFFLUENT GROSS VALU	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 01145 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	CONTIN

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 02 MO 03 DAY 27

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.

00979/02117-1145

PAGE 1 OF

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
613 WEST 7TH STREET
PETTIESBURG S 39403-1937

FACILITY FORREST COUNTY

LOCATION PETTIESBURG S 39403-1937

CHARLES DOLLAR

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	02	01	TO	02	02	2[illegible]

MAJOR
(OTHER)
F - FINAL
PROCESS WASTEWATER
*** NO DISCHARGE [X] ***

RECEIVED
APR - 2 2002

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
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]EL [illegible]L RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT [illegible]50 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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	02	03	27

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.

00980/020117-1145

PAGE OF

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			
[illegible]	SAMPLE MEASUREMENT						75	(19)	0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX	DEG.F		3 DAYS/ WEEK	INSTAN
[illegible]	SAMPLE MEASUREMENT				6.8		7.3	(12)	0	Daily	Grab
00400 1 0 0	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.42	0.66	(03)					0	As noted.	
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORDE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[illegible]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601	584-3220	02	03	27
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 [illegible] INCORPORATED

ADDRESS P O BOX 1937

513 WEST 7TH STREET

HATTIESBURG MS 39403-1937

FACILITY [illegible]

LOCATION HATTIESBURG MS 39403-1937

ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 1

AGG. (SUBR 30) F - FINAL BIOASSAY REQUIREMENTS

APR - 2 2002

CHEM

NO DISCHARGE [ ]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	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			
[illegible] STATES /DAY CHR CERIODAPHNIA TRPSC 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******	(23)	*		
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
[illegible] STATES /DAY CHR [illegible]PHALES TRPSC 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)	*		
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	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

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	02	03	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

*Bioassay frequency reduced to semi-annually, Jan-June, and July-Dec.

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

This is a 4-part form.

01017/[illegible]

PAGE OF

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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001430	001 A

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

FEB 25 2002
DEQ

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	01	31

*** NO DISCHARGE | X | ***

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
[illegible] 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		3 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		3 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		3 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		3 DAYS WEEK	COMP24
CARBON, TOT ORGANIC ([illegible]) 00680 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	CONTIN

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	02	02	21

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.

00977/020117-1145

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 a
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
CHEM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	01	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			
BORON, TOTAL RECOVERABLE 01099 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	CONTIN
[redacted] TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/ WEEK	GRAB
[redacted], IN CONDUIT OR [redacted] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	******		CONTIN- UOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601	584-3220	02	02	21
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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE | X | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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										

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	02	01	17
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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER, NONCONTACT COOLIN

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	7.8	(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 VALUE	SAMPLE MEASUREMENT	0.26	1.52	(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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 684-3220	02	01	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 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)*

MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

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

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

CHEM

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		*	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
IC25 STATRE 7DAY CHR POMEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		*	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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	02	01	17
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

*Requested testing frequency change in Permit condition Part III,F,3. Testing frequency of every six months will begin in CY-2002

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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 RECO VERABLE 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	CONTIN

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	02	01	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)*

NAME/MAILING 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)

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	02	01	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 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)*

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	01	11	01
TO	01	11	30

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.5	(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 VALUE	SAMPLE MEASUREMENT	0.37	0.58	(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
AREA CODE 601 | NUMBER 584-3220

DATE
YEAR 01 | MO 12 | DAY 19

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	12	19
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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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	CONTIN

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 01 MO 12 DAY 19

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

*** NO DISCHARGE TX ***

Form Approved.
OMB No. 2040-0004

RECEIVED NOV 26 2001 DEQ-FCED

CHEM

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
00999 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
[illegible]KEL [illegible]AL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
01074 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
ALUMINUM, TOTAL RECOVERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
01104 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CONTIN
PHENOL, SINGLE COMPOUND	SAMPLE MEASUREMENT			(26)	******			(19)			
34694 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS WEEK	GRAB
[illegible]OW, IN CONDUIT OR [illegible]U TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	11	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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
CHEM

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******			******	******	(20)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH)TOT, RE	SAMPLE MEASUREMENT			(26)	******			(19)			
00560 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			(26)	******			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00680 1 0 0 EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT			(26)	******			(19)			
00981 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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	01	11	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)*

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL CHEM
STORM WATER, NONCONTACT COOLIN
*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Inst.
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.2	(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 VALUE	SAMPLE MEASUREMENT	0.44	1.16	(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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	11	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 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)*

MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	07	01	TO	01	09	30

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

RECEIVED
OCT 29 2001
DELIVERED

CHEM

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STAIRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
IC25 STAIRE 7DAY CHR PIMEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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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 INCORPORATED
ADDRESS P O BOX 1937
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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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SD)
F - FINAL
PROCESS WASTEWATER

CHEM

RECEIVED OCT 17 2001 DEQ-ECED

*** NO DISCHARGE | X | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL [illegible]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
[illegible]W, IN CONDUIT OR [illegible]U TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	10	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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 LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937
ATTN: CHARLES JORDAN

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

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
CHEM

*** NO DISCHARGE [X] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
ARBON, TOT ORGANIC C) 00680 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 RECO VERABLE 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	CONTIN

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	01	10	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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)*

Form Approved.
OMB No. 2040-0004

MS0001830 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN

CHEM

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(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 VALUE	SAMPLE MEASUREMENT	0.64	1.86	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED							

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	07	01	TO	01	09	30

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE | XX | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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										

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	01	10	09
AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN CHEM

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	As Noted.
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(12)	0	Daily	As noted.
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.55	1.27	(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		
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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 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)*

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[redacted]KEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
[redacted]OW, IN CONDUIT OR [redacted]U TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*******	*******	*******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
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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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/ WEEK	GRAB
, 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		3 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		3 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		3 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		3 DAYS/ WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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 RECO VERABLE 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	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY LOCATION FORREST COUNTY
HATTIESBURG MS 39403-1937
ATTN: CHARLES JORDAN

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

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER
*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004

CHEM

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******			******	******	(20)			
	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RC 00560 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 1 0 0 EFFLUENT GROSS VALU	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 RECO VERABLE 00981 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

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 AREA CODE	584-3220 NUMBER	01 YEAR	08 MO	15 DAY
TYPED OR PRINTED							

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)*

MS0001830 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
[illegible]OW, IN CONDUIT OR [illegible]U TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	08	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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN
CHEM
*** NO DISCHARGE | | ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		91	(15)	1	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.2	(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 VALUE	SAMPLE MEASUREMENT	0.31	0.91	(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										

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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 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)*

MS0001830	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	04	01	TO	01	06	30

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER
*** NO DISCHARGE [X] ***

CHEM

Form Approved.
OMB No. 2040-0004

RECEIVED
AUG - 2 2001
Dept. of Environmental Quality
Office of Pollution Control

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY 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										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN CHEM

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******		90	(15)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.1	(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 VALUE	SAMPLE MEASUREMENT	1.19	2.58	(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		
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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 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)*

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SO)
F - FINAL
CHEM
PROCESS WASTEWATER

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

*** NO DISCHARGE | X | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******			******	******	(20)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	******			(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RC	SAMPLE MEASUREMENT			(26)	******			(19)			
00560 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			(26)	******			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C)	SAMPLE MEASUREMENT			(26)	******			(19)			
0680 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	152.1 MO AVG	228 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
SELENIUM, TOTAL RECO VERABLE	SAMPLE MEASUREMENT			(26)	******			(19)			
00981 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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TYPED OR PRINTED							

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[redacted]KEL [redacted]AL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR [redacted]U TREATMENT PLANT [redacted]050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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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 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)

MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	04	01	TO	01	06	30

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004

RECEIVED JUL 11 2001

CHEM

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
IC25 STATRE 7DAY CHR PIMEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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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 INCORPORATED
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HATTIESBURG MS 39403-1937
FACILITY FORREST COUNTY
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ATTN: CHARLES JORDAN

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

Form Approved.
OMB No. 2040-0004

MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

CHEM

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1C25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	*	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
[illegible] STATRE 7DAY CHR [illegible]NEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	*	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	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

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 01 MO 04 DAY 09

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

* Received Results on 4/9/01. The tests are being rerun because of the laboratory control results.

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [XX] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
[illegible]KEL TAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR [illegible] TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	01	03	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

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)

Form Approved.
OMB No. 2040-0004

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	02	01	TO	01	02	28

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE | XX | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****		******	******	(20)			
	PERMIT REQUIREMENT	******	******	****	6 MO MIN	******	******	PPM		3 DAYS/WEEK	GRAB
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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 00680 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	CONTIN

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	01	03	20
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

No Discharge.

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

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)

Form Approved.
OMB No. 2040-0004

Scott Knells

MS0001830 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	02	01	TO	01	02	28

MAJOR
(SUBR SO)
F - FINAL
STORM WATER, NONCONTACT COOLIN

CHEI

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	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 VALUE	SAMPLE MEASUREMENT	0.48	0.86	(03)	******	******	******		0	Contin uous	Rcordr
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	03	20
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

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)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	002 Q

MAJOR
(SUBR SO)
F - FINAL
BIOASSAY REQUIREMENTS

MONITORING PERIOD

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

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

RECEIVED MAY 3 2001

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 100 MINIMUM	******	******	PER-CENT	*	As noted QTRLY	COMP24
IC25 STATRE 7DAY CHR [illegible]EPHALES T[illegible]C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 100 MINIMUM	******	******	PER-CENT	*	As noted QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
601	584-3220	01	04	09

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

* Received Results on 4/9/01. The tests are being rerun because of the laboratory control results.

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

00157/010100-1223 THIS IS A 4-PART FORM PAGE 1 OF

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
(Survival)	SAMPLE MEASUREMENT	******	******		100.	******	******	(2)	0	As noted	
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER- CENT		QTRLY	COMP24
(Survival)	SAMPLE MEASUREMENT	******	******		100.	******	******	(3)	0	As noted.	
	PERMIT REQUIREMENT	******	******	***** *****	100 MINIMUM	******	******	PER- CENT		QTRLY	COMP24
IC25 STATRE 7DAY CHR CERIODAPHNIA (reproduction) TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				100.				0	QTLY	COMP 24
	PERMIT REQUIREMENT										
IC25 STATRE 7DAY CHR PIMEPHALES (Growth) TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				66.1				1	QTLY	COMP24
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	01	01	09
AREA CODE	NUMBER	YEAR	MO	DAY

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

The P. promelas growth results is being re-tested.

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)*

MS0001830 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

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

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR SO)
F - FINAL
CHEM
STORM WATER, NONCONTACT COOLIN

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	90 DAILY MX	DEG. F		3 DAYS/WEEK	INSTAN
[redacted] 00 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	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 VALUE	SAMPLE MEASUREMENT	0.23	0.68	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 584-3220

DATE: YEAR 01 MO 02 DAY 16

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)*

MS0001830 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEM

*** NO DISCHARGE [X] ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY 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	******	******	PPM		3 DAYS/WEEK	GRAB
, 5-DAY (20 DEG. C) 0 10 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		3 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		3 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		3 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		3 DAYS/WEEK	COMP24
CARBON, TOT ORGANIC (C) 0 480 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	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	01	02	16
TYPED OR PRINTED		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)*

No Discharge.

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)*

MS0001830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

CHEI

*** NO DISCHARGE | X | ***

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	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL RECOVERABLE 00999 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	CONTIN
NICKEL TOTAL RECOVERABLE 01074 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	CONTIN
ZINC TOTAL RECOVERABLE 01094 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	CONTIN
ALUMINUM, TOTAL RECOVERABLE 01104 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	CONTIN
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)	******			(19)			
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX	LBS/DY	******	REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	01 YEAR	02 MO	16 DAY
TYPED OR PRINTED							

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

No Discharge.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM		11	1	TO		11	
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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DEQ

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						75		0	Daily	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX			3 DAYS/WEEK	INSTAN
	SAMPLE MEASUREMENT				6.7		7.7		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM			WEEKLY	GRAB
	SAMPLE MEASUREMENT	0.47	1.10						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	00	12	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
Approval expires 05-31-98

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM		11	01	TO	00	11	30

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.0 MO MIN					3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	350 MO AVG	525 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	117 MO AVG	175.2 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	15.6 MO AVG	23.4 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	152.1 MO AVG	228 DAILY MX			REPORT MO AVG	REPORT DAILY MX			1 ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			TWICE/MONTH	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. MGr.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	12	15
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

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

No Discharge.

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

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

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

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX			ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX			REPORT MO AVG	REPORT DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	12	15
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

No Discharge.

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

Forrest Co.

Scott

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		10	1	TO	00	11	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						77		0	Daily	grab
	PERMIT REQUIREMENT					REPORT MO AVG	90 DAILY MX			3 DAYS/WEEK	INSTAN
	SAMPLE MEASUREMENT				6.6		7.3		0	Daily	grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		WEEKLY	GRAB
	SAMPLE MEASUREMENT	0.33	0.49						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MG						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.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	00	11	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)*

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

XXX

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1.19 MO AVG	3.5 DAILY MX			REPORT MO AVG	REPORT DAILY MX	MG/L		3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	00	11	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)*

No Discharge.

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

NAME [illegible]

ADDRESS [illegible] 1937
[illegible] WEST 7TH STREET
[illegible]
MS 39403-1937

FACILITY [illegible]

LOCATION [illegible]

ATTN: CHARLES JORDAN

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

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

MAJOR
([illegible])
P - FINAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

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

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(19)			
	PERMIT REQUIREMENT	******	******	**** ****	5 MO MIN	******	******	PPM		3 DAYS WEEK	GRAB
[illegible], 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		3 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		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, RE 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		3 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		3 DAYS WEEK	COMP24
[illegible], TOT ORGANIC ([illegible]C) 00680 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 00[illegible] 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	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	00 YEAR	11 MO	14 DAY
TYPED OR PRINTED							

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

No Discharge.

EPA Form 3320-1 (08-95) Previous editions may not be used. **(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)**

[illegible]

PAGE [illegible] OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
HATTIESBURG MS 39401

FACILITY
LOCATION HATTIESBURG MS 39401
ATTN: MR. CHARLES JORDAN

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

MSP091286	001 A
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	10	01	TO	00	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR SO)
F - FINAL
PROCESS WASTEWATER

*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MSY

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	213	239	(19)	0	Weekly	As noted
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.2	*******	7.8	(12)	0	As noted	
	PERMIT REQUIREMENT	*******	*******	**** ****	5.5 MINIMUM	*******	9.5 MAXIMUM	SU		DAILY GRAB	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	51	53	(19)	0	As noted	
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/COMP24 MONTH	
OIL & GREASE (FREON EXTR.-IR METH) TOT. RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	20	24	(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	0.51	0.73	(03)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		DAILY CONTIN	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	11	14
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
ADDRESS
FACILITY
LOCATION

Forrest Co.

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

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

MONITORING PERIOD

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

Scott

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

RECEIVED
OCT 18 2000
DEQ

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						82		0	Daily	As noted
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.7		8.8		0	Daily	As noted
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.26	0.49						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MG/L						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.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	10	16
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
ADDRESS
FACILITY
LOCATION

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

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

MONITORING PERIOD

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

MAJOR
(SUBSTANCE)
1 - INITIAL
PROCESS WASTEWATER

*** IS DISCHARGE (X) ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
50050 FLOW, IN CONDUIT OR THRU TREATMENT PLANT (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	COMP24
00530 SOLIDS, TOTAL SUSPENDED (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	COMP24
00556 OIL & GREASE (FREON EXTRACTION METHOD) (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	GRAB
00940 CHLORIDE, TOTAL (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	*****		3 DAYS/WEEK	GRAB
50050 FLOW, IN CONDUIT OR THRU TREATMENT PLANT (EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT			(.3)	*******	*******	*******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*****		CONTINUOUS	RECORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	00	10	16
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)*

No Discharge.

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	00	10	16
AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible]
ADDRESS [illegible] 1957
[illegible] 7TH STREET
[illegible] MS 39403-1937
FACILITY [illegible]
LOCATION [illegible]
ATTN: CHARLES [illegible]

Forrest Co -

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

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

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

Scott

[illegible] (SUPP. SP)
I - INITIAL
PROCESS WASTEWATER

*** NO DISCHARGE [X] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
[illegible]	SAMPLE MEASUREMENT			(26)	******	******	******				
[illegible]	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
[illegible]	SAMPLE MEASUREMENT			(33)	******	******	******				
[illegible]	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	[illegible]	******	******	******	**** ****		CONTINUOUS	RCORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	00	09	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

NO DISCHARGE.

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						86		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/ WEEK	GRAB
	SAMPLE MEASUREMENT				6.8		7.4		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM			CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.23	0.45						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3238	00	09	18

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

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

Forrest Co

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER

DISCHARGE NUMBER

Scott

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

AUG 22 2000

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						82		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			5 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.5		7.3		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.20	0.45						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	08	15

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
Approval expires 05-31-98

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		07	1	TO		07	31
	(20-21)	(22-23)	(24-25)		(28-27)	(26-29)	(30-31)

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	5.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	08	15
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

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

No Discharge.

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

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

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						88		0	Daily	As noted.
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.7		7.2		0	Daily	As noted.
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.06	0.59						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDER
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	00 07 12
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)*

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
(TRC)	SAMPLE MEASUREMENT				******	******	******				
	PERMIT REQUIREMENT	2013	3019		******	******	******	**** ****		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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 584-3220

DATE: YEAR 00 MO 07 DAY 12

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

NO DISCHARGE.

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDR
	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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	07	12

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

NO DISCHARGE.

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

FACILITY LOCATION

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

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

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT				100 .0				0	As noted.	
	PERMIT REQUIREMENT				10.7 MO MIN					QTRLY	COMP24
	SAMPLE MEASUREMENT				100.0				0	As noted.	
	PERMIT REQUIREMENT				10.7 MO MIN					QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	07	11

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

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						86		0	Daily	As noted
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.6		7.1		0	Daily	As noted
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.02	0.22						0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

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6/16/00

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	684-3220	00	06	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
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PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	6/16/00	601 584-3220	00 06 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)*
NO DISCHARGE.

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

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

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

MONITORING PERIOD

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

Form Approved.
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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						82		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			2 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.8		7.4		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.07	0.25						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RECORD
	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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	04	25

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)*

Z 083 902 233

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	L S/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	L S/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	L S/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	L S/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220	00	04	25
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

No Discharge.

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

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

Z 083 902 233
Form Approved.
OMB No. 2040-0004
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PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

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

*** NO DISCHARGE XXX ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	2013 QRTR AVG	3019 QRTR MAX		******	******	******	*****		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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

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

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

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX							3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX							3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	RCORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr		601 584-3220	00	03	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

Cert. Mail: Z 570 544 186

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						77		0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			5 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.8		7.3		0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.03	0.21						0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
601	584-3220	00	03	21

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
Approval expires 05-31-98

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

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	00	03	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 INCORPORATED

ADDRESS P O BOX 1937
313 WEST 7TH STREET
HATTIESBURG, MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG

ATTN: CHARLES JORDAN

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

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

MAJOR
(SUPERFUND)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE | XX | ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
[illegible], TOTAL [illegible] 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR ATTN) TOT,RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(25)	******	******	******				
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	00 YEAR	02 MO	18 DAY
TYPED OR PRINTED							

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

No Discharge

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

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

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						72	(15)	0	Daily	Grab
	PERMIT REQUIREMENT						105 DAILY MX			3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT				6.7		7.5	(12)	0	Daily	Grab
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.03	0.40	(03)					0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MG/L						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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 601 NUMBER 584-3220

DATE: YEAR 00 MO 02 DAY 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 - BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001350	001 A

MAJOR
(SUPR SP)
I - INITIAL
PROCESS WASTEWATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	12	01	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TOX, 7-DAY (2) 20% C) 00010 1 2 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	1244 MO AVG	2324 DAILY MX	LBS/DY	******	******	******	***** *****		5 DAYS/QUARTER	
[redacted] TOT ENDED 00530 1 2 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	561 MO AVG	1057 DAILY MX	LBS/DY	******	******	******	***** *****		5 DAYS/QUARTER	
OIL & GREASE (FREON EXTR-IR METH) TOT, P(00560 1 2 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	466 MO AVG	932 DAILY MX	LBS/DY	******	******	******	***** *****		5 DAYS/WEEK	
PHENOLIC SINGLE COMPOUND 34694 1 2 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	560 MO AVG	600 DAILY MX	LBS/DY	******	******	******	***** *****		5 DAYS/WEEK	
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 2 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	0.00	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	***** *****		CONTINUOUS	
[redacted]	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/17/00	601	584-3220	00	01	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)*

* = Flowrate for outfall is zero.

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: HERCULES INCORPORATED
LOCATION: HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
430001330	002 A
PERMIT NUMBER	DISCHARGE NUMBER

Forrest Co.
MAJOR
(SUBR SM)
I - INITIAL
STORM WATER, NONCONTACT COOLING
CEC

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	12	01	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	Daily	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		5 DAYS/GRAB WEEK	
[illegible] 1 0 0 [illegible]UENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.5	(12)	0	Daily grab.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS/GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.37	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS/GRAB	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/12/00	601	584-3220	00	01	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)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
515 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
[illegible]	JC2 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	11	01	TO	99	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBR SU)
I - INITIAL
STORM WATER, NONCONTACT COOLING

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

DEC 20 1999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	77	(15)	0	Daily	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		5 DAYS WEEK	GRAB
	SAMPLE MEASUREMENT	******	******		6.7	******	7.7	(12)	0	Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.01	(03)	******	******	******		0	As noted	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

DEC 20 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	12/9/99	601	584-3220	99	12	07
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 INCORPORATED
ADDRESS P. O. BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG
ATTN: CHARLES JORDAN

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

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

MAJOR
(SUBM. SO)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

DEC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	11	01	TO	99	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT, PO 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	3.3 MO AVG	5.6 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0	0.0	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	12 MO	07 DAY
TYPED OR PRINTED						

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

*=No flow rate for mass calculation.

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

NAME - HERCULES INCORPORATED

ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	01	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Forrest G
MAJ Jr
(SUBR SU)
1 - INITIAL
BIOASSAY REQUIREMENTS

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC
NY

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAAB? 1 2 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
[illegible] STAT 96HR ACU P [illegible]HALES [illegible]C 1 2 3 [illegible]LUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 20 2000
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/17/00 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	00 YEAR	01 MO	17 DAY
TYPED OR PRINTED							

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
313 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001392	001 4
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUB S?)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	1	TO	99	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CARBON TET ORGANIC (TTC) 00539 1 0 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA*	NA*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	2713 ORTR AVG	3812 ORTR MAX	LBS/DY	*****	*****	*****	**** ****		3/MO?	24HRPC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Walter D. Langhans, Plt. Mgr.

TYPED OR PRINTED

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

1/17/00

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	00	01	17
AREA CODE	NUMBER	YEAR	MO	DAY

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

*= Flowrate for outfall is zero.

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

NAME HERCULES INCORPORATED

ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001930	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SU)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	01	TO	99	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE - |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	581 MO AVG	1307 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH)TOT,90 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*	(26)	******	******	******		0	*	
	PERMIT REQUIREMENT	665 MO AVG	665 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS PER WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0	0.0	(03)	******	******	******		0	*	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 1999
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	11	22
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

* = No flow for mass calculations or sampling.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1967
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JURDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0001580 — PERMIT NUMBER
(17-19) 002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	10	01	TO	99	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBSTANTIVE)
I - INITIAL
STORM WATER, NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	75	(19)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	DEGREES		5 DAYS/WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.2	(12)	0	Daily	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.21	1.09	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 22 1999
DEQ-OPC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	11	22
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001337	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUPR [illegible])
I - INITIAL
STORM WATER, NONCONTACT COOLING

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	09	01	TO	99	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	86	(15)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	DEG.F		5 DAYS/BRAD WEEK	
[illegible] 00 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.5	(12)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.23	0.51	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	10	12
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 INCORPORATED
ADDRESS P O BOX 1937
313 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0001830 — PERMIT NUMBER
(17-19) 001 A — DISCHARGE NUMBER
MAJOR
(SUBR 30)
1 - INITIAL
PROCESS WASTEWATER

MONITORING PERIOD
FROM YEAR 99 MO 09 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 99 MO 09 DAY 30 (26-27) (28-29) (30-31)
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(25)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	
OIL & GREASE (FREON EXTR.-IR METH) TOT.RC 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(25)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	550 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAY/WEEK	
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NA	NA	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	1.4 MO AVG	3.0 DAILY MX	LBS/DY	******	******	******	**** ****		1/WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0*	0*	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 584-3220 AREA CODE NUMBER	99 YEAR	10 MO	12 DAY
TYPED OR PRINTED						

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

* No flow for outfall 001. Therefore, no mass calculations.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
615 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NPDES Forrest Co.

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

(2-16)	(17-19)
MS0021830	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SO)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	09	01	TO	99	09	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH) TOT,RU 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	660 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	REPORT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SEP 29 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.			601	584-3220	99	09	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

N/A = No flow for mass calculation.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00419/990119-1203 PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0001830 — PERMIT NUMBER
(17-19) 002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	08	01	TO	99	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBM SD)
1 - INITIAL
STORM WATER, CONCENTRATE COOLIN
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	90	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	Deber		CONTINUOUS	
[redacted] 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	7.4	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.18	0.58	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
[redacted]	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	601 584-3220	99	09	20
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 MERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY MERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001330	002 K
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 30)
I - INITIAL
BIOASSAY REQUIREMENTS

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	07	01	TO	99	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU D ERIODAPHNIA TAA3B 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUARLY	COMP24
LC50 STAT 96HR ACU P IMPHALES TAA6C 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUARLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

OCT 14 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	10	12
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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
MS0001937	001 A

MAJOR
(SUBSIC)
I - INITIAL
PROCESS WASTEWATER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
99	07	01	99	09	30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CARBON, TOT ORGANIC (TOC) 00680 1 0 0	SAMPLE MEASUREMENT	NA *	NA*	(26)	******	******	******		0	As noted	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2914 ORTR AVG	3821 ORTR MAX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CORP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 | 584-3220	99	10	12
TYPED OR PRINTED		AREA CODE | NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
*No flow for outfall 001. Therefore, no mass calculations.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

File NPDES Permit

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
MS0001333	001 A

MAJOR
(SUBA SU)
1 - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	99	07	01	TO	99	07	31
(20-21)	*(22-23)*	*(24-25)*			*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE 1705 ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GR-P24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GR-P24
OIL & GREASE (FREON EXTR.-IR METH) TOT. RC	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
00560 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	680 MO AVG	990 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GRAB
PHENOLS, SINGLE COMPOUND	SAMPLE MEASUREMENT			(26)	*******	*******	*******				
34694 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.2 MO AVG	3.3 DAILY MX	LBS/DY	*******	*******	*******	****** *****		5 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0	0	(03)	*******	*******	*******		*		
50050 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	****** *****		CONTINUOUS	CONTIN
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	08	23
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

* No flow for mass calculations. Discharge going to City POTW.

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 HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
MS0001856	002 A

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	95	07	01	TO	95	07	31

MAJOR
(SUBR SD)
1 - INITIAL
STORM WATER, NONCONTACT COOLIN
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	82	(15)	0	Daily	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		3 DAYS/WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	7.1	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.28	0.71	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	99	08	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 HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

File NPDES Const

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

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

MAJOR
(SUBR 50)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	08	01	TO	99	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	653	869	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP 24
[illegible]OS, TOTAL [illegible] 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	312	745	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	COMP 24
OIL & GREASE (FREON EXTR.-IN METH) TOT,RU 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	290	636	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	550 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
PHENOL, SINGLE COMPOUND 34594 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.9	1.3	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	5.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.58	0.93	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AUG 5 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	07 MO	23 DAY
TYPED OR PRINTED						

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 HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	*(17-19)*
MS0001830	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SD)
I - INITIAL
STORM WATER, NONCONTACT COOLING

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	05	01	TO	99	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	90	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		3 DAYS/SEAS WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	8.0	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.66	1.26	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	99	07	23
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 INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001330	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	05	01	TO	99	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(SUBR SO)
I - INITIAL CEC
STORM WATER, NONCONTACT COOLING
*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	95	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		5 DAYS/SEPT PER	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	8.1	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.03	2.42	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

JUN 24 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.		601	584-3220	99	06	21
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

Flowrate adjustments were made on 5/29,30,31 due to equipment malfunction.

PERMITTEE NAME/ADDRESS (Includes Facility Name/Location if Different)
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
813 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
MS0001350	001 A

MAJOR
(SUB SO)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	98	05	1	TO	98	05	31

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CBOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	797	1181	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	24 HR
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	153	596	(26)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	561 MO AVG	1057 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	24 HR
OIL & GREASE (FREON EXTR-IR METH) TOT, RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	58	167	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	350 MO AVG	970 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	2.7	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	See MO AVG	See DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.78	1.43	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	TOTAL
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 AREA CODE	584-3220 NUMBER	99 YEAR	06 MO	21 DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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
Approval expires 05-31-98

PERMIT NUMBER *(2-16)*

DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

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

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY						3 DAYS/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	560 MO AVG	990 DAILY MX	LBS/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY						3 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX							CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	00	05	18
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)*

NO DISCHARGE.

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
Approval expires 05-31-98

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM			1	TO			

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	*******	*******		******	*******	79	(19)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	105 DAILY MX			5 DAYS/WEEK	GRAB
	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.3	(12)	0	Daily	As noted.
	PERMIT REQUIREMENT	*******	*******	**** ****	6.5 MINIMUM	*******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
	SAMPLE MEASUREMENT	0.01	0.14	(3)	*******	*******	*******		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.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	584-3220	00	05	18
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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

File NPDES Forms C.

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

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

MAJOR
(SUBR 30)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	01	TO	99	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	754	1185	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	72	137	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	551 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS/WEEK	COMP24
OIL & GREASE (FREON EXTR.-IR METH)TOT,RO 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	53	128	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	560 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS/WEEK	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.9	3.4	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		3 DAYS/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.70	0.96	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
21 1999

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	99	05	17
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 INCORPORATED

ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
0000123[illegible]	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	01	TO	99	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBR SO)
1 - INITIAL
STORM WATER, [illegible]

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-000[illegible]
Approval expires 05-31-9[illegible]

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	93	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		[illegible]	
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	8.0	(12)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.93	1.37	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	05 MO	17 DAY
TYPED OR PRINTED							

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
119 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	*(17-19)*
MS0001350	001
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUM OF)
I - INITIAL
PROCESS WASTEWATER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CEC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	1	TO	99	05	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CARBONACEOUS TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	702	853	(28)	******	******	******		0	As noted.	
DURING A 5 DAY EFFLUENT CROSS VALU	PERMIT REQUIREMENT	2013 DAILY AVG	3017 DAILY MAX	LBS/DY	******	******	******	**** ****		DAILY AVG	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	99	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 HERCULES INCORPORATED

ADDRESS P O BOX 1937
813 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001830	002 G
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR SC)
I - INITIAL
BIOASSAY REQUIREMENTS

CEC

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	01	TO	99	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAAB 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		79	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUALY	COMP24
LC50 STAT 96HR ACU P PHALES TAAB 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		75	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QUALY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	07 MO	23 DAY
TYPED OR PRINTED							

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME [redacted]
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY [redacted] INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
MS0001830	001 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(SUBM SD)
I - INITIAL
PROCESS WASTEWAT
*** NO DISCHARG [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	631	1228	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2322 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	309	852	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
OIL & GREASE (FREON EXTR.-IR METHOD) 00560 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	112	391	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	336 MO AVG	990 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
PHENOL, SINGLE COMPOUND 34694 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.9	2.5	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	2.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** ****		5 DAYS/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.68	1.21	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	MEASURE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under those statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220		99	04	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Flowrate adjustment made on 3/31 due to equipment malfunction.

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 HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

[illegible]
(SUBK SO)
I - INITIAL C.C
STORM WATER, NONCONTACT COOLING

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	105 DAILY MX	DEG.F		3 DAYS WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.8	(12)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	5.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.88	4.00	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORD
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	04 MO	27 DAY
TYPED OR PRINTED							

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

Flowrate adjustments made on 3/1-10, 14, 15, 18, 21, 22 due to equipment malfunction for low flowrates.
Flume recalibrated for lower flow span.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1937
513 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001330	002 0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MAJOR
(SUBR. SO)
I - INITIAL
GLASSAY REQUIREMENTS
CEC

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3M 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		18.7	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 NO MIN	******	******	PER-CENT		QTRLY	COMP24
LC50 STAT 96HR ACU P IMPHALES TAP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		17.1	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 NO MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Walter D. Langhans, Plt. Mgr.
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	99	04	27
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 INCORPORATED
ADDRESS P O BOX 1937
313 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES JORDAN

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

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
MS0001350	001 Q

MAJOR
(SUBSTANTIAL)
1 - INITIAL
PROCESS WASTEWATER

*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	31	TO	99	03	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CARBON TET PERHALIDE (TEC) 32102 1 P M FREQUENT GRAB VALUE	SAMPLE MEASUREMENT	733	1,412	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	2013 DAILY AVG	3910 DAILY MAX	LBS/DY	******	******	******	**** ****		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	04	27
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 INCORPORATED

ADDRESS P O BOX 1937
610 WEST 7TH STREET
HATTIESBURG MS 39403-1937

FACILITY HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

File NPDES Forrest

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

(2-16)	(17-19)
MS0001930	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	02	01	TO	99	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MAJOR
(SUPR SU)
I - INITIAL CEC
STORM WATER, NONCONTACT COOLIN

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.5 DAILY MX	DEG.F		5 DAYS/GRAB 02 K	
[illegible] 0 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.9	(12)	0	As noted	
	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		CONTINUOUS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.95	1.30	(03)	******	******	******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RECORDER
	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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
601	584-3220	99	03	17
AREA CODE	NUMBER	YEAR	MO	DAY

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

Flowrate adjustments were made on 2/28 due to equipment malfunctions.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00429/990119-1203 PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME HERCULES INCORPORATED
ADDRESS P O BOX 1257
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATT: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

MS0001350	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	02	01	TO	99	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
(SUBSD)
I - INITIAL
PROCESS WASTEWATER
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	865	1358	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	1244 MO AVG	2332 DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	CP-24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	80	178	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	561 MO AVG	1557 DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	
OIL & GREASE (FREON EXTRACTION METHOD) TOT, RC 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	35	64	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	660 MO AVG	996 DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	
PHENOLS, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	1.1	(26)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	See MO AVG	See DAILY MX	LBS/DY	*******	*******	*******	**** ****		5 DAYS/WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.72	0.92	(03)	*******	*******	*******		0	As noted	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	584-3220 NUMBER	99 YEAR	03 MO	17 DAY
TYPED OR PRINTED							

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 HERCULES INCORPORATED

LOCATION HATTIESBURG MS

ATTN: CHARLES JORDAN

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

(2-16)	(17-19)
MS0001830	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

BIOASSAY REQUIREMENTS
(SUBR SO)
I - INITIAL
MAJOR

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	10	01	TO	98	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [__] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
LC50 STAT 96HR ACU P PHALES TAB3C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		100.0	******	******	(23)	0	As noted.	
	PERMIT REQUIREMENT	******	******	**** ****	10.7 MO MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 27 1999
DEQ-ECED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	1/25/99	601	584-3220	99	01	20
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 INCORPORATED
ADDRESS P O BOX 1937
613 WEST 7TH STREET
HATTIESBURG MS 39403-1937
FACILITY HERCULES INCORPORATED
LOCATION HATTIESBURG MS
ATTN: CHARLES BOLIN

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
MS0001830	002 A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	01	TO	99	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MAJOR
(SUB 51)
I - INITIAL
STORM WATER, NONCONTACT COOLIN
*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	79	(15)	0	As noted.	
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	100 DAILY MX	DEG F		5 DAYS/WK GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.9	*******	7.7	(12)	0	As noted.	
	PERMIT REQUIREMENT	*******	*******	**** ****	6.5 MINIMUM	*******	9.0 MAXIMUM	SU		5 DAYS/WK GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.30	5.08	(03)	*******	*******	*******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS MGD	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 18 1999
DEQ-OCD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Walter D. Langhans, Plt. Mgr.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under those statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	601 584-3220	99	02	17
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 HERCULES INCORPORATED
LOCATION HATTIESBURG MS
NAME & TITLE PRINCIPAL EXECUTIVE OFFICER: CHARLES JORDAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) MS0031453 — PERMIT NUMBER
(17-19) 001 A — DISCHARGE NUMBER
(SUBSTITUTE)
1 - INITIAL
PROCESS WASTEWATER

MONITORING PERIOD
FROM YEAR 99 MO 01 DAY 01 TO YEAR 99 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

CoC

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1022	1711	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	1244 MO AVG	2422 DAILY MX	LBS/DY	******	******	******	**** *****		5 DAYS/1 PER WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	77	220	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	251 MO AVG	1557 DAILY MX	LBS/DY	******	******	******	**** *****		5 DAYS/1 PER WEEK	
OIL & GREASE (FREON EXTR.-IR METHOD) 00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	32	101	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	550 MO AVG	992 DAILY MX	LBS/DY	******	******	******	**** *****		1 PER WEEK	
PHENOLS, SINGLE COMPOUND 34694 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.2	2.3	(26)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	3.3 MO AVG	6.6 DAILY MX	LBS/DY	******	******	******	**** *****		1 PER WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.92	1.52	(03)	******	******	******		0	As noted.	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** *****		CONTINUOUS	
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		601 584-3220	99	02	17
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO	DAY
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

FILE COPY

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

November 4, 2002

CERTIFIED MAIL - 7002-0510-0001-8860-6413
Mr. Walter D. Langhans
Plant Manager
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,

Samar I. Patel
Environmental Permits Division

Enclosure (1)

2022 PER20020001

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

September 13, 2002

Hattiesburg American
classified@ftpamerican.net
P O Box 1111
Hattiesburg, Mississippi 39403-1111

Dear Sir/Madam:

Re: Hercules Inc
Forrest County
Water Permit No. MS0001830

Enclosed herewith is a legal notice to be published in your newspaper on or before September 19, 2002. Also, please furnish this office with statement and proof of publication in duplicate.

If there are questions concerning this legal notice, please contact Samar I. Patel of my staff at (601) 961-5331.

Sincerely,

Jerry W. Cain, P.E.,DEE
Chief, Environmental Permits Division

Enclosure
cc: Ms. Linda Stanford, OPC (9701) w/enclosures

2022 PER20020001

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
September 19, 2002

Hercules, Inc. located at 613 West 7th Street, in Hattiesburg, MS 39401 has applied to the Mississippi Department of Environmental Quality for reissuance of the following NPDES permits: Water-NPDES Ref. No. MS0001830.

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 submitted information to remove permitted Outfall 001 from the renewal NPDES permit because they made application and received a Pretreatment permit to discharge the industrial wastewater effluent to the city of Hattiesburg POTW for this Outfall. One discharge is described in the application. With the above-mentioned requirement, the facility will continue to be a NPDES minor source.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Samar I. Patel at the Permit Board's address shown above, no later than October 19, 2002. 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 Samar I. Patel 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, Mississippi 39401

Please bring the foregoing to the attention of persons whom you know will be interested.

2022 PER20020001

2023 Forest

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

RECEIVED
SEP 9 2002
MDEQ

SEP - 3 2002

FILE COPY

Jerry W. Cain, Chief
Environmental Permits Division
Office of Pollution Control
Mississippi Department of Environmental Quality
Post Office Box 10385
Jackson, MS 39289-0385

Subj: Draft NPDES Permit Review
MS0001536 - Hood Industries
MS0050059 - Dixie Packaging
MS0000078 - Biltrite Corp.
MS0001830 - Hercules Inc.

Dear Mr. Cain:

In accordance with the EPA/MSDEQ MOA, we have completed review of the above refcrenced draft permits, and have no objection to the proposed permit conditions.

We request an additional review opportunity only if significant changes are made to the permits prior to issuance, or if significant objections to the permits are received. Otherwise, please send us one copy of the final permits when issued.

If you have any questions, please contact me at 404/562-9308 or via email at shell.karrie-jo@epa.gov.

Sincerely,

Karrie-Jo Robinson-Shell, P.E.
NPDES Permits and Biosolids Section
Permits, Grants and Technical Assistance Branch
Water Management Division

Forrest Co
MSD001830

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

August 26, 2002

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
CERT. NO. : 7001 2510 0008 8523 7410

RECEIVED
AUG 28 2002
MS. DEPT. OF ENVIRONMENTAL QUALITY
Office of Pollution Control

Jan Patton
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Ms. Patton:

Following our August 16, 2002, meeting in Jackson, MS, coupled with your November 28, 2001, letter stating Hercules Incorporated shall notify MDEQ of the method chosen to replace the on-site sludge pit by September 1, 2002, the purpose of this letter is to provide the following documentation:

There will be no use of the on-site sludge pit after September 1, 2002. A permanent sign will be placed in the roadway entering the sludge pit area indicating the sludge pit is closed.

In the short term, Hercules anticipates that a weekly campaign, using a mobile equipment contractor, either on a quarterly or semi annual basis, will provide proper sludge management. The mobile equipment of choice is either beltpress or centrifuge. Based upon laboratory tests the sludge cake should not require solidification. If necessary, solidification will be provided at an approved subtitle D landfill.

In the long term, Hercules Incorporated will study the economics of installing a properly sized and properly constructed on-site drying bed, instead of continuing to rent mobile equipment.

If you need 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

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

August 21, 2002

FILE COPY

Mr. Roosevelt Childress
Surface Water Permits and Facilities Branch
U.S. Environmental Protection Agency
61 Forsyth Street, SW
Atlanta, Georgia 30303-0303

Dear Mr. Childress:

Re: Hercules, Inc.
Forrest County
Draft NPDES Permit Ref. No. MS0001830

Biltrite Corporation, The
Tippah County
Draft NPDES Permit Ref. No. MS0000078

Dixie Packaging, Inc.
Pike County
Draft NPDES Permit Ref. No. MS0050059

Enclosed herewith for your review are copies of the following documents related to the re-issuance of the above referenced permits:

1. **Rationale**
2. **Application**
3. **Draft Permit**
4. **Draft of Public Notice**

The permit is scheduled to be issued on November 13, 2002. If no comments are received from EPA prior to the aforementioned date, we will assume that the subject draft permit is adequate for issuance. If you have any questions regarding the enclosed packet, please contact me at (601) 961-5331.

Sincerely,

Samar I. Patel
Environmental Permits Division

Enclosures

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

August 7, 2002

FILE COPY

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

Based upon our preliminary review of the above referenced application received from Hercules Inc on March 21, 2002, the application is complete as submitted. Please note that additional information, necessary to complete the permitting process, maybe identified during our detailed review. You will receive notification if such items are identified. 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) 961-5331

Sincerely,

S. I. Patel

Samar I. Patel
Environmental Permits Division

2022 PER20020001

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
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

March 28, 2002

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

This letter is to acknowledge receipt of your application on March 21, 2002. 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,

Teresa Dennington

Teresa Dennington
Environmental Permits Division

cc:

2022 PER20020001

AI 2022

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39401
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

March 14, 2002

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
CERT. #: 7001 2510 0008 8523 7687

RECEIVED
MAR 21 2002
Miss. Dept. of Environmental Quality
Office of Pollution Control

Toby M. Cook. P. E.
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

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 probably aware, prior to our NPDES permit expiration, we made application and received a POTW permit to discharge our industrial wastewater effluent to the City of Hattiesburg POTW. The success of this change has been effective and we no longer need the flexibility in our permits to discharge either to the City POTW or to NPDES direct discharge.

Therefore, we are removing the direct discharge of industrial wastewater effluent capability from our NPDES permit reapplication. Because we would no longer be a direct discharge of industrial wastewater effluent, we are requesting the bioassay requirements be removed from our remaining NPDES permit.

The remaining NPDES permit covers 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.

Very truly yours,

HERCULES INCORPORATED

Walter D. Langhans
Plant Manager

MAR - 2 2002

February 2002 DMR Attachment

An unintentional pH upset on 2/16/02 apparently resulted in the automatic closure of the effluent discharge valve. Investigations indicate the valve did not close. During this event, the pH controlling the discharge valve, which closes at 9.25, never exceeded 9.2. A compliance pH sample taken while adjusting the pH was recorded as 9.6.

On 2/18/02 , a small amount of wastewater sludge removal was spilled next to the wastewater basin and washed directly back into the basin.

On 2/27/02, as a result of an unintentional pH upset, several compliance samples were taken, ranging from 8.8 to 9.3 during pH adjustment. These samples were not recorded in a timely manner and were entered into the log when this discrepancy was noted.

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

February 28, 2002

Mr. Charles Jordan
Hercules Inc
613 West 7th Street
Hattiesburg, MS 39401

Dear Mr. Jordan:

Re: Hercules Inc
Forrest County
Water Ref. No. MS0001830

As you are probably aware, the environmental permits listed below are 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 permits are reissued in a timely manner. Several forms are included since we are not sure which ones are applicable for your discharge.

Permit Program	Permit Type	Permit Number	Permit Expiration	App Due Date
Water	NPDES	MS0001830	9/29/02	3/29/02

Should you have any questions, please contact me at (601) 961-5067.

Sincerely,

Toby M Cook

Toby M. Cook. P.E.
Environmental Permits Division

2022 PER20000003

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
Cert. # 7099 3220 0010 0686 7211

October 24, 2001

Environmental Compliance Division
Office of Pollution Control
P. O. Box 10385
Jackson, Ms. 39289-0385

Attn: Jan Patton

RE: NPDES Permit No. MS0001830
Hercules Incorporated
Hattiesburg, Mississippi
Forrest County

Dear Ms. Patton:

Please find attached a copy of the results from our 3rd Quarter 2001 Bioassay.

In accordance with NPDES Permit No. MS0001830, Part III, F, 3, we are respectfully requesting a reduction in the frequency of monitoring to once per six months. Our understanding is we will be able to conduct monitoring on a semi-annual basis starting in CY-2002. If this is not correct, please advise.

If you have any additional questions please contact Charles Jordan at 601-584-3360.

Very truly yours,

HERCULES INCORPORATED

Walter D. Langhans
Plant Manager

cc: Charles Jordan

Attachment:

RESULTS

EPA Method 1000.0 Results

Mortality for the fathead minnows was minimal throughout the dilution series, with one death occurring in the 6.25% 25% and 50% sample solutions. Two mortalities occurred in the 12.5% concentration. The inhibition concentration (IC_{25}) for the larval fish growth was calculated to be greater than 100% (IC_{25} =>100%) of the effluent.

EPA Method 1002.0 Results

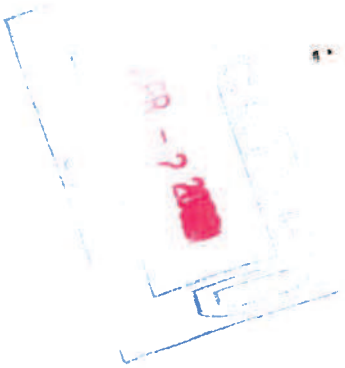
One *C. dubia* adult died in the 25%, 50% and 100% concentrations. No further mortalities were recorded. The inhibition concentration for *C. dubia* reproduction was calculated to be greater than 100% (IC_{25} =>100%) of the effluent.

QA/QC Reference Test Results

The most recent EPA Method 1000.0 QA/QC Reference test (August 14, through August 21, 2001) revealed an NOEC of 2.0 g/L and an LOEC of 3.0 g/L Sodium chloride. An EPA Method 1002.0 QA/QC Reference test (August 14 through August 21, 2001) revealed an NOEC of 1.25 g/L and an LOEC of 1.50 g/L Sodium chloride. All values were within upper and lower control limits established by this laboratory.

Certified By: _____ ***Date:*** 10/22/01

Michael S. Bonner, Ph.D., President
Environmental Contracting Service
2703 Oak Grove Road
Hattiesburg, Mississippi 39402



February 2002 DMR Attachment

An unintentional pH upset on 2/16/02 apparently resulted in the automatic closure of the effluent discharge valve. Investigations indicate the valve did not close. During this event, the pH controlling the discharge valve, which closes at 9.25, never exceeded 9.2. A compliance pH sample taken while adjusting the pH was recorded as 9.6.

On 2/18/02 , a small amount of wastewater sludge removal was spilled next to the wastewater basin and washed directly back into the basin.

On 2/27/02, as a result of an unintentional pH upset, several compliance samples were taken, ranging from 8.8 to 9.3 during pH adjustment. These samples were not recorded in a timely manner and were entered into the log when this discrepancy was noted.

HERCULES

RECEIVED
MAY 2 - 2001
Dept. of Environmental Quality
Office of Pollution Control

April 27, 2001

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

CMRRR 7000 0520 0024 6195 1813

Environmental Compliance Division
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Sir:

Please find the rerun result from our 1st Quarter 2001 Bioassay Result (copy attached).

If you have any additional questions, please call Charles Jordan at 601/545-3450, ext. 360.

Sincerely,

HERCULES INCORPORATED

Walter D. Langhans
Plant Manager

WDL/klm

Attachment

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

January 9, 2001

RECEIVED
JAN 12 2001
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
CERT #: 7099 3220 0010 0686 7372

Scott Mills
Compliance and Enforcement Division
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289

Dear Mr. Mills: RE: NPDES Permit No. MS0001830

Please find this written submission following previous oral phone conversations addressing our 4th quarter bioassay results. As you are aware, three of the four tests results were 100% with one test being less than 100% as reported on the enclosed DMR form.

We are in the process of re-testing the suspect results, within 30 days of our knowledge of the failed test results. When this re-test data result is available, we will forward the results to you.

If we can answer any additional questions or provide additional information, please contact Charles Jordan at 545-3450, extension 360.

Sincerely,

HERCULES INCORPORATED

Walter D. Langhans
Plant Manager

WDL/vrf

cc: Charles S. Jordan
Environmental Coordinator

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

February 27, 2001

RECEIVED
MAR 1 - 2001
Dept. of Environmental Quality
Office of Pollution Control

Certified Mail – Return Receipt Requested
Cert. # 7099 3220 0010 0686 6764

Mr. Rick Sumrall
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr Sumrall:

The purpose of this letter is to document a previous phone conversation on 02/21/2001, relative to the following event:

> One of our wastewater lift stations, in an area which did not have operating personal at the time, overflowed on 02/19/01 from approximately 3 a.m. to 7 a.m., as the result of power failure. The overflow remained in the immediate area and upon restoring power, the overflow drained back into the lift station which pumps to our wastewater treatment/POTW discharge.

In order to prevent a reoccurrence, we are reviewing our lift station procedures and training, and expect this review to be complete by the week of 03/19/01.

If I can answer any additional questions please contact Charles Jordan at 601-584-3360.

Very truly yours,

HERCULES INCORPORATED

Walter D. Langhans
Plant Manager

WDL/vrf

FORTESTCO

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

January 29, 2001



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
CERT #: 700 0520 0024 6195 1356

Scott Mills
Compliance and Enforcement Division
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289

Dear Mr. Mills:

RE: NPDES Permit No. MS0001830

Please find this written submission following the re-testing of our 4th quarter bioassay results. As you are aware, three of the four tests results were 100% with one test being less than 100% as reported on the 4th quarter DMR form.

The result of re-testing the suspect results was 100% P. promelas growth.

If we can answer any additional questions or provide additional information, please contact Charles Jordan at 545-3450, extension 360.

Sincerely,

HERCULES INCORPORATED

Walter D. Langhans
Plant Manager

WDL/vrf

cc: Charles S. Jordan
Environmental Coordinator

STATE OF MISSISSIPPI
DAVID RONALD MUSGROVE, GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CHARLES H. CHISOLM, EXECUTIVE DIRECTOR

October 6, 2000

Mr. Charles Jordan
Hercules Inc.
613 West 7th Street
Hattiesburg, Mississippi 39401

FILE COPY

Dear Mr. Jordan:

Re: Compliance Evaluation Inspection
Hercules Inc.
NPDES Permit No. MS0001830
Pre-Treatment Permit No. MSP091286
Air Permit No. 0080-00001
Haz. Waste ID No. MSD008182081
Forrest County - Hattiesburg, MS

Enclosed is a copy of the Compliance Evaluation Inspection Report that was performed at Hercules Inc. on September 27, 2000. The results of this inspection should be used as a guide for complying with the above mentioned permits.

If you have any questions concerning this matter, please contact us at 961-5171.

Respectfully,

D. Scott Mills
Chemical Branch
Environmental Compliance and Enforcement

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
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FILE C

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

James I. Palmer, Jr. Executive Director

February 29, 2000

CERTIFIED MAIL NO. Z 411 700 421

Mr. Charles Jordan
Environmental Supervisor
Hercules Inc.
P. O. Box 1937
Hattiesburg, Mississippi 39401

Dear Mr. Jordan:

Re: Hercules Inc.
Air permit 0800-00001
Hazardous waste # MSD008182081
NPDES permit #MS0001830
Forrest County, Hattiesburg, MS

From June 29 through July 1, 1999, Mohammad Yassin, Environmental Engineer with the Mississippi Department of Environmental Quality conducted a joint inspection with USEPA at your facility. Numerous violations of Mississippi Hazardous Waste Management Regulations, Air regulations, and Water regulations were found during the inspection. We received your January 26, 2000 response to the violations.

It is our intention to initiate formal enforcement proceedings before the Commission on Environmental Quality. Prior to proceeding with a formal enforcement action, we invite you and any other appropriate representative(s) to an Administrative Conference on March 15, 2000, at 1:30 PM, in our office at 2380 Highway 80 West, Southport Center, in Jackson. The statute provides for penalties up to $25,000 per violation per day.

If you have any questions, please contact Mohammad Yassin at (601)961-5195.

Sincerely,

Earl Mahaffey, Chief
Chemical and Agriculture Branch
Environmental Compliance and Enforcement Division

cc: MDEQ Legal Division
cc: Daniel Lucero USEPA

OFFICE OF POLLUTION CONTROL
P.O. Box 10385 Jackson, MS 39289.0385 Phone 601.961.5171 Fax 601.354.6612

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

January 17, 2000

RECEIVED
JAN 20 2000
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
No. P 443 543 581

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Please find the attached EPA Discharge Monitoring Reports for December, 1999.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attachments:

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

December 7, 1999

RECEIVED
DEC 20 1999
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
No. P 443 543 574

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Please find the attached EPA Discharge Monitoring Reports for November, 1999.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attachments:

HERCULES

August 30, 1999

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
No. Z 570 544 176

Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

RECEIVED
AUG 31 1999
Dept. of Environmental Quality
Office of Pollution Control

RE: Wastewater System Upset

Dear Mr. Yassin:

The purpose of this letter is to document my 08/26/99 phone notification to you regarding the upset of our wastewater system due to a severe thunderstorm in the Hattiesburg area which resulted in complete power failure for the entire plant.

On 08/25/99 the Hattiesburg area received approximately **2.5 inches** of rainfall over a 2 hour period, which, also, resulted in complete power failure.

During the heavy rainfall and subsequent gravity flow into our wastewater system, we opened our flood valve to discharge some primary treated wastewater. This is done in order not to overflow any free floating oils in our wastewater treatment system. The flood valve allows discharge taken below the surface. Please note that during this event excessive rainfall, the water leaving the flood valve, is essentially the extra rainfall. In order to prevent overflow of any free floating oils, the valve was opened from 9:45 pm to 11:45 pm, with an estimated discharge of 2,610 gpm for 120 minutes = 0.31 mgd. During this time period sampling results were 105 mg/l TOC or 271 lbs. discharge. Due to the severe thunderstorm, we lost Mississippi Power feed to our entire plant. The entire plant was without power for approximately 3 hours.

As per our permit, Part II, A) Management Requirements, 7) Upsets (40CFR122.41(n)(3), we believe we have provided the information necessary to establish an affirmative defense that this incident was an upset. We trust that you agree with our conclusion and find our response to the incident satisfactory.

If I can provide you with any additional information, please call me at 601/545-3450, ext. 360.

Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/klm
cc: Walter D. Langhans
Plant Manager

HERCULES

Hercules Incorporated
613 West 7th Street
Hattiesburg, MS 39403
(601) 545-3450
Fax: (601) 584-3226
www.herc.com

August 23, 1999

RECEIVED
AUG 26 1999
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
No. Z 570 544 151

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Please find the attached EPA Discharge Monitoring Reports for July, 1999.

1) NPDES -- DMR
2) POTW -- DMR

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attachments:

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
James I. Palmer, Jr., Executive Director

August 13, 1999

Mary Blackered
131 West 8th Street
Hattiesburg, MS 39404

Dear Mrs. Blackered:

Re: Complaint
Hercules Inc.
NPDES permit #MS0001830
Forrest County, Hattiesburg, MS

On July 13, 1999, you filed a complaint with our office concerning toxic fumes coming from Hercules and a contaminated ditch. Mr. Earl White, an inspector with the Mississippi Department of Environmental Quality investigated the complaint on July 16, 1999. This investigation revealed that the inspector did not notice any visible evidence of contamination and there were no odors at the time of his visit.

Enclosed please find Mr. White's report. If you have any question please call me at (601)961-5195.

Sincerely,

Mohammad Yassin, PE, CHMM
Environmental Compliance and Enforcement Division

OFFICE OF POLLUTION CONTROL
P.O. Box 10385 Jackson, MS 39289.0385 Phone 601.961.5171 Fax 601.354.6612

HERCULES

July 30, 1999

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

RECEIVED
AUG - 2 1999
Dept. of Environmental Quality
Office of Pollution Control

Dear Sir:

The purpose of this letter is to document our phone conversation the first of this week addressing milky water in one of our old abandoned industrial sewer ditches on 7/24/99. The ditch was dammed downstream of the material and the ditch contents along with a water flush were pumped into our industrial sewer system. Investigation/analysis has determined the origin of the material. The logistics of how this material got to this particular location is still currently under investigation.

If I can answer any additional questions, please call me (601/545-3450, ext. 360).

Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/klm

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

July 23, 1999

RECEIVED
JUL 26 1999
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
No. Z 570 544 146

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Please find the attached Discharge Monitoring Reports for June, 1999.

1) NPDES - DMR
2) NPDES - Bioassay
3) POTW - DMR

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attachments:

MDEQ Complaint Tracking System
Investigation Report

To: Complaints Coordinator

From: White, Errol

Date: 7/16/99

Re: 99-00688

JUL 20 1999

MS

On 7-15-99 I visited with Mrs. Blackered regarding her concerns.

The ditch in question is a natural drainage ditch at the rear of her property next to the Hercules wastewater holding tank. The ditch was dry at the time of my visit and there was no visible evidence of contamination.

The odors, according to the complainant, are very sporadic and occur primarily in the early morning hours and on weekends. There were no odors at the time of my visit.

The water in "Hercules Creek", normally blue/white in color, was crystal clear unlike numerous observations prior to this visit. I was unable to understand why such a dramatic change in effluent quality took place. Please inform me if any change in treatment processes have occurred at this location.

HERCULES

Dept. of Environmental Quality
Office of Pollution Control
RECEIVED
JUL 19 1999

Forrest Co.
NPDES File
2t

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

MS0001830

July 15, 1999

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Cert. # Z 570 544 142

Office of Pollution Control
P. O. Box 10385
Jackson, Ms. 39289-0385

Dear Sir:

The purpose of this letter is to document our phone conversation last week addressing our NPDES outfall 002. Since we have started discharging our industrial wastewater (which was NPDES outfall 001) on June 23, 1999, into the city of Hattiesburg's POTW, the two issues of concern are flow measurements for outfall 002, and our in-house pH-monitoring set-up in outfall 002 which we have utilized in the past. If necessary, we would be willing to meet with the Bureau in Jackson at your earliest convenience to resolve these issues.

As you are aware NPDES outfall 001 discharged into outfall 002. Without 001 the flowrate in 002 can now be very low (or high with heavy rainfall) and the accuracy of the 2-foot concrete flume installed in 002 is in question when measuring these two extremes. There are several possible solutions, or combinations thereof, and we would like to establish what meets the Bureau's expectations for compliance monitoring. For example, we could calibrate the flume, which is fair size flume, for the higher flowrates and take what accuracy we get for the very low flows. We could install a small V weir for a daily measurement during low flow, and only use the flume measurement on days when the V weir measurement is not applicable. We are certainly willing to discuss the various solutions to your satisfaction.

As for the pH probe that we have utilized in the past, it is a probe we do not keep properly calibrated. It has been our decision to keep the probe in place over the years to detect gross pH issues if they were to exist. Over the years our vulnerability has substantially decreased and we are now to the point we feel there are no major pH scenarios of concern. This decrease in vulnerability, coupled with the low flows, maintaining the probe submerged, some probe variation we see when flows are low and there is the possibility of the probe not being properly submerged, and the fact that this probe is not a permit requirement, has resulted in our decision to remove this probe from service.

As mentioned, we would be willing to meet, if necessary, to resolve these issues to the Bureau's satisfaction in order to fully comply with applicable permit requirements. If I can answer any additional questions please call me at 601-545-3450 ext. 360.

Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Earl Mahaffey - Cert.# Z 570-544-143
Toby Cook - Cert. #Z 570-544-144
Mohammad Yassin - Cert.# Z 570-544-145
Walter D. Langhans

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

JUL 19 1999

July 15, 1999

File
NPDES
MS 001830
Forrest Co.

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Cert. # Z 570 544 142

Office of Pollution Control
P. O. Box 10385
Jackson, Ms. 39289-0385

Dear Sir:

The purpose of this letter is to document our phone conversation last week addressing our NPDES outfall 002. Since we have started discharging our industrial wastewater (which was NPDES outfall 001) on June 23, 1999, into the city of Hattiesburg's POTW, the two issues of concern are flow measurements for outfall 002, and our in-house pH-monitoring set-up in outfall 002 which we have utilized in the past. If necessary, we would be willing to meet with the Bureau in Jackson at your earliest convenience to resolve these issues.

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Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Earl Mahaffey - Cert.# Z 570-544-143
Toby Cook - Cert. #Z 570-544-144
Mohammad Yassin - Cert.# Z 570-544-145
Walter D. Langhans

Forest Co.
NPDES

JUL 19 1999

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

July 15, 1999

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Cert. # Z 570 544 142

Office of Pollution Control
P. O. Box 10385
Jackson, Ms. 39289-0385

Dear Sir:

The purpose of this letter is to document our phone conversation last week addressing our NPDES outfall 002. Since we have started discharging our industrial wastewater (which was NPDES outfall 001) on June 23, 1999, into the city of Hattiesburg's POTW, the two issues of concern are flow measurements for outfall 002, and our in-house pH-monitoring set-up in outfall 002 which we have utilized in the past. If necessary, we would be willing to meet with the Bureau in Jackson at your earliest convenience to resolve these issues.

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Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Earl Mahaffey - Cert.# Z 570-544-143
Toby Cook - Cert. #Z 570-544-144
Mohammad Yassin - Cert.# Z 570-544-145
Walter D. Langhans

State of Mississippi
Department of Environmental Quality
OFFICE OF POLLUTION CONTROL
P.O. Box 10385
Jackson, Mississippi 39289

COMPLAINT FORM

Date: 7/13/99 **Time:** 2:14 PM **County:** Forrest

Tracking Number: 99-00688 **Region:** SRO

Air:	Yes	Solid Waste:	No	SW-Ind:	No
Special Waste:	No	Stormwater:	Yes	SW-Muni:	No
Haz. Waste:	No	SW-Com:	No	Tires:	No
Lignite	No				

Complainant Name: Mrs. Blackered Mary

Complainant Address: 131 west 8th
Hattiesburg MS 39403-

Complainant Phone: Day (601) 545-3360
Eve

Complaint Description/Cause

Ammonia like odor coming out of Hercules. It happened this morning. Please call Mrs. Blackered, she would like to go and show you a ditch contaminated with chemicals next to her property.

Alleged SiteDirections

Go to Hattiesburg, 7th street is located east of hwy 49.

Alleged Site Name: Hercules

Alleged Site Address: 613 west 7th
Hattiesburg MS 39403-

Complaint Taken By: Yassin, Mohammad **Ext.** 6019615195

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

June 21, 1999

RECEIVED
JUN 24 1999
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
No. 570 544 141

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Attached is our EPA Discharge Monitoring Report for May, 1999.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attached:

HERCULES

RECEIVED
JUN 2 2 1999
MS. DEQ Environmental Quality
Office of Pollution Control

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

June 21, 1999

Toby Cook
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Cook:

Please find the following information addressing our June 18, 1999 phone conversation. We are in the process of evaluating the feasibility/treatability of our plant's industrial influent with wetlands technology. Our plans, as discussed in our conversation, are to take an approximate 1% side stream of our influent and conduct a wetlands study in a synthetic lined pilot study unit. The effluent from the pilot study will then be returned back into our plant's influent prior to the plant's effluent being sent to the city POTW.

I trust this meets your information request. If I can answer any questions please call me at 601-545 3450, ext. 360.

Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

Fire
Forest Co
Hercules Inc
MS0001830

COMPLAINT RESOLUTION FORM

Complaint Identification Number: 98ms699 County: Forrest

Type of Complaint: ☐ *Air* ☐ **Surface Water** ☐ Groundwater ☐ Hazardous Waste

Resolution: Based on the flow reported by Hercules, the permit conditions were not exceeded. The facility have recently gotten a pretreatment permit and it is very likely that the tank in question will be removed.

Date of Resolution: Mohammad Yassin

Resolved By: June 18, 1999

NPDES file MS0001830
forr[illegible] Co.

4MP
ECE

HERCULES

RECEIVED
MAY 15 2002
Environmental Quality
& Pollution Control

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. NO. 7001 2510 0008 8523 7588

May 14, 2002

Jan Patton
Bureau of Pollution Control
P. O. Box 10385
Jackson, MS 39289- 0289

Dear Ms. Patton:

The purpose of this letter is to provide documentation of a voice mail left to you on 5/3/02, and a subsequent phone conversation you had with Charles Jordan on 5/9/02.

On 5/1/02 we experienced a heat transfer fluid spill, biphenyl, estimated at approximately 150 lbs. The spill was the result of filling a portable tote bin using a portable pump. Adsorbent was used in the immediate area to soak any free liquid, and residues were flushed with water into our industrial sewer system that discharges to the city POTW. Both the POTW and MDEQ were notified.

Based on the circumstances of this incident, we have no reason to expect it had any impact on our non-contact cooling water. However, subsequent to the incident we observed 3 or 4 small dead fish in our on-site ditch conveyance system which intermittently discharges non-contact cooling water on a daily basis; (permitted under our NPDES permit). We pumped essentially the entire ditch contents, which originates on-site from non-contact cooling water discharge and/or stormwater run-off, into our industrial sewer system. The conveyance system off-site was inspected and did not show any signs of disturbance/impact. The cause of this situation is not known and we still expect that it is unrelated to the aforementioned spill. We have seen no further evidence of a problem in the ditch.

If we 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

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
James I. Palmer, Jr., Executive Director

MEMORANDUM

TO: Phil Bass

FROM: Errol White

SUBJECT: Todd Slack Complaint, Hercules Discharge, Permit No. MS0001830 - Forrest County

DATE: May 17, 1999

On the above date I visited the site named on the attached complaint. I have visited this site on numerous occasions and have voiced my concerns with various people at the OPC. I have been told that the creek in question is not considered the receiving stream for Hercules' effluent, thus accounting for the excessively high compliance numbers in their permit. Zeon Chemical, Inc. now discharges into Hercules' permitted outfall. Toluene waste is generated at that site. (NOTE: Volatile analysis collected on 1-27-99 - attached).

The creek exhibits various colors including the blue/gray hue exhibited in photo 1 taken 1-27-99 and a green/white hue visible at the time of my last visit (photo 2).

Dissolved oxygen levels at all accessible points were less than 2 mg/l and the pH values ranged between 7.2 and 7.4 throughout the creek. A small school of killifish was noted at the point where creek crosses under the Highway 42 interchange (photo 3). This genera of fishes are highly adapted to extract oxygen from the atmosphere-water interface thus allowing them to sustain life in such an oxygen depleted environment. A black sludge is present in all areas of the creek which allow settling and a white substance coats any material which remains in contact with the water (photos 4 & 5).

Two turtles were seen during my examination of the stream. Both turtles allowed me to touch them before exhibiting the normal and natural reaction of self preservation. Perhaps the turtles were sickened or their senses had become impaired because of water quality.

I have enclosed copies of a few items of interest from our files. Please review and take appropriate actions.

If you have any questions or comments, please call.

Attached: Photos, reports, analysis

OFFICE OF POLLUTION CONTROL
P.O. Box 10385 Jackson, MS 39289.0385 Phone 601.961.5171 Fax 601.354.6612

Todd Slack Complaint, Hercules Discharge,
Permit No. MS0001830 - Forrest County
May 17, 1999

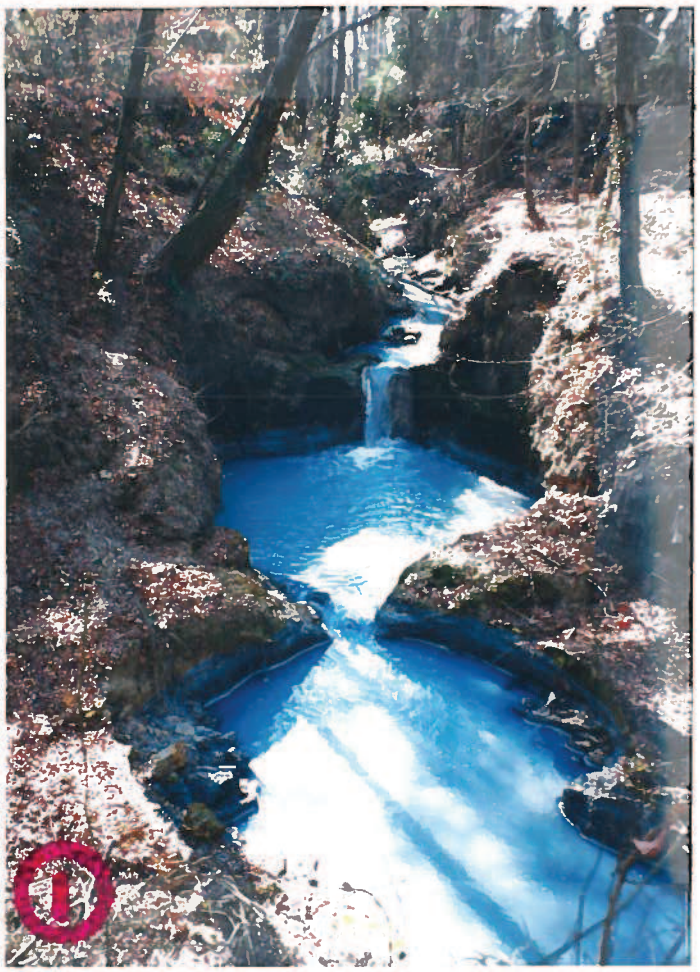


PHOTO #1 - Hercules Creek (photo taken 1-27-99)

Todd Slack Complaint, Hercules Discharge,
Permit No. MS0001830 - Forrest County
May 17, 1999 (Photos 2-5 taken 5-17-99)



PHOTO #2 - Hercules Creek



PHOTO #3 - Hercules Creek, Highway 42

Todd Slack Complaint, Hercules Discharge,
Permit No. MS0001830 - Forrest County
May 17, 1999 (Photos 2-5 taken 5-17-99)



PHOTO #4 - Hercules Creek



PHOTO #5 - Hercules Creek

Form 101

State of Mississippi
Department of Environmental Quality
OFFICE OF POLLUTION CONTROL
P. O. Box 10385
Jackson, Mississippi 39289-0385

COMPLAINT FORM

5-12-99 **Date** 0830 **Time**

☐ Air ☒ Surface Water ☐ Groundwater ☐ Hazardous Waste

Person Reporting: ☒ Mr. ☐ Ms. Todd Slack

Address: Jackson (City) Museum of Natural Science (Street or P. O. Box) 354-7303 (Phone)

Complaint Site: Lower Bowie River Hattiesburg where the STURGEON SPAWNIN Ground is located

Text of Complaint: Hwy 42 Bypass From Hattiesburg to Petal cross creek that Hercules discharges into before you get to Leaf River - this creek has DO < 1, gray color, odor bad, Appears everything in creek dead.

Complaint Taken by: SHANNON LOWERY (Name)

Sending to Phil BASS I will hand deliver

☐ North Regional Office
☐ Central Regional Office
☒ South Regional Office Other _____

Referred By: ☐ Phone ☐ Mail ☐ Courier

Routed to R. O. By: _____ **Date** _____

Resolution: Ernie tells me that there has been a dozen site visits to the above location by SRO personnel - Plenty of data in the file but that for (possible & political) issues, nothing has been done about this creek and the Apparent Discharge into the creek.

Phil, I felt best giving this information to you. SL

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
James I. Palmer, Jr., Executive Director

MEMORANDUM

TO: Mohammad Yassin

FROM: Errol White

SUBJECT: Flaherty Complaint - Hercules Discharge - Forrest County

DATE: January 27, 1999

On the above date I investigated the attached complaint.

Hercules' effluent discharge enters a drainage ditch, travels underground through stormwater culverts, then surfaces at the Highway 42 crossing (photo 1). It then flows into a creek which passes through a quiescent wooded area (photo 2) next to the city cemetery; thence to a derelict sand and gravel pit; thence to the Bowie River.

The water in the creek has a blue-gray hue with the opacity of skimmed milk. The creek's exposed banks and vegetation below the high water marks have a ghostly appearance being coated with a white unidentified substance (photo 3).

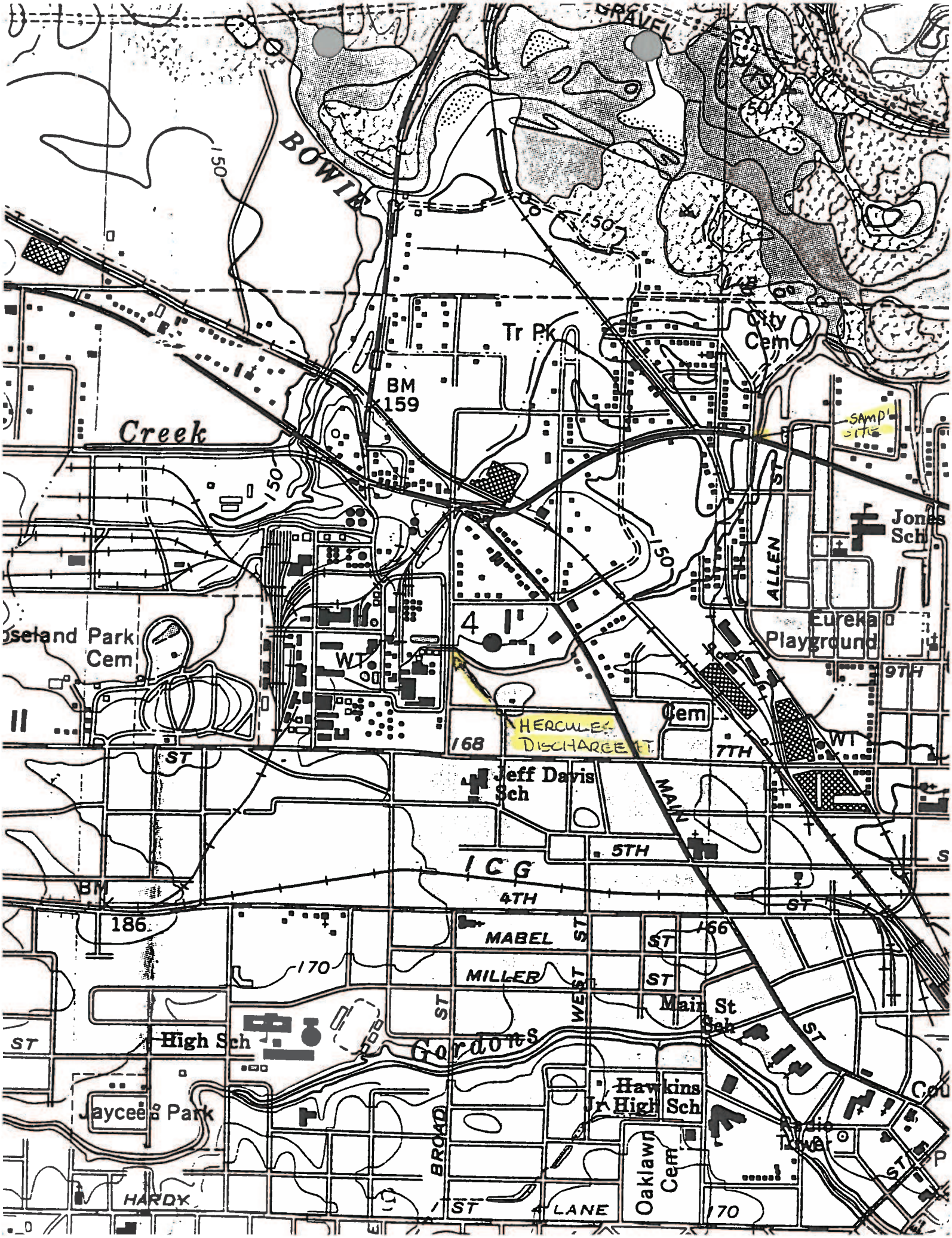
A cursory examination for living organisms in this ECO system revealed no visual evidence of vertebrate or macroinvertibrate activity.

Water samples from this creek were taken at your request from an area on the north side of Highway 42. The samples will be analyzed for (1) volatiles, (2) semi-volatiles, (3) metals and (4) total organic carbon.

I found no dead fish or red water in my limited search area.

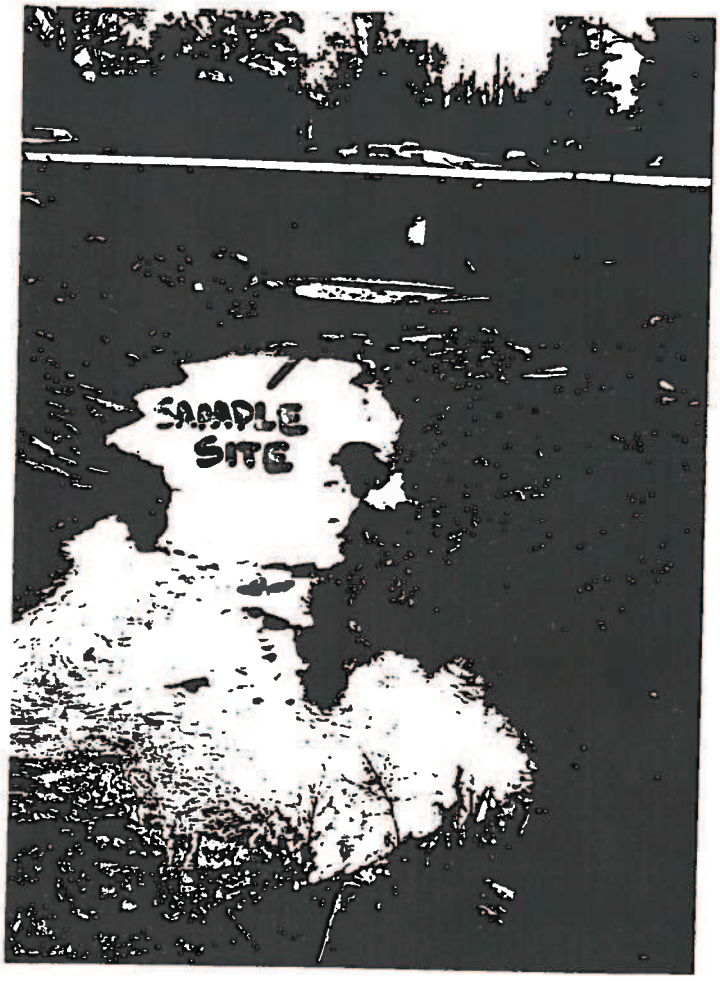
If you have any questions or comments, please call.

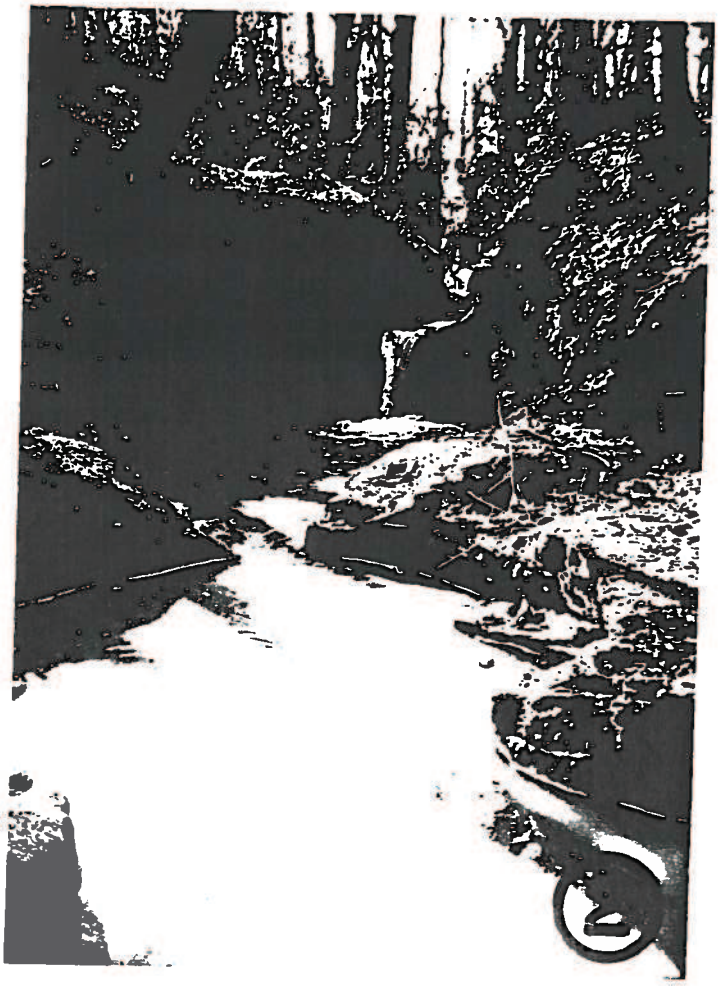
OFFICE OF POLLUTION CONTROL
P.O. Box 10385 Jackson, MS 39289-0385 Phone 601.961.5171 Fax 601.354.6612



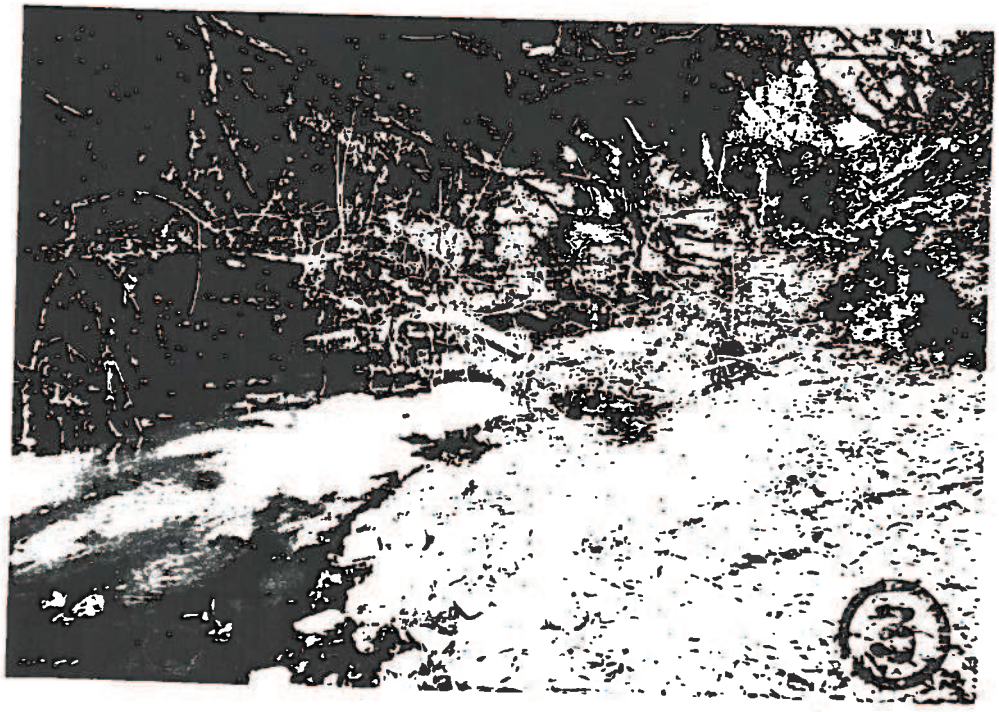
GRAVEL
BOWIE
150
Tr Pk
City Cem
BM 159
Creek
SAMP' SITE
Jones Sch
ALLEN ST
Eureka Playground
9TH
Cem
HERCULES DISCHARGE PT.
168
7TH
WT
Jeff Davis Sch
MAIN
5TH
ICG
4TH
ST
BM
186
MABEL
166
MILLER
170
WEST ST
Main St Sch
High Sch
Gordons
Hawkins Jr High Sch
Jaycee Park
BROAD
Oaklawn Cem
Radio Tower
HARDY
1 ST
LANE
170

Flaherty Complaint - Hercules Discharge - Forrest County
January 27, 1999 (Hercules Creek)





Flaherty Complaint - Hercules Discharge - Forrest County
January 27, 1999 (Hercules Creek)



STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL
P.O. BOX 10385
JACKSON, MISSISSIPPI 39289-0385

COMPLAINT FORM

Date 1-26-99 Time 9:00 a.m.

Air ____ Surface Water X Ground Water ____ Hazardous Waste ____

Solid Waste ____ Tires ____ UST ____

Person Reporting: Anonymous ____ Mr. X Ms ____ James Flaherty

Address: _____
City County Street or P.O. Box

_____
Zip Code Work Phone Home Phone

Complaint Site: Between Highway 11 bridge and the Glendale bridge, Hercules outfall

Text of Complaint: Red and pink water discharge, numerous dead fish.

Directions: Go to Hercules and ask for the facility's outfall.

Complaint Taken By: Mohammad Yassin
Name

North Regional Office	____
Central Regional Office	____
South Regional Office	____
Southport Office	X
Other	____

Referred By: Phone ____ Mail ____ Courier ____ Fax X

Routed To R.O. By: Mohammad Yassin Date: 1-26-99

Resolution: _____

_____

_____
Inspector

Mike Hardy
01/26/99 08:45 AM

To: Mohammad Yassin/HW/OPC/DEQ@DEQ
cc:
Subject: BOWIE RIVER

---------- Forwarded by Mike Hardy/SW/OPC/DEQ on 01/26/99 08:49 AM ----------



"JAMES \"ORIEN\" FLAHERTY" <joflare@c-gate.net> on 01/24/99 07:05:05 PM

To: Mike Hardy/SW/OPC/DEQ
cc:
Subject: BOWIE RIVER

DEAR MR. HARDY,
I FREQUENTLY FISH ON THE BOWIE RIVER BETWEEN THE HWY.11 BRIDGE, AND THE GLENDALE BRIDGE. I DON'T KNOW IF HAVE EVER BEEN INTO THIS SECTION OF RIVER,BUT IT IS COMPOSED OF SEVERAL SAND PITS LOCATED ON THE RIVER.MY CONCERN IS A DITCH THAT FLOWS INTO THE LOWER PIT (FIRST PIT NORTH OF THE PETAL BRIDGE). THE LAST THREE TIMES ON THE RIVER I OBSERVED SOME TYPE OF DISCHARGE FROM THIS DITCH INTO THE RIVER. THE COLOR WAS A RED OR PINK, AND HAD A SMELL THAT WOULD TAKE YOUR BREATH. NUMEROUS DEAD FISH ALSO WERE FLOATING NEAR THE MOUTH OF THIS DITCH . LOCALS HAVE TOLD ME THAT THIS IS HERCULES DITCH , AND THAT THEY ARE ONLY SUPPOSED TO DISCHARGE WARM WATER, AS PER A PERMIT FROM YOUR OFFICE. THE DISCHARGE THAT I AND MANY OTHERS HAVE WITNESSED IS NOT WARM WATER!!!!!
YOUR ATTENTION IN THIS MATTER IS GREATLY APPRECIATED. THIS IS A GREAT FISHERY AND DESERVES TO BE KEPT CLEAN.

SINCERLY,
ORIEN FLAHERTY
joflare@c-gate.net

 - att-1.htm

BUREAU OF POLLUTION CONTROL
SAMPLE REQUEST FORM

Lab Bench No.: 0348
Cost Code:

I. GENERAL INFORMATION:

Facility Name: Hercules Effluent Creek (complaint)
County Code: 0800 — NPDES Permit No.:
Discharge No: — Date Requested: 1-26-99
Sample Point Identification:
Requested By: M. Yassin — Data To: M. Yassin
Type of Sample: Grab: Composite: Flow: Time: X Other:

II. SAMPLE IDENTIFICATION:

Environment Condition: Clear — Collected By: E. White
Where Taken: Hwy. 42 (North side)

	Type	Parameters	Preservative	Date	Time
1.	Grab	Volatiles	Cool	1-27-99	1220
2.	Grab	Semi-volatile	Cool	1-27-99	1220
3.	Grab	Phenolics	$H_2 SO_4$	1-27-99	1220
4.	Grab	Metals	HNO3	1-27-99	1220
5.	Grab	T. Organic Carbon	$H_2 SO_4$	1-27-99	1220
6.					

III. FIELD:

Analysis	Computer Code	Req	Results	Analyst	Date
pH	000400	X	7.5	EW	1-27-99
D.O.	000300	X	3.9	EW	1-27-99
Temperature	000010	X	24.5° C	EW	1-27-99
ResidualChlorine	050060				
Flow	074060				

IV. TRANSPORTATION OF SAMPLE:

Bus: (X) — RO Vehicle: — Other:

V. LABORATORY:

Received by: K. Farris — Date: 1-28-99 — Time: 1000
Recorded by: T. Sawyer — Date Sent to State Office: 3-9-99

Remark: Strong Organic odor at sample site

TARGET COMPOUND LIST
WET CHEMISTRY PARAMETERS

Lab Bench No.: 0348

Analysis	Computer Req Code		Result		Analyst	Date Measured or Date Test Initiated
BOD	000310			mg/l		
COD	000340			mg/l		
TOC	000680	X	27.0	mg/l	VS	2-3-99
Suspended Solids	099000			mg/l		
TKN	000625			mg/l		
Ammonia-N	000610			mg/l		
Fecal Coliform	074055			colonies/100ml		
Total Phosphorous	000665			mg/l		
Oil & Grease	000550			mg/l		
Chlorides	099016			mg/l		
Phenol	032730	X	< 0.05	mg/l	KF	1-29-99
Cyanide	000722			mg/l		
Nitrate-Nitrite	000630			mg/l		
Alkalinity	000410			mg/l		
Hardness	000900			mg/l		

Mississippi Department of Environmental Quality
Office of Pollution Control Laboratory
1542 Old Whitfield Road
Pearl, Mississippi 39208

Volatile Analysis of Water
By Method 8260

Sample Name	**348**
Misc Info	**Hercules Effluent**
Date Analyzed	**02/ 1/99 17:46**
Operator	**Jackie Key**
Date Collected	**1/27/99**
Charge Code	**3700**

Name	Amount	Units	MQL	Name	Amount	Units	MQL
Dichlorodifluoromethane	NOT DETECTED		5 ppb	1,1,1,2-Tetrachloroethane	NOT DETECTED		5 ppb
Chloromethane	NOT DETECTED		5 ppb	Ethylbenzene	NOT DETECTED		5 ppb
Vinyl Chloride	NOT DETECTED		5 ppb	m & p -Xylene	NOT DETECTED		5 ppb
Bromomethane	NOT DETECTED		5 ppb	Styrene	NOT DETECTED		5 ppb
Chloroethane	NOT DETECTED		5 ppb	o - Xylene	NOT DETECTED		5 ppb
Trichlorofluoromethane	NOT DETECTED		5 ppb	Bromoform	NOT DETECTED		5 ppb
Acetone	NOT DETECTED		25 ppb	1,1,2,2-Tetrachloroethane	NOT DETECTED		5 ppb
1,1-Dichloroethene	NOT DETECTED		5 ppb	Isopropylbenzene	NOT DETECTED		5 ppb
Methylene Chloride	NOT DETECTED		5 ppb	1,2,3-Trichloropropane	NOT DETECTED		5 ppb
trans-1,2-Dichloroethene	NOT DETECTED		5 ppb	Bromobenzene	NOT DETECTED		5 ppb
1,1-Dichloroethane	NOT DETECTED		5 ppb	n-Propylbenzene	NOT DETECTED		5 ppb
2-Butanone (MEK)	NOT DETECTED		25 ppb	2-Chlorotoluene	NOT DETECTED		5 ppb
cis-1,2-Dichloroethene	NOT DETECTED		5 ppb	4-Chlorotoluene	NOT DETECTED		5 ppb
2,2-Dichloropropane	NOT DETECTED		5 ppb	1,3,5-Trimethylbenzene	NOT DETECTED		5 ppb
Chloroform	NOT DETECTED		5 ppb	tert-Butylbenzene	NOT DETECTED		5 ppb
Bromochloromethane	NOT DETECTED		5 ppb	1,2,4-Trimethylbenzene	NOT DETECTED		5 ppb
1,1,1-Trichloroethane	NOT DETECTED		5 ppb	sec-Butylbenzene	NOT DETECTED		5 ppb
1,2-Dichloroethane	NOT DETECTED		5 ppb	1,3-Dichlorobenzene	NOT DETECTED		5 ppb
1,1-Dichloropropene	NOT DETECTED		5 ppb	4-Isopropyltoluene	NOT DETECTED		5 ppb
Carbon Tetrachloride	NOT DETECTED		5 ppb	1,4-Dichlorobenzene	NOT DETECTED		5 ppb
Benzene	NOT DETECTED		5 ppb	1,2-Dichlorobenzene	NOT DETECTED		5 ppb
Trichloroethene	NOT DETECTED		5 ppb	n-Butylbenzene	NOT DETECTED		5 ppb
1,2-Dichloropropane	NOT DETECTED		5 ppb	1,2-Dibromo-3-chloropropane	NOT DETECTED		5 ppb
Dibromomethane	NOT DETECTED		5 ppb	1,2,4-Trichlorobenzene	NOT DETECTED		5 ppb
Bromodichloromethane	NOT DETECTED		5 ppb	Naphthalene	NOT DETECTED		5 ppb
4-Methyl-2-pentanone (MIBK)	NOT DETECTED		5 ppb	Hexachlorobutadiene	NOT DETECTED		5 ppb
cis-1,3-Dichloropropene	NOT DETECTED		5 ppb	1,2,3-Trichlorobenzene	NOT DETECTED		5 ppb
Toluene	81.20 ppb		5 ppb				
trans-1,3-dichloropropene	NOT DETECTED		5 ppb				
1,1,2-Trichloroethane	NOT DETECTED		5 ppb				
2-Hexanone	NOT DETECTED		5 ppb	Diethyl Ether	43.2 ppb		Estimated
1,3-Dichloropropane	NOT DETECTED		5 ppb				
Dibromochloromethane	NOT DETECTED		5 ppb				
Tetrachloroethene	NOT DETECTED		5 ppb				
1,2-Dibromoethane	NOT DETECTED		5 ppb				
Chlorobenzene	NOT DETECTED		5 ppb				

Surrogates	% Recovery	Limits
Dibromofluoromethane	106	(84-119)
1,2-Dichloroethane-d4	108	(86-118)
Toluene-d8	97	(94-105)
p-Bromofluorobenzene	101	(94-106)

Comments:

TARGET COMPOUND LIST
SEMIVOLATILE ORGANIC COMPOUNDS
IN WATER

OPCL NO.: 348 MARKED: Hercules Effluent Creek

ANALYSIS OF: Water DATE RECEIVED: 1-28-99

COMPOUNDS	MQL	µg/L	COMPOUNDS	MQL	µg/L	COMPOUNDS	MQL	µg/L
Phenol	10	ND	4-Chloro-3-methylphenol	20	ND	Hexachlorobenzene	10	ND
bis(2-Chloroethyl)ether	10	ND	2-Methylnaphthalene	10	ND	Pentachloropohenol	50	ND
2-Chlorophenol	10	ND	Hexachlorocyclopentadiene	10	ND	Phenanthrene	10	ND
1,3-Dichlorobenzene	10	ND	2,4,6-Trichlorophenol	10	ND	Anthracene	10	ND
1,4-Dichlorobenzene	10	ND	2,4,5-Trichlorophenol	10	ND	Di-n-butylphthalate	10	ND
Benzyl alcohol	20	ND	2-Chloronaphthalene	10	ND	Fluoranthene	10	ND
1,2-Dichlorobenzene	10	ND	2-Nitroanilne	50	ND	Pyrene	10	ND
2-Methylphenol	10	ND	Dimethylphthalate	10	ND	Butylbenzylphthalate	10	ND
bis(2-Chloroisopropyl)ether	10	ND	Acenaphtylene	10	ND	3,3'Dichlorobenzidine	50	ND
4-Methylphenol	10	ND	2,6-Dinitrotoluene	10	ND	Benzo(a)anthracene	10	ND
N-Nitroso-di-n-propylamine	20	ND	3-Nitroanilne	50	ND	Chrysene	10	ND
Hexachloroethane	20	ND	Acenaphthene	10	ND	bis(2-Ethylhexyl)phthalate	10	ND
Nitrobenzene	10	ND	2,4-Dinitrophenol	50	ND	Di-n-octylphthalate	10	ND
Isophorone	10	23.1	4-Nitrophenol	50	ND	Benzo(b)fluoranthene	10	ND
2-Nitrophenol	20	ND	Dibenzofuran	10	ND	Benzo(k)fluoranthene	10	ND
2,4-Dimethylphenol	10	ND	2,4-Dinitrotoluene	10	ND	Benzo(a)pyrene	10	ND
Benzoic acid	50	ND	Diethylphthalate	10	ND	Indeno(1,2,3-cd)pyrene	20	ND
bis(2-Chloroethoxy)methane	10	ND	4-Chlorophenyl-phenylether	10	ND	Dibenz(a,h)anthracene	20	ND
2,4-Dichlorophenol	10	ND	Fluorene	10	ND	Benzo(g,h,i)perylene	20	ND
1,2,4-Trichlorobenzene	10	ND	4-Nitroaniline	50	ND	TIC'S		
Naphthalene	10	ND	4,6-Dinitro-2-methylphenol	50	ND	Φ4-(chloromethyl)-		
4-Chloroaniline	20	ND	N-nitrosodiphenylamine	20	ND	2,2-dimethyl-1,3-dioxolane	Est Con	107
Hexachlorobutadiene	10	ND	4-Bromophenyl-phenylether	10	ND	Φ2- Unknown	Est Con	101

SURROGATES	RECOVERY (%)	LIMITS
2-Fluorophenol	53	21-100
Phenol-d5	43	10-194
Nitrobenzene-d5	57	35-114
2-Fluorobiphenyl	68	43-116
2,4,6-Tribromophenol	60	10-123
p-Terphenyl-d14	64	33-141

Date Extracted: / 28 / 1999
Date Injected: 2 / 10 / 1999
ND = None Detected
MQL = Minimum Quantifiable Level
Analyst: Jon Shell

Lower Detection Level = MQL X 1 = _____ µg/L

__ No peaks above 40% of internal standard.
__ Peaks above 40% of internal standard on EPA Appendx IX were identified.*
__ Peaks above 40% of internal standard not on EPA Appendix IX.**
__ Peaks above 40% of internal standard not on EPA Appendix IX were not identified.
__ Additional peaks were observed, but not examined.

COMMENTS: **Note**: The blank and other samples and Matrix spikes for this extraction set are contaminated with Isophorome. At approximately the same concentration. This compound was likely introduced

INORGANICS REPORT
WATER

SAMPLE No.: 348

ANALYSES: _____ **DATE COLLECTED:** _____

PARAMETER	CONC. ug/l	MQL ug/l	QC %Rec.	Analyst	Date
Arsenic	ND	5.0	94	JC	2-19-99
Barium	ND	5.0	99	JC	2-22-99
Cadmium	7.1	1.0	100	JC	2-19-99
Chromium	ND	1.0	102	JC	2-19-99
Copper	ND	5.0	104	JC	2-19-99
Iron	ND	50		JC	2-19-99
Lead	ND	5.0	100	JC	2-19-99
Nickel	ND	5.0	106	JC	2-19-99
Selenium	ND	5.0	112	JC	2-19-99
Silver	ND	1.0	90	GB	2-23-99
Zinc	12.0	10	101	JC	2-19-99

MQL = minimum quantifiable levels
QC %Rec = percent recovery of quality control standard

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4

Science and Ecosystem Support Division
980 College Station Road
Athens, Georgia 30605-2720

24 SEP 1998

Steve Spengler
Chief, Industrial NPDES Permit Section
MS Department of Environmental Quality
Office of Pollution Control
Environmental Permits Division
P.O. Box 10385
Jackson, Mississippi 39289-0385

SUBJ: Acute Toxicity Test Results for Hercules, Inc.
(NPDES #MS0001830)

Dear Steve:

At the request of the USEPA Water Management Division, acute toxicity tests were conducted on final effluent from Hercules, Inc., Hattiesburg, Mississippi. Tests were conducted on a composite sample of effluent from outfall 002 collected June 2-3, 1998 by Mississippi Department of Environmental Quality personnel and shipped to the USEPA Athens, Georgia laboratory. Acute toxicity tests were conducted June 4-6, 1998 on daphnids (*Ceriodaphnia dubia*) and June 4-8, 1998 on fathead minnows (*Pimephales promelas*) following procedures outlined in the USEPA manual "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms" EPA/600/4-90/027F.

Toxicity tests were conducted according to instructions in the facility's NPDES permit. Definitive acute toxicity tests were conducted on a control, 100% effluent and a series of concentrations using a dilution factor of 0.5 from the 100% effluent. Control water used for both tests was a diluted mineral water. The 96-hour acute test was renewed at 48 hours with a portion of the original sample. The 48-hour daphnid acute test was not renewed.

Significant mortality occurred in both the daphnid and minnow tests. The statistical method used in analyzing the

survival data and determining the LC_{50} was the Trimmed Spearman-Karber Method. A 48-hour LC_{50} of 9.1% for the daphnids and a 96-hour LC_{50} of 8.8% for the minnows was determined. The permit requirement is an LC_{50} greater than or equal to 10.7% of the effluent to pass. Both test results constituted a failure of the permit requirements.

A summary of test conditions, test results, and pertinent physical-chemical water quality data are included in the attached Tables 1-2.

If you have any questions, please call me at 706/355-8707.

Sincerely,

Kay

Kay Millar
Ecological Assessment Branch

cc: Loyd Sharp, MSDEQ

Table 1. Data Recorded During a 48-Hour, Daphnid Acute Static Toxicity Test Conducted on Effluent (Outfall 002) Collected 6/2-3/98 at Hercules, Inc., Hattiesburg, Mississippi, June 4-6, 1998.

Conc., Effluent	Number of Live Organisms			Dissolved Oxygen (mg/L)			Temperature (°C)			Initial Water Quality					
(%)	0	24	48	0	24	48	0	24	48	pH (SU)	Total Alk. (mg/L)	Hardness (mg/L)	Conductivity (µmhos/cm)	Salinity (ppt)	TRC (mg/L)
0	20	20	20	8.4	--	7.9	25.0	25.0	24.8	8.3	81	92	194	0.0	0.01
6.25	20	20	19	9.1	--	7.6	25.0	25.0	24.8	8.1	--	--	342	0.1	--
12.5	20	20	2	8.6	--	7.6	25.0	25.0	24.8	8.0	--	--	482	0.2	--
25	20	0	0	7.8	7.3	--	25.0	25.0	--	8.0	--	--	760	0.3	--
50	20	0	0	7.5	7.3	--	25.0	25.0	--	8.0	--	--	1300	0.7	--
100	20	0	0	7.1	7.3	--	25.0	25.0	--	8.0	127	44	2360	1.3	0.01

Table 2. Data Recorded During a 96-Hour, Fathead Minnow Acute Static Renewal Toxicity Test Conducted on Effluent (Outfall 002) Collected 6/2-3/98 at Hercules, Inc., Hattiesburg, Mississippi, June 4-8, 1998.

Conc. Effluent	Number of Live Organisms					Dissolved Oxygen (mg/L)					Temperature (°C)					Initial Water Quality					
(%)[1]	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	pH (SU)	Total Alk. (mg/L)	Hardness (mg/L)	Conductivity (µmhos/cm)	Salinity (ppt)	TRC (mg/L)
0	20	20	20	20	20	8.4	8.3	8.7	8.4	8.1	25	24	24	24	24	8.3	81	92	194	0.0	0.01
6.25	20	18	17	16	16	9.1	8.1	8.5	7.9	8.0	25	24	24	24	24	8.1	--	--	342	0.1	--
12.5	20	16	9	8	4	8.6	7.9	8.1	6.0	7.8	25	24	24	24	24	8.0	--	--	482	0.2	--
25	20	0	0	0	0	7.8	5.3	--	--	--	25	24	--	--	--	8.0	--	--	760	0.3	--
50	20	0	0	0	0	7.5	4.1	--	--	--	25	24	--	--	--	8.0	--	--	1300	0.7	--
100	20	0	0	0	0	7.1	4.1	--	--	--	25	24	--	--	--	8.0	127	44	2360	1.3	0.01

[1] concentrations were renewed at 48 hours with original sample of effluent

99m569

Mohammad:
Please handle.
Ed
1/29/99

State of Mississippi
Department of Environmental Quality
OFFICE OF POLLUTION CONTROL
P. O. Box 10385
Jackson, Mississippi 39289-0385

COMPLAINT FORM

Date: 1-26-99 **Time:** 9:00 AM

☐ Air ☒ Surface Water ☐ Groundwater ☐ Hazardous Waste ☐ Solid Waste

Person Reporting: ☒ Mr. ☐ Ms. James Flaherty

Address: E-mail joflare@c-gate.net

Street or P. O. Box City Zip County Phone

Complaint Site: between Hwy 61 Bridge and the Glendale bridge, Hercules outfall.

Directions to Site: Go to Hercules and ask for the facility's outfall.

Text of Complaint: Red and Pink water discharge. Numerous dead fish.

Complaint Taken by: Mohammed Yassin

Referred to: ☐ NRO ☐ CRO ☐ Other:

Industrial Sector: Chemical

Referred By: ☐ Phone ☐ Mail ☒ Fax ☐

Routed to R. O. By: M. Yassin **Date**

Date of Resolution:

Mohammad:
I mistakenly assigned this complaint to Steve. I think you have already handled a similar complaint. Please respond to complainant.
Ed

Mike Hardy
01/26/99 08:45 AM

To: Mohammad Yassin/HW/OPC/DEQ@DEQ
cc:
Subject: BOWIE RIVER

---------- Forwarded by Mike Hardy/SW/OPC/DEQ on 01/26/99 08:49 AM ----------

"JAMES \"ORIEN\" FLAHERTY" <joflare@c-gate.net> on 01/24/99 07:05:05 PM

To: Mike Hardy/SW/OPC/DEQ
cc:
Subject: BOWIE RIVER

DEAR MR. HARDY,
I FREQUENTLY FISH ON THE BOWIE RIVER BETWEEN THE HWY.11 BRIDGE, AND THE GLENDALE BRIDGE. I DON'T KNOW IF HAVE EVER BEEN INTO THIS SECTION OF RIVER,BUT IT IS COMPOSED OF SEVERAL SAND PITS LOCATED ON THE RIVER.MY CONCERN IS A DITCH THAT FLOWS INTO THE LOWER PIT (FIRST PIT NORTH OF THE PETAL BRIDGE). THE LAST THREE TIMES ON THE RIVER I OBSERVED SOME TYPE OF DISCHARGE FROM THIS DITCH INTO THE RIVER. THE COLOR WAS A RED OR PINK, AND HAD A SMELL THAT WOULD TAKE YOUR BREATH. NUMEROUS DEAD FISH ALSO WERE FLOATING NEAR THE MOUTH OF THIS DITCH . LOCALS HAVE TOLD ME THAT THIS IS HERCULES DITCH , AND THAT THEY ARE ONLY SUPPOSED TO DISCHARGE WARM WATER, AS PER A PERMIT FROM YOUR OFFICE. THE DISCHARGE THAT I AND MANY OTHERS HAVE WITNESSED IS NOT WARM WATER!!!!!
YOUR ATTENTION IN THIS MATTER IS GREATLY APPRECIATED. THIS IS A GREAT FISHERY AND DESERVES TO BE KEPT CLEAN.

SINCERLY,
ORIEN FLAHERTY
joflare@c-gate.net

- att-1.htm

Mississippi
Department of Environmental Quality
Office of Pollution Control
Environmental Compliance and Enforcement Division
P.O. Box 10385
Jackson, MS 39289-0385
Fax # 961-5674

FAX TRANSMITTAL SHEET

Please deliver the following ____ pages, including the transmittal sheet to:

Name: L. Shary Fax No.: (228) 875-1583

Location: SRO Date: 1-26-99

From: Mohammad Yassin Phone No.: — 5195

Fax No: _____

Message: _____

HERCULES

RECEIVED
MAY 20 1999
Dept. of Environmental Quality
Office of Pollution Control

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

May 17, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
No. Z 570 544 135

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Attached is our EPA Discharge Monitoring Report for April, 1999.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attachment:

HERCULES

May 17, 1999

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

CERTIFIED MAIL-RETURN RECEIPT REQUESTED
Cert. No. Z 570 544 134

RECEIVED
MAY 19 1999
Dept. of Environmental Quality
Office of Pollution Control

Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

RE: May 10, 1999, DEQ letter

Dear Mr. Yassin:

The purpose of this letter is to respond to your 05/10/99 letter request. Mr. White's 01/27/99 investigation to which you refer, states he found no dead fish or red water in his limited search area. We are aware that on occasions our effluent may have a gray hue. We are not aware of any red/pink discharge ever coming from our facility at any time in the past.

On 01/27/99 our effluent discharge was 0.60MGD flowrate, 48 mg/l TOC, or a total discharge of 240 LBS/day of TOC discharge. This amount of discharge was well within our NPDES permit limit of 3,019 LBS/day of TOC.

It is the desire of Hercules to be a good neighbor in the community. As such, we are a member of CMA's Responsible Care initiative and we plan to continue this policy in the future. As you are aware, in order to further our efforts for improvement, we have recently obtained a POTW permit to send our effluent to the City of Hattiesburg. This will allow us to stop direct discharge of our industrial effluent. Our vision is to not have concerns associated with our effluent, and we believe this permit change will reduce any potential concerns.

I trust this satisfies your request. We believe the POTW change will be completed by the end of May. If I can answer any additional questions, please call me at 601-545-3450.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Walter D. Langhans, Plant Manager

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
James I. Palmer, Jr., Executive Director

May 10, 1999

Certified Mail Z 501 311 000

Hercules
Charlie Jordan
7th west Street
Hattiesburg, MS

Dear Mr. Jordan;

Re: Complaint
Hercules Inc.
NPDES Permit #MS 0001830
Forrest County, Hattiesburg, Mississippi

On January 27, 1999, Mr. Errol White, an inspector with the Mississippi Department of Environmental Quality investigated a complaint at the above referenced location regarding fish kill and red/pink water discharge coming from your facility. The investigation revealed that near your discharge point the water has a blue-gray hue with opacity of skimmed milk. A water sample was collected during the investigation, the results indicated high levels of Total Organic Carbon (TOC) 27.0 mg/l.

We request that you respond to this letter within ten days of its receipt. Failure to comply may result in enforcement action. Enclosed please find a copy of Mr. White's report and a copy of the water sample analysis. If you have any questions concerning this matter, please call me at (601)961-5195.

Sincerely,

Mohammad Yassin, PE, CHMM
Environmental Compliance and Enforcement Division

OFFICE OF POLLUTION CONTROL
P.O. Box 10385 Jackson, MS 39289-0385 Phone 601.961.5171 Fax 601.354.6612

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

April 28, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED
Cert. No. Z 570 544 132

RECEIVED
APR 29 1999
Miss. Dept. of Environmental Quality
Office of Pollution Control

Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

RE: April 20, 1999, MDEQ letter

Dear Mr. Yassin:

The purpose of this letter is to respond to your 04/20/99 letter addressing the compliance evaluation inspection on March 17, 1999. Those present during the inspection were Shayla Beam-USEPA, Mohammad Yassin-MDEQ, Melanie McGee-MDEQ, Tim Aultman-MDEQ, and myself.

Following your suggestions, when cleaning is necessary, we are using soapy water to clean the pH probe and are using ionized water to rinse the probe.

If I can answer any additional questions, please call me at 601-545-3450.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Walter D. Langhans, Plt. Mgr.
Shayla Beam, EPA

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

April 27, 1999

RECEIVED
APR 28 1999
Miss. St. Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
No. Z 570 544 129

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Attached is our EPA Discharge Monitoring Report for March, 1999.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attachment:

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
James I. Palmer, Jr., Executive Director

April 20, 1999

Charlie Jordan
613 West 7th Street
P. O. Box 1937
Hattiesburg, MS 39403-1937

Re: CEI at Hercules Incorporate
NPDES permit #MS0001830
Forrest County-Hattiesburg, MS

Dear Mr. Jordan;

Enclosed please find our inspection report that was completed as a result of a Compliance Evaluation Inspection (CEI) at Hercules on March 17, 1999. The results of this inspection should be used as a guide for complying with requirements and limitation as stated in your NPDES permit. The results indicate that the effluent was in compliance with the permit.

If you have any questions please call me at (601) 961-5195.

Sincerely,

Mohammad Yassin, PE, CHMM
Environmental Compliance and Enforcement Division

OFFICE OF POLLUTION CONTROL
P.O. Box 10385 Jackson, MS 39289.0385 Phone 601.961.5171 Fax 601.354.6612

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

March 17, 1999

RECEIVED
MAR 23 1999
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
No. Z 570 544 126

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Attached is our EPA Discharge Monitoring Report for February, 1999.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attachment:

Forrest

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

March 17, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
No. Z 570 544 127

RECEIVED
MAR 22 1999
Dept. of Environmental Quality
Office of Pollution Control

Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

RE: Wastewater System Upset **"March 13, 1999"**

Dear Mr. Yassin:

The purpose of this letter is to document my 03/16/99 phone notification to you regarding the upset of our wastewater system due to a severe thunderstorm in the Hattiesburg area which resulted in area evacuations due to flooding.

On 03/13/99 the Hattiesburg area received very heavy rainfall, approximately **5 inches** over a 2 hour period, which resulted in severe flooding and evacuations.

During the heavy rainfall we opened our flood valve to discharge some primary treated wastewater. This is done in order not to overflow any free floating oils in our wastewater treatment system. The flood valve allows discharge taken below the surface. The discharge flow is added to our normal discharge rate to determine the total discharge. Please note that during this event excessive rainfall, the water leaving the flood valve, is essentially the extra rainfall. In order to prevent overflow of any free floating oils, the valve was opened from 2:40 p.m. to 4:40 p.m., with an estimated discharge of 2,610 gpm for 120 minutes = 0.31 mgd.

DATE	FLOW(mgd)
03/13/99	1.21 effluent
	0.31 flood valve
TOTAL	1.52

In order to prevent a reoccurrence of using the flood valve, we have included the following in our POTW discharge project, which is scheduled for completion by the end of May. We are doubling the capacity of our existing pumps from 2500 gpm to 5000 gpm. This should be adequate capacity to handle the 2,610 gpm flood valve flowrate.

As per our permit, Part II, A) Management Requirements, 7) Upsets (40CFR122.41(n)(3), we believe we have provided the information necessary to establish an affirmative defense that this incident was an upset. We trust that you agree with our conclusion and find our response to the incident satisfactory.

If I can provide you with any additional information, please call me at 601- 545-3450 ext 360.

Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Walter D. Langhans, Plant Manager

HERCULES

Interoffice Memo

February 17, 1999

RECEIVED
FEB 18 1999
Dept. of Environmental Quality
Office of Pollution Control

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
No. Z 570 544 123

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Attached is our EPA Discharge Monitoring Report for January, 1999.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attached:

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

February 17, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
NO. Z 570 544 124

RECEIVED
FEB 19 1999
Dept. of Environmental Quality
Office of Pollution Control

Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

RE: Wastewater System Upset
"February 16, 1999"

Dear Mr Yassin:

The purpose of this letter is to document my 02/12/99, and 02/16/99, phone notification to you regarding the upset of our wastewater system due to a power failure, and equipment malfunction/operator error.

On 02/12/99, at approximately 5 a.m., the high level alarm on our wastewater lift station # 5 began to alarm. Upon immediate investigation the operator found the wastewater pumps not operating. This was from loss of power as the result of a down power line. The operating area was shut down, the electrical line repaired and the pumps were put back in operation within 2 hours. During the shutdown time, some wastewater overflowed into the nearby storm ditch. This ditch was dammed up at the downstream end, and a portable pump was used to pump the contents in the ditch back into the lift station once the power was back in service. Visual observation did not indicate any appreciable amount leaving the site.

On 02/15/99, at approximately 11 a.m., the operator found a wastewater surge tank associated with this same lift station overflowing. Prior to this at approximately 10:30 a.m. the tank was not overflowing. This occurred as a result of using a secondary pump while the primary pump was out of service for repairs. Because we were using a secondary pump, which is designed to operate only during high level, high volume flow, part of the high demand wastewater is pumped into the surge tankage by design. This surge then returns by gravity flow into the lift station once the demand is reduced.

Because the secondary pump was being used to pump the lift station, it apparently never stopped long enough for the surge to drain back into the lift station and pump out before the pump came on again. As a result, over an extended period of time, the tankage eventually filled to capacity and began to overflow into the tankage dike area. The operator then noticed the dike valve open with some of the wastewater going into the storm ditch. The dike valve was closed and the dike contents pumped back into the lift station. This was done by closing a valve on the surge tank line which eliminates surge accumulation. The maximum amount of time the tank overflow could have occurred would have been approximately 30 minutes. Visual observation did not indicate any appreciable amount leaving the site.

As a result of this incident all pumps associated with this lift station have been restored to their original intended functionality.

If I can provide you with any additional information, please call me at 601-545-3450 ext 360.

Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Walter D. Langhans
Plant Manager, Hercules

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
Fax: (601) 584-3226

February 4, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
No. Z 570 544 119

RECEIVED
FEB - 8 1999
Dept. of Environmental Quality
Office of Pollution Control

Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

RE: Wastewater System Upset **"February 2, 1999"**

Dear Mr. Yassin:

The purpose of this letter is to document my 01/29/99 and 01/30/99 phone notification to you regarding the upset of our wastewater system due to a severe thunderstorm in the Hattiesburg area which resulted in power failure, and equipment malfunction.

On 01/29/99 the Hattiesburg area received very heavy rainfall, approximately **9 inches** over a 6 hour period, which resulted in severe flooding, evacuations, and power failures. Our plants electrical service was off-line for 3 to 4 hours as the result of lighting to both Mississippi Power's system and inside our main substation.

At approximately 9:00 a.m., for 15 minutes, we observed our effluent discharge pH in the 9.0 to 9.6 range with the indicator probe stationed in our effluent ditch. This probe is not intended to be used for compliance monitoring and is not maintained/calibrated as such. It is strictly used as an indicator to alert/identify any potential upstream problems. Immediately upon observing this pH reading a pump malfunction was identified and corrected. Our effluent pH was back to normal within 15 minutes.

During the heavy rainfall, coupled with power failure, we opened our flood valve to discharge some primary treated wastewater. This is done in order not to overflow any free floating oils in our wastewater treatment system. The flood valve allows discharge taken below the surface. The discharge was sampled, analyzed for TOC and added to our normal discharge rate to determine the total discharge. Please note that during this event, excessive rainfall, the water leaving the flood valve is essentially the extra rainfall. In order to prevent overflow of any free floating oils, the valve was opened from 10:45 p.m. to 7 a.m., with an estimated discharge of 2,610 gpm for 495 minutes = 1.25 mgd.

Also, please note that the additive amount, our normal effluent plus the flood valve discharge, did not exceed our permit discharge limit, as shown below.

DATE	FLOW(mgd)	TOC(mg/l)	LBS/DAY	PERMIT LIMIT
01/29/99	0.95 effluent	75	594	
	1.25 flood valve	75(max.)	782	
TOTAL	2.20	75(max)	1,376	3,019

As per our permit, Part II, A) Management Requirements, 7) Upsets (40CFR122.41(n)(3), we believe we have provided the information necessary to establish an affirmative defense that this incident was an upset. We trust that you agree with our conclusion and find our response to the incident satisfactory.

If I can provide you with any additional information, please call me at 601- 545-3450 ext 360.

Sincerely,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

cc: Walter D. Langhans, Plant Manager

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
James I. Palmer, Jr., Executive Director

MEMORANDUM

TO: Mohammad Yassin

FROM: Errol White

SUBJECT: Flaherty Complaint - Hercules Discharge - Forrest County

DATE: January 27, 1999

On the above date I investigated the attached complaint.

Hercules' effluent discharge enters a drainage ditch, travels underground through stormwater culverts, then surfaces at the Highway 42 crossing (photo 1). It then flows into a creek which passes through a quiescent wooded area (photo 2) next to the city cemetery; thence to a derelict sand and gravel pit; thence to the Bowie River.

The water in the creek has a blue-gray hue with the opacity of skimmed milk. The creek's exposed banks and vegetation below the high water marks have a ghostly appearance being coated with a white unidentified substance (photo 3).

A cursory examination for living organisms in this ECO system revealed no visual evidence of vertebrate or macroinvertibrate activity.

Water samples from this creek were taken at your request from an area on the north side of Highway 42. The samples will be analyzed for (1) volatiles, (2) semi-volatiles, (3) metals and (4) total organic carbon.

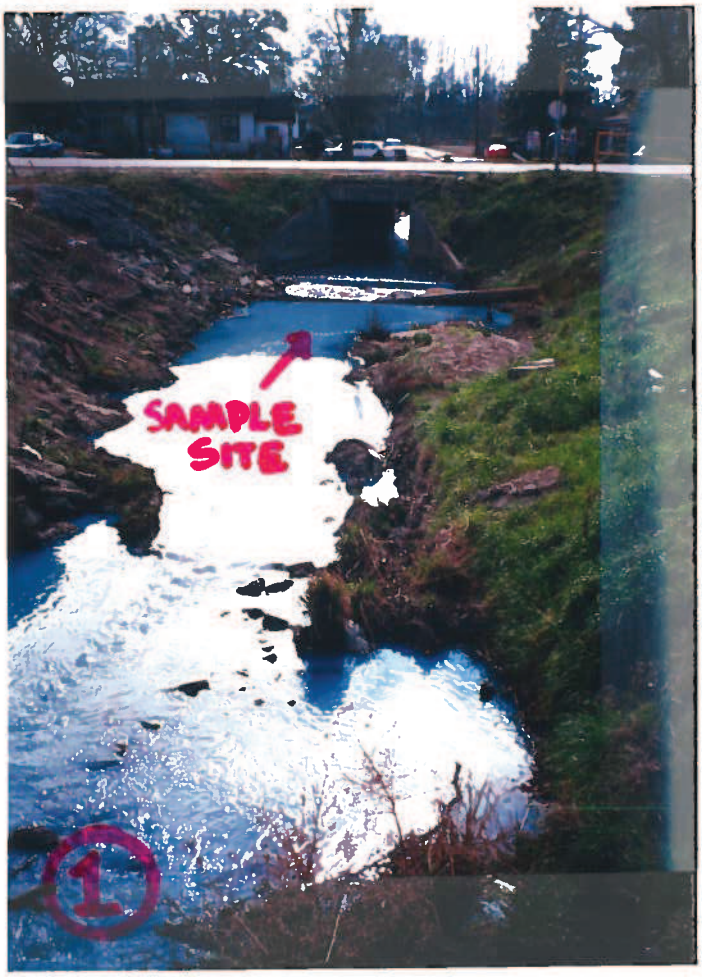
I found no dead fish or red water in my limited search area.

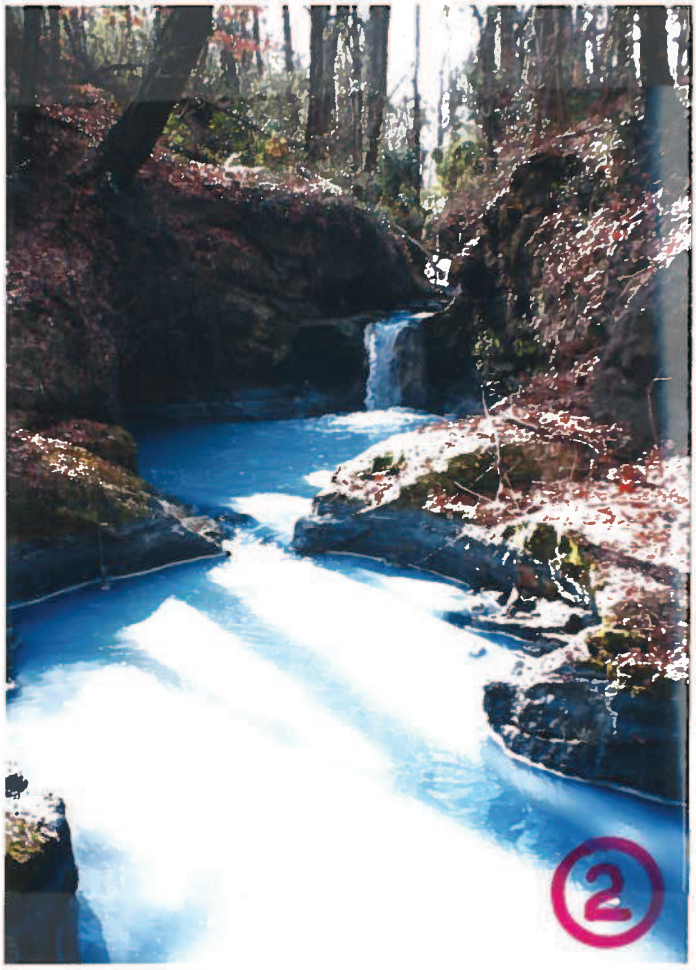
If you have any questions or comments, please call.

OFFICE OF POLLUTION CONTROL
P.O. Box 10385 Jackson, MS 39289.0385 Phone 601.961.5171 Fax 601.354.6612


BOWIE
Creek
Tr Pk
City Cem
BM 159
SAMPLE SITE
Jones Sch
ALLEN
Eureka Playground
9TH
Iseland Park Cem
WT
HERCULES DISCHARGE PT
168
7TH
Cem
Jeff Davis Sch
MAIN
5TH
ICG
4TH
BM 186
MABEL
MILLER
WEST
ST
166
170
Main St Sch
High Sch
Gordons
Hawkins Jr High Sch
Jaycee Park
BROAD
Oaklawn Cem
Radio Tower
HARDY
1ST
LANE

Flaherty Complaint - Hercules Discharge - Forrest County
January 27, 1999 (Hercules Creek)





Flaherty Complaint - Hercules Discharge - Forrest County
January 27, 1999 (Hercules Creek)



98MS751

STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL
P.O. BOX 10385
JACKSON, MISSISSIPPI 39289-0385

COMPLAINT FORM

Date 1-26-99 Time 9:00 a.m.

Air ____ Surface Water X Ground Water ____ Hazardous Waste ____

Solid Waste ____ Tires ____ UST ____

Person Reporting: Anonymous ____ Mr. X Ms ____ James Flaherty

Address: _____
City County Street or P.O. Box

_____
Zip Code Work Phone Home Phone

Complaint Site: Between Highway 11 bridge and the Glendale bridge, Hercules outfall

Text of Complaint: Red and pink water discharge, numerous dead fish.

Directions: Go to Hercules and ask for the facility's outfall.

Complaint Taken By: Mohammad Yassin
Name

North Regional Office ____
Central Regional Office ____
South Regional Office ____
Southport Office X
Other ____

Referred By: Phone ____ Mail ____ Courier ____ Fax X

Routed To R.O. By: Mohammad Yassin Date: 1-26-99

Resolution: _____

_____

_____
Inspector

Mike Hardy
01/26/99 08:45 AM

To: Mohammad Yassin/HW/OPC/DEQ@DEQ
cc:
Subject: BOWIE RIVER

---------- Forwarded by Mike Hardy/SW/OPC/DEQ on 01/26/99 08:49 AM ----------

"JAMES \"ORIEN\" FLAHERTY" <joflare@c-gate.net> on 01/24/99 07:05:05 PM

To: Mike Hardy/SW/OPC/DEQ
cc:
Subject: BOWIE RIVER

DEAR MR. HARDY,
I FREQUENTLY FISH ON THE BOWIE RIVER BETWEEN THE HWY.11 BRIDGE, AND THE GLENDALE BRIDGE. I DON'T KNOW IF HAVE EVER BEEN INTO THIS SECTION OF RIVER,BUT IT IS COMPOSED OF SEVERAL SAND PITS LOCATED ON THE RIVER.MY CONCERN IS A DITCH THAT FLOWS INTO THE LOWER PIT (FIRST PIT NORTH OF THE PETAL BRIDGE). THE LAST THREE TIMES ON THE RIVER I OBSERVED SOME TYPE OF DISCHARGE FROM THIS DITCH INTO THE RIVER. THE COLOR WAS A RED OR PINK, AND HAD A SMELL THAT WOULD TAKE YOUR BREATH. NUMEROUS DEAD FISH ALSO WERE FLOATING NEAR THE MOUTH OF THIS DITCH . LOCALS HAVE TOLD ME THAT THIS IS HERCULES DITCH , AND THAT THEY ARE ONLY SUPPOSED TO DISCHARGE WARM WATER, AS PER A PERMIT FROM YOUR OFFICE. THE DISCHARGE THAT I AND MANY OTHERS HAVE WITNESSED IS NOT WARM WATER!!!!!
YOUR ATTENTION IN THIS MATTER IS GREATLY APPRECIATED. THIS IS A GREAT FISHERY AND DESERVES TO BE KEPT CLEAN.

SINCERLY,
ORIEN FLAHERTY
joflare@c-gate.net

- att-1.htm

HERCULES

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39403-1937
(601) 545-3450
FAX: (601) 584-3226
http://www.herc.com

January 20, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
No. Z 570 544 113

RECEIVED
JAN 27 1999
Dept. of Environmental Quality
Office of Pollution Control

Mr. Mohammad Yassin
Office of Pollution Control
P. O. Box 10385
Jackson, MS 39289-0385

Dear Mr. Yassin:

Attached is our Fourth quarter, 1998, EPA Discharge Monitoring Report for Bioassay Results.

Very truly yours,

HERCULES INCORPORATED

Charles S. Jordan
Environmental Coordinator

CSJ/vrf

Attached:

Doug Upton
01/05/99 01:32 PM

File
Hercules, NPDES
MS 0001830
Formal C.

To: Mohammad Yassin/HW/OPC/DEQ@DEQ
cc:
Subject: Hercules, Inc. Toxicity Test Review

After careful review it appears that the test methods used by Environmental Contracting Service to evaluate this effluent for toxicity are those specified by EPA.

If you have any questions please give me a call.

ENTERED BY LC

PERMIT BOARD REPORT

NOV 1 2 2002

Permit Action Form

Hercules Inc
613 West 7th Street
Forrest County
Hattiesburg, MS 39401

FILE COPY

Branch Manager: Toby Cook
SIC: 2861

Recommendations

Folder No. – Activity Type
PER20020001 - RA-Water-NPDES

Permit No.
MS0001830

DEQ Contact
Samar Patel

Action:
- ☐ Issue
- ☐ Modification
- ☐ Transfer
- ☐ Revoke
- ☑ Reissue
- ☐ Name Change
- ☐ Deny

By:
- ☑ Division Chief
- ☐ Permit Board

Programs:

Master File

Program	Sub Program
Air	Title V - major
Hazardous Waste	Large Quantity Generator
Water	NPDES Minor Industrial
Water	Pretreatment
Water	Baseline Stormwater

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.

Basis: State of Mississippi Regulations and Water Quality Criteria. Reference the attached Permit Rationale

Coordination

Comments: This facility discharges into an Unnamed Tributary of the Bowie River. Since this is a renewal of an existing NPDES permit, there are no 303d concerns. There are no other permits required in association with this permit renewal.

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

Name	Address	City	State	Zip	Relationship 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
Send Draft Permit to ECED	8/14/2202	
Issue Permit		
Transmittal of Final Permit		
Set Permit Expiration Date		
Application Received	3/28/02	3/21/02
Letter Acknowledging Receipt of Application Issued	3/23/02	3/28/02
Early Public Notice of Application Complete	4/21/02	4/17/02
Administrative Completeness Letter Issued/ Application Complete	5/5/02	8/7/02
Draft Permit and Rationale Prepared	9/8/02	8/9/02
Draft Permit Sent to Supervisor	8/14/2202	8/9/02
Draft Permit Sent to Facility	8/14/2202	8/12/02
Public Notice Issued	9/26/2202	9/19/02
Public Notice Completed		10/19/02
Project Awareness Checklist		10/30/02
Prepare PCS Form		10/31/02
Permit Action Form		10/31/02
Prepare Final Permit/Decision and Supporting Documents		10/31/02

Existing Permits

Permit Number	Description
Air-AIRS AFS	03500001
Air-State Operating	080000001
Air-Title V Operating	080000001
GP-Baseline	MSR110153
Hazardous Waste-EPA ID	MSD008182081
Water-NPDES	MS0001830
Water-Pretreatment	MSP091286

FILE COPY

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: OCT 31 2002

Permit No. MS0001830

Expires: **September 30, 2007**

2022 PER20020001

STATE OF MISSISSIPPI
WATER POLLUTION CONTROL PERMIT

TO DISCHARGE WASTEWATER IN ACCORDANCE WITH THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

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MISSISSIPPI ENVIRONMENTAL QUALITY PERMIT BOARD

AUTHORIZED SIGNATURE

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Issued: October 31, 2002

Expires: September 30, 2007

Permit No. MS0001830

2022 PER20020001

Part I.

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning **October 31, 2002,** and lasting until **September 30, 2007,** the permittee is authorized to discharge from outfall(s) serial number(s) 002 **(Storm Water & Non-contact 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 6.5 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 DECEMBER 28, 2002.** 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.

H30800

Proof of Publication

The State of Mississippi

Forrest County

SEP 2 0 2002
MDE

PASTE PROOF HERE

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
September 19, 2002

Hercules, Inc. located at 613 West 7th Street, in Hattiesburg, MS 39401 has applied to the Mississippi Department of Environmental Quality for reissuance of the following NPDES permits: Water-NPDES Ref. No. MS0001830.

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 submitted information to remove permitted Outfall 001 from the renewal NPDES permit because they made application and received a Pretreatment permit to discharge the industrial wastewater effluent to the city of Hattiesburg POTW for this Outfall. One discharge is described in the application. With the above-mentioned requirement, the facility will continue to be a NPDES minor source.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Samar I. Patel at the Permit Board's address shown above, no later than October 19, 2002. 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 Samar I. Patel 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, Mississippi 39401

Please bring the foregoing to the attention of persons whom you know will be interested.
2022 PER20020001
Publish Date: September 19, 2002.

PERSONALLY appeared before me, the undersigned notary public in and for Forrest County, Mississippi,

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:	130
Words:	449
Issues:	1
Total:	$56.88

Thursday, September 19, 2002

FORWARD
SEP 25 2002
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 9/19/2002
Notary Public State of Mississippi At Large.

My Commission Expires: May 24, 2006.
Bonded thru Heiden, Brooks & Garland, Inc.

(SEAL)

STATE OF MISSISSIPPI,
COUNTY OF PIKE

PERSONALLY CAME before me, the undersigned, a notary public in and for PIKE County, Mississippi, the CLERK of the McCOMB ENTERPRISE-JOURNAL, a newspaper published in the City of McComb, Pike County, in said state who being duly sworn, deposes and says that the McCOMB ENTERPRISE-JOURNAL is a newspaper as defined and prescribed in Senate Bill No. 203 enacted at the regular session of the Mississippi Legislature of 1948, amending Section 1858, of the Mississippi Code of 1942, and that the publication of a notice, of which the annexed is a copy in the

matter of _____

has been made in said paper 1 times consecutively, to wit:

On the _____ day of _____, 20 _____

On the _____ day of _____, 20 _____

On the _____ day of _____, 20 _____

On the _____ day of _____, 20 _____

On the _____ day of _____, 20 _____

On the _____ day of _____, 20 _____

On the 19 day of Sept, 20 02

efore me, this

t, 20 02

erkins
ary Public

Sharon Stogner
Clerk

y Commission Expires Sept. 30, 2004

McComb, Miss. _____, 20 _____

To McComb Enterprise-Journal

words/space

aking proof, $ 48.48

account.

_____, 20 _____

FORWARD
SEP 25 2002
Linda Stanford
TO AS/BS

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
September 19, 2002

Dixie Packaging, Inc. located at 1183 Dixie Spring Road, in Summit, MS 39666 has applied to the Mississippi Department of Environmental Quality for reissuance of the following NPDES permits: Water-NPDES Ref. No. MS0050059.

This facility manufactures poly plastic bags for food storage from plastic pellets. The NPDES permit for this facility authorizes to discharge non-contact cooling water to unnamed tributary of the Beaver Creek. One discharge is described in the application. With the above-mentioned requirement, the facility will continue to be a NPDES minor source.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Samar I. Patel at the Permit Board's address shown above, no later than October 19, 2002. 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 Samar I. Patel 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
McComb Public Library
1022 Virginia Avenue
McComb, Mississippi 39648

Please bring the foregoing to the attention of persons whom you know will be interested.

Mississippi Department of Environmental Quality
Office of Pollution Control
Environmental Permits Division

FILE COPY

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 entire checklist should be filled out prior to developing the draft permit. It should be attached to the permit action form (PAF).

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

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?
☐	☐	☒	A2.	Is this facility a significant minor source as defined by APC-S-1, Section1.21?
☐	☐	☒	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 or state forest or park or other recreational area? ☐Yes / ☐No / ☐NA
☐	☐	☒	A7.	Will any air discharges have an impact on water quality?

B. Hazardous Waste

☐	☐	☒	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

☐ ☐ ☒ 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

☐ ☐ ☒ 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 8, 2002, 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

☐ ☐ ☒ 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

☒ ☐ ☐ F1. List all existing permits and their expiration dates:
SEE PAF
- 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

☒ ☐ ☐ 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?

- 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? If yes, describe.

FACILITY DATA SCREEN #1 (FAC1)

PERMIT #:**MS0001830** TRANSACTION CODE:**R**

FILE COPY

FACILITY NAME:**Hercules Inc**
COGNIZANT OFFICIAL:**Mr. Walter D. Langhans**
PHONE:**(601) 545-3450** CITY:**Hattiesburg,**
COUNTY CODE:**035** SIC CODE:**2861** TYPE OF APPLICATION:**2C**
FACILITY INACTIVE CODE: FACILITY OWNERSHIP:**PRI**
FACILITY INACTIVE DATE: - -
SUB-REGION:**SO** ENGINEER:**SIP** AVG. DESIGN FLOW:**00000**

FACILTIY DATA SCREEN #2 (FAC2)

RIVER BASIN:**0342** **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:**Unnamed Tributary of Bowir River**

FACILITY TYPE:**I**

TREATMENT TYPE:**None**

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**

AF	Aluminum Forming	EM	Explosives Mfg	MP	Meat Products	PH	Pharmaceutical Mfg
AM	Asbestos Mfg	FL	Feedlots	MF	Metal Finishing	PM	Phosphate Mfg
BM	Battery Mfg	FA	Ferroalloy Mfg	MM	Metal Molding & Casting	PT	Photographic
CV	Canned & Preserved Fruits & Veg Processing	FM	Fertilizer Mfg	MI	Mineral Mining & Processing	PF	Plastics Molding & Forming
CS	Canned & Preserved Seafood Processing	GM	Glass Mfg	NP	Nonferrous Metals Forming & Powders	PE	Porcelain Enameling
CB	Carbon Black Mfg	GR	Grain Mills	NM	Nonferrous Metals Mfg	PP	Pulp, Paper & Paperboard
CM	Cement Mfg	GW	Gum & Wood Chemicals Mfg	OE	Oil & Gas Extraction	RM	Rubber Mfg
CW	Centralized Waste Treatment	HO	Hospital	OM	Ore Mining & Dressing	SD	Soap & Detergent Mfg
CO	Coal Mining	IF	Ink Formulating	OC	Organic Chemicals Mfg	SE	Steam Electric Power Generating
CC	Coil Coating	IC	Inorganic Chemicals Mfg	PA	Paint Formulating	SP	Sugar Processing
CF	Copper Forming	IS	Iron & Steel Mfg	PV	Paving & Roofing Materials (tars & asphalt)	TX	Textile Mills
DP	Dairy Products Processing	LF	Landfills	PC	Pesticide Chemicals	TP	Timber Products Processing
EC	Electrical & Electronic Components	LT	Leather Tanning & Finishing	PR	Petroleum Refining	WC	Waste Combustors
EL	Electroplating						

FACILITY ADDRESS SCREEN (FACA)

PERMIT #:**MS0001830**

Primary DMR Mailing Address

FACILITY NAME:**Hercules Inc**
ADDRESS LINE 1:**613 West 7th Street**
ADDRESS LINE 2:
CITY:**Hattiesburg,**
STATE:**Mississippi**
ZIP:**39401**

Alternate DMR Mailing Address

FACILITY NAME:**Hercules Inc**
ADDRESS LINE 1:**613 West 7th Street**
ADDRESS LINE 2:
CITY:**Hattiesburg,**
STATE:**Mississippi**
ZIP:**39401**

Facility Location Address

COUNTY NAME:**Forrest**
ADDRESS LINE 1:**613 West 7th Street**
ADDRESS LINE 2:
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:**09-30-07**

PERMIT #:**MS0001830** **Chemical Branch**

OUTFALL GENERAL DATA SCREEN #1 (OFLG)

TRANSACTION CODE:**C** (N=New, C=Change)

DISCHARGE NUMBER:**002**

REPORT DESIGNATOR: **A**

INITIAL REPORT DATE:**12-01-02**
(date monitoring is to begin)

REPORT UNITS:**M**

NUMBER OF UNITS IN
REPORT PERIOD:**003**

TOTAL NUMBER OF MONTHS DUE
(Months due in 5 Years):**020**

INITIAL SUBMISSION DATE:**12-28-02**

STATE SUBMISSION UNIT: **M**

NUMBER OF UNITS IN STATE SUBMISSION PERIOD:**03** **(see instruction sheet)**

PIPE DESCRIPTION:**Cooling Water,Storm Water**

INITIAL LIMIT DATES: START: - - END: - -

INTERIM LIMIT DATES: START: - - END: - -

FINAL LIMIT DATES: START: - - END:**09-30-07**

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	

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
September 19, 2002

FILE COPY

Hercules, Inc. located at 613 West 7th Street, in Hattiesburg, MS 39401 has applied to the Mississippi Department of Environmental Quality for reissuance of the following NPDES permits: Water-NPDES Ref. No. MS0001830.

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 submitted information to remove permitted Outfall 001 from the renewal NPDES permit because they made application and received a Pretreatment permit to discharge the industrial wastewater effluent to the city of Hattiesburg POTW for this Outfall. One discharge is described in the application. With the above-mentioned requirement, the facility will continue to be a NPDES minor source.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Samar I. Patel at the Permit Board's address shown above, no later than October 19, 2002. 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 Samar I. Patel 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, Mississippi 39401

Please bring the foregoing to the attention of persons whom you know will be interested.

2022 PER20020001

September 13, 2002

Forrest County Chancery Clerk
P. O. Box 951
Hattiesburg, Mississippi 39401

Dear Sir/Madam:

Re: Hercules Inc
Forrest County
Water Permit No. MS0001830

Please post the attached public notice in your courthouse on or before September 19, 2002.

If you are unable to do so or if you have any questions, please contact me at (601) 961-5331.

Sincerely,

Samar I. Patel
Environmental Permits Division

Enclosure

2022 PER20020001

September 13, 2002

The Library of Hattiesburg, Petal, & Forrest County
329 Hardy Street
Hattiesburg, Mississippi 39401

Dear Librarian:

Re: Hercules Inc
Forrest County
Water Permit 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 October 19, 2002, 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) 961-5331.

Sincerely,

Samar I. Patel
Environmental Permits Division

Enclosure

2022 PER20020001

September 13, 2002

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329 Hardy Street
Hattiesburg, Mississippi 39401

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Re: Hercules Inc
Forrest County
Water Permit No. MS0001830

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Also, enclosed is a copy of information pertinent to the permits. This information should be kept on hand for review by the public until October 19, 2002, after which it may be discarded. The public may photocopy all or any portion of this information, but it should not leave the library.

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If you have any questions, please let me know at (601) 961-5331.

Sincerely,

Samar I. Patel
Environmental Permits Division

Enclosure
Received and Agreed to By:_____ Title:_____
Date:_____

2022 PER20020001

000199 -Black 9/18/02 0:11 [illegible]04

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
September 19, 2002

Hercules, Inc. located at 613 West 7th Street, in Hattiesburg, MS 39401 has applied to the Mississippi Department of Environmental Quality for reissuance of the following NPDES permits: Water-NPDES Ref. No. MS0001830.

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 submitted information to remove permitted Outfall 001 from the renewal NPDES permit because they made application and received a Pretreatment permit to discharge the industrial wastewater effluent to the city of Hattiesburg POTW for this Outfall. One discharge is described in the application. With the above-mentioned requirement, the facility will continue to be a NPDES minor source.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Samar I. Patel at the Permit Board's address shown above, no later than October 19, 2002. 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 Samar I. Patel 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, Mississippi 39401

Please bring the foregoing to the attention of persons whom you know will be interested.

2022 PER20020001
Publish Date: September 19, 2002.

Attn: Samar I. Patel

PROOF CAREFULLY FOR ERRORS
SIGN OK OR INDICATE
CORRECTION & FAX BACK TO US
FAX # 584-3075 THANK YOU!

Thanks
Amy w/ Hattiesburg Amerika
fax NO. 601-584-3075
$56.88

OK (S. Patel).
Everything is fine
please published it.
Thanks, Samar Patel

Check Message

Sep 18 '02 12:33

T.1.1	Check condition of remote Fax.	95843075

00199 -Black 9/18/02 0.11 0.04

Public Notice
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, Mississippi 39289-0385
Telephone No. (601) 961-5171
September 19, 2002

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facility is diversified chemical manufacturer of ified resins and paper chemicals, polyamides, ne dimer, resin emulsions, and wax emulsions. The ES permit for this facility authorizes to discharge contact cooling water to unnamed tributary of the le River for Outfall 002. The facility has submitted mation to remove permitted Outfall 001 from the wal NPDES permit because they made application received a Pretreatment permit to discharge the strial wastewater effluent to the city of Hattiesburg W for this Outfall. One discharge is described in the ication. With the above-mentioned requirement, the ty will continue to be a NPDES minor source.

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ssissippi Department of Environmental Quality
ce of Pollution Control
thport Center Building
0 Highway 80 West
kson, Mississippi 39204
Library of Hattiesburg, Petal, & Forrest County
Hardy Street
tiesburg, Mississippi 39401

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2 PER20020001
lish Date: September 19, 2002.

Attn: Samar I. Patel

PROOF CAREFULLY FOR ERRORS
SIGN OK OR INDICATE
CORRECTION & FAX BACK TO US
FAX # 584-3075 THANK YOU!

Thanks
Amy w/ Hattiesburg Tracker
fax NO. 601-584-3075
$56.88
OK (S. Idoto).
Everything is

September 13, 2002

Postmaster
Hattiesburg, Mississippi 39401

Dear Postmaster:

Re: Hercules Inc
Forrest County
Water Permit No. MS0001830

Please post the attached public notice in your post office on or before September 19, 2002.

If you are unable to do so or if you have any questions, please contact me at (601) 961-5331.

Sincerely,

Samar I. Patel
Environmental Permits Division

Enclosure

2022 PER20020001

September 13, 2002

Mr. Roosevelt Childress
Surface Water Permits and Facilities Branch
U. S. Environmental Protection Agency
61 Forsyth Street, SW
Atlanta, Georgia 30303-0303

Dear Mr. Childress:

Re: Hercules Inc
Forrest County
Water Permit No. MS0001830

Enclosed please find a copy of the Rationale, Application, Draft Permit, Public Notice for comment on the above referenced facility.

If there are any questions, please contact Samar I. Patel of my staff at (601) 961-5331.

Sincerely,

Jerry W. Cain, P.E., DEE
Chief, Environmental Permits Division

Enclosure

2022 PER20020001

September 13, 2002

Mr. Walter D. Langhans
Hercules Inc
613 West 7th Street
Hattiesburg, Mississippi 39401

Dear Mr. Langhans:

Re: Hercules Inc
Forrest County
Water Permit 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 October 19, 2002. 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) 961-5331.

Sincerely,

Samar I. Patel
Environmental Permits Division

Enclosures

2022 PER20020001

PERMIT RATIONALE FOR REISSUANCE
Hercules Inc
Forrest County
Hattiesburg, Mississippi
Water NPDES No. MS0001830
August 12, 2002

I. FACILITY INFORMATION

Facility Name: Hercules, Inc.
Facility Address: 613 West 7th Street
Hattiesburg, MS 39401

Permit No.: MS0001830
SIC: 2861
Permit Writer: Samar I. Patel
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

Outfall-001:

The facility has submitted information which requests that the permitted Outfall 001 be removed from the NPDES permit. This outfall was permitted for discharge industrial wastewater effluent. Prior to their NPDES permit expiration, they made application and received a Pretreatment permit to discharge this industrial wastewater effluent to the City of Hattiesburg POTW. The success of this change has been effective and therefore, according to the facility, this outfall has been removed from the NPDES permit.

1. Maximum Permit Limitations

Outfall	Parameter	Categorical Limitation	Water Quality Limitation	Present Permit Limitation	Proposed Permit Limitation	Basis
002	pH	N/A	6.5-9.0	6.5-9.0	6.5-9.0	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.

se print or type in the unshaded areas only
—in areas are spaced for elite type, i.e., 12 characters/in

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

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 MSD008182081

LABEL ITEMS

EPA I.D. NUMBER

FACILITY NAME

FACILITY MAILING ADDRESS

FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

AI 2022

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.

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

SKIP HERCULES INCORPORATED

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
CHARLES JORDAN	601 545 3450

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
613 WEST 7TH STREET	
B. CITY OR TOWN	**C. STATE** / **D. ZIP CODE**
HATTIESBURG	MS / 39401

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
613 WEST 7TH STREET	
B. COUNTY NAME	
FORREST	
C. CITY OR TOWN	**D. STATE** / **E. ZIP CODE** / **F. COUNTY CODE (if known)**
HATTIESBURG	MS / 39401 /

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

	A. FIRST	B. SECOND
(specify)	2861 Gum and Wood Chemicals	2821 Synthetic Resins
	C. THIRD	**D. FOURTH**
(specify)	2869 Industrial Organic Chemicals	2899 Chemicals and Chemical Preps.

VIII. OPERATOR INFORMATION

A. NAME

HERCULES INCORPORATED

B. Is the name listed in Item VIII-A also the owner? ☒ 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 ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	N MS0001830	
D. PSD (Air Emissions from Proposed Sources)	P	
B. UIC (Underground Injection of Fluids)	U	
E. OTHER (specify)	0800-00001 (specify) AIR PERMIT	
C. RCRA (Hazardous Wastes)	R	
E. OTHER (specify)	MSP0912866 (specify) POTW PERMIT	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. 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 MODIFIED RESINS AND PAPER CHEMICALS, POLYAMIDES, KETENE DIMER, ROSIN EMULSIONS, AND WAX EMULSIONS.

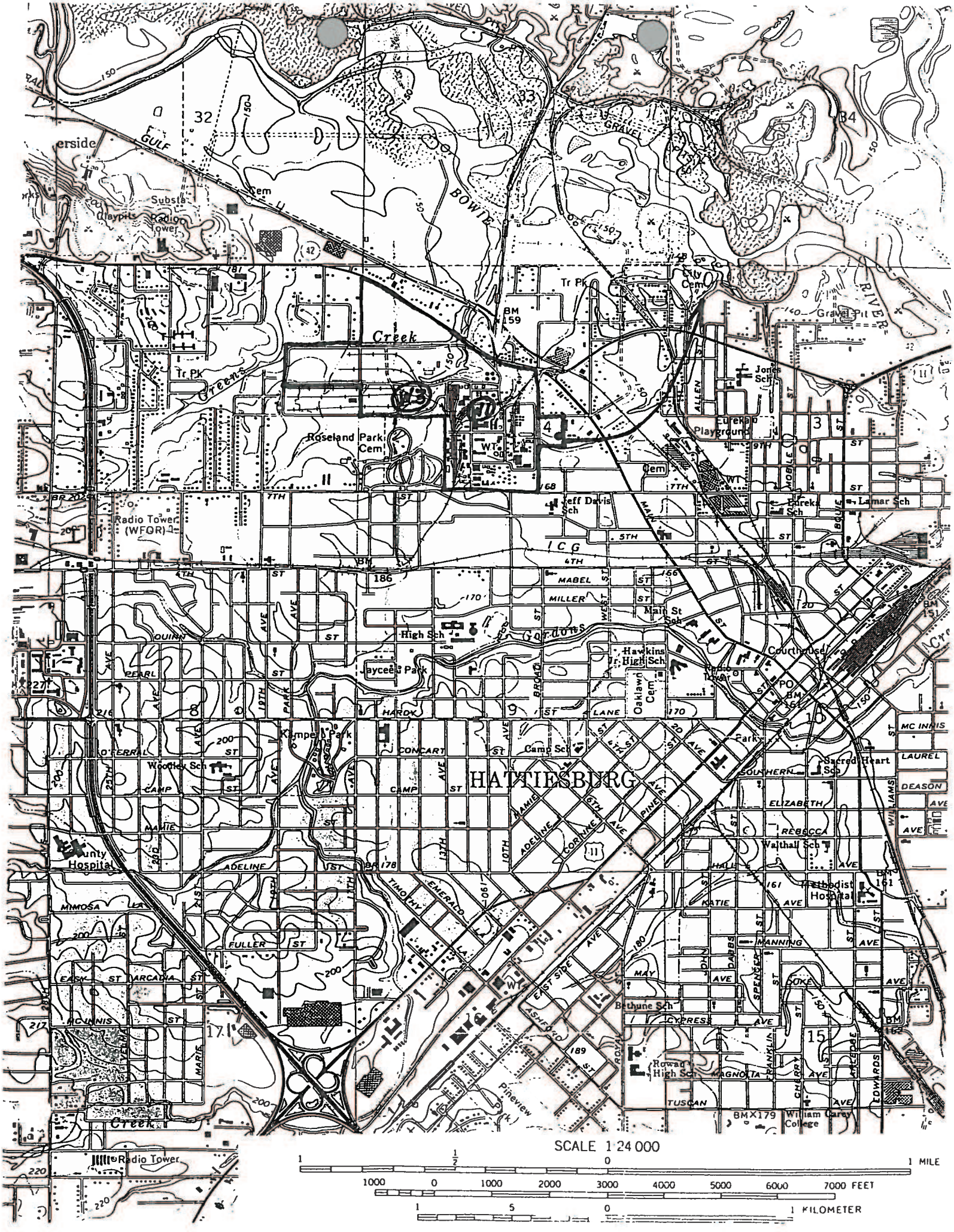
XIII. CERTIFICATION (see instructions)

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
WALTER D LANGHANS PLANT MANAGER		3/19/02

COMMENTS FOR OFFICIAL USE ONLY

★ U.S. Government Printing Office : 1985 - 486-765/3299



HATTIESBURG
Creek
Greens
Gordons
BOWIE
RIVER
Roseland Park Cem
Radio Tower (WFOR)
Jeff Davis Sch
Eureka Playground
Jones Sch
Lamar Sch
Main St Sch
High Sch
Jaycee Park
Hawkins Jr High Sch
Oaklawn Cem
Courthouse
Kampero Park
Camp Sch
Woodley Sch
Sacred Heart Sch
Walthall Sch
Methodist Hospital
Bethune Sch
Rowan High Sch
William Carey College
Pineview Park
Radio Tower
Substa
Claypits
Radio Tower
Tr Pk
City Cem
Gravel Pit
GULF
SCALE 1:24 000
1 MILE
7000 FEET
1 KILOMETER

Please type or print in the unshaded areas only

EPA ID Number *(copy from item 1 of Form 1)* MSD008182081

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

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 BOUIE 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.

IN THE PAST WE HAVE USED 25% SODIUM HYDROXIDE FOR MINOR pH ADJUSTMENT IN ORDER TO MINIMIZE CORROSION. ALTHOUGH WE DO NOT CURRENTLY ADJUST pH, THE REQUIREMENTS FOR CORROSION INHIBITOR (NEUTRALIZATION) COULD BE UP TO 0.05 GPM.

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)				1	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)				3.7	1	
Ammonia *(as N)*				ND	1	
Discharge Flow	Value 2.58 MGD		0.66 MGD		365	
pH *(give range)*	Value 7.8 MAX.		6.5 MIN		365	
Temperature *(Winter)* NOV, DEC, JAN	23 °C		23 °C		365	
Temperature *(Summer)* June, July, AUG	33 °C		31 °C		365	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge 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.)*
WALTER D LANCHANS PLANT MANAGER	601 - 584 - 3220
C. Signature	D. Date Signed
	3/19/02

Please print or type in the unshaded areas only

EPA ID Number *(copy from Item I of Form 1)*: MSD008183081

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

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 BOUIE 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.

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 ANNUALLY IN ADDITION TO REGULAR LAWN MAINTANCE.

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
WALTER D CAUGHAN PLANT MANAGER		3/19/02

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.

EPA ID Number *(copy from Item I of Form 1)*

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 IX)*

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes *(list all such pollutants below)* ☐ No *(go to Section IX)*

NPDES PERMIT No. MS0001830, PART III, E, F

IX. Contract Analysis Information

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
MSSI (SEE ATTACHMENT)			

X. 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 *(type or print)*	B. Area Code and Phone No.
WALTER D LANGHANS PLANT MANAGER	601-584-3220
C. Signature	D. Date Signed
	3/19/02

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		

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		

MSSI Magnolia Scientific Services, Inc.

Report of Analytical Results

Client:	Hercules
	Atten: Charlie Jordan

Lab Number:	MS04374-4375	
Collected:	02/18-19/02	
Received:	02/19/02	15:15

Analyte/MC	Outlet @ 14:18	Date/Time/Analyst	MDL mg/l
pH/150.1	**7.16**	02-18-02/14:05&14:18/CRR	± 0.01
TSS/160.2	**1**	02-20-02/1500/CRR	1
BOD-5/405.1	**ND**	02-20-02/1600/RWC	1
FOG/1664	**ND**	02-20-02/1030/CRR	1
NH_3/350.2	**ND**	02-22-02/1420/CRR	0.1
TOC/415.1	**3.7**	02-20-02/1345/CRR	0.1
COD/410.4	**ND**	02-21-02/1050/CRR	10

Results reported in mg/l unless otherwise designated.
pH reported in S.U.

All Data Validated by.

Rodney W. Culpepper
Laboratory Manager

MDL - Method Detection Limit
ND - Not Detected

129 Front Street
Purvis MS, 39475
email: admin@magnoliascientific.com
phone: (601)794-2309
fax: (601)794-2547

CHRONIC BIOASSAY OF EFFLUENT
Pimephales promelas and *Ceriodaphnia dubia*

Hercules Inc.
P. O. Drawer 1937
Hattiesburg, MS 39401
Ph: 601-584-3450

RECEIVED
JUL 31 2002
DEQ

1st Biannual, 2002

24-Hour Composite Sample 1 Collected: May 14, 2002 @ 0500
24-Hour Composite Sample 2 Collected: May 16, 2002 @ 0500
24-Hour Composite Sample 3 Collected: May 18, 2002 @ 0500
All samples were collected at Outfall 001

The above mentioned bioassay requires 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests in accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters To Freshwater Organisms, (EPA-600-4-91-002) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters To Marine and Estuarine Organisms, (EPA-600-4-91-002) or the most recent edition.

Testing performed by:

Environmental Contracting Service
2703 Oak Grove Road
Hattiesburg, MS 39401
Ph: 601-264-4889

Nkrumah Frazier
QA/QC Supervisor

This report should only be duplicated in full. Any partial duplication of this report requires written permission from Environmental Contracting Service.

INTRODUCTION

Chronic toxicity of effluent from the Hercules Inc., Hattiesburg waste water treatment facility to *Pimephales promelas* (*P. promelas*) and *Ceriodaphnia dubia* (*C. dubia*) was estimated as per Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters To Freshwater Organisms, (EPA-600-4-91-002). The above mentioned permit states that the inhibition concentration for this location must be greater than or equal to 100% of the effluent. The IC_{25} for *P. promelas* (growth and survival) and *C. dubia* (survival and reproduction) was calculated to be greater than 100% of the effluent (IC_{25} <= 100% EFF). The analysis of the statistical results of this test indicates that both the *P. promelas* and *C. dubia* passed the test.

GENERAL LABORATORY PROCEDURES

Dilution water for the tests was formulated by adding prescribed amounts of four reagents to water from a distillation treatment system, providing moderately hard water as per EPA protocol. Receiving stream water is not used as dilution water in Mississippi's Biomonitoring program.

The effluent samples were shipped to the laboratory in plastic containers on ice. The samples were refrigerated in the lab at 4 ± 1°C until use, when they were removed and allowed to reach ambient lab temperature. Samples were taken May 14, May 16 and May 18, 2002.

Five test concentrations and a control were used for the tests. Concentrations of effluent included 0%, 6.25%, 12.5%, 25%, 50%, and 100%. All dilutions were made immediately before each day's solution renewal in glass graduated cylinders.

The water baths of the laboratory were maintained at 25°C throughout the test period. Ambient laboratory light provided a photoperiod of 16 hours light and 8 hours darkness.

Daily physicochemical parameters were observed for all test solutions. Dissolved oxygen was recorded at the beginning and end of each 24-hour exposure period in all concentrations with a Yellow Springs Instrument (YSI) Model 54A-oxygen meter. Specific conductance was determined at the beginning and end of each 24-hour exposure period for all test concentrations with a YSI Model 33 S-C-T meter. Daily readings of pH were taken at all concentrations with a Hanna Instruments HI 9024 pH meter, while daily temperatures were taken with a mercury thermometer. Alkalinity and hardness were measured with a YSI 9100 Photometer at the beginning of each 24-hour

CHRONIC TOXICITY TEST

for
HERCULES

4TH Quarter, 2000
October 3, through October 10, 2000

Environmental Contracting Service
2703 Oak Grove Road
Hattiesburg, MS 39402

Hercules
CHRONIC BIOASSAY OF EFFLUENT

SUMMARY - Chronic toxicity of effluent from Hercules facility to *Ceriodaphnia dubia* (*C. dubia*)and *Pimephales promelas* (*P. promelas*) was estimated as per EPA/600/4-91/002. Those tests resulted in toxicity endpoints of IC_{25} =>100% (P. promelas survival), IC_{25} = 66.10% (P. promelas growth) , IC_{25} = >100% (C. dubia survival) and IC_{25} = >100% (C. dubia reproduction).

Chronic Toxicity Reproduction/Growth

Pimephales promelas

Test Media	Mean Survival (%)	Mean Biomass (mg)
Laboratory Control	96.6	0.339
12.5% Effluent	100	0.323
25.0% Effluent	100	0.302
50.0% Effluent	100	0.311
75.0% Effluent	96.6	0.287
100% Effluent	96.6	0.269

Ceriodaphnia dubia

Test Media	Mean Survival (%)	Mean Number of Offspring per Adult
Laboratory Control	100%	25.5
12.5% Effluent	90%	21.3
25.0% Effluent	90%	21.6
50.0% Effluent	90%	19.6
75.0% Effluent	100%	22.3
100.0% Effluent	100%	22.9

INTRODUCTION

Short-term toxicity testing was conducted October 3, 2000 through October 10, 2000 for effluent Hercules, Hattiesburg. The testing was performed in accordance with requirements set forth by the Mississippi Office of Pollution Control.

The seven-day *Pimephales promelas* (fathead minnow) larval survival and growth test (EPA Method 1000.0) and *Ceriodaphnia dubia* survival and reproduction test (EPA Method 1002.0) as described in EPA-600/4-91-002 were employed for the bioassays. The purpose in these tests was to determine if the effluent from the treatment facility was chronically toxic.

MATERIALS AND METHODS

General Laboratory Procedures

Dilution water for the tests was formulated by adding prescribed amounts of four reagents to water from a distillation treatment system, providing moderately-hard water as per EPA protocol. Receiving stream water is not used as dilution water in Mississippi's Biomonitoring program.

The 24-hour composite effluent samples were shipped to the laboratory in plastic containers on ice. The samples were refrigerated in the lab until use, when they were removed and allowed to reach ambient lab temperature. Samples were taken October 2, October 4, and October 6, 2000.

Five test concentrations and a control were used for the tests. Concentrations of effluent included 0%, 12.5%, 25%, 50%, 75%, and 100%. All dilutions were made immediately prior to each day's solution renewal in glass graduated cylinders.

The laboratory's water baths were maintained at 25°C throughout the test period. Ambient laboratory light provided a photoperiod of 16 hours light and 8 hours darkness.

Daily physicochemical parameters were observed for all test solutions. Dissolved oxygen was recorded at the beginning and end of each 24-hour exposure period in all concentrations with a Yellow Springs Instrument (YSI) Model 57-oxygen meter. Specific conductance was determined at the beginning and end of each 24-hour exposure period for all test concentrations with a YSI Model 33 S-C-T meter. Daily readings of pH were taken at all concentrations with a Fisher Acumet 1001 pH meter, while daily temperatures were taken with a mercury thermometer. Alkalinity and hardness were measured at the beginning of each 24-hour exposure period in 100% effluent and in the control, in conformance with Standard Methods, 19th edition.

Test chambers were cleaned prior to use as per protocol: detergent; rinse; 20% HCl rinse; tap rinse; acetone rinse; tap rinse; dilution water rinse.

All organisms used in these tests were cultured in-house. QA/QC Reference Toxicity tests are conducted monthly by this laboratory for all test methods performed on a contract basis. The results of the most recent tests performed are summarized at the end of the Results section in this report.

EPA Method 1000.0 Test Procedures

Newly hatched (<24-hr old) *Pimephales promelas* larvae from three separate spawnings were pooled together in a plastic container and observed over a light box. Damaged or deformed larvae were removed from the composite prior to test initiation.

One hundred and eighty larvae, consisting of ten larvae per replicate and three replicates per each of the six test concentrations, were randomly transferred to 500-ml glass containers with 250 ml of test solution. Aeration was not provided in the containers. The fish in each test chamber were fed .1 ml of a concentrated suspension of newly hatched brine shrimp nauplii two times daily.

Dead shrimp and accumulated debris were removed by pipette from the test chamber bottoms daily. Test solutions were poured off daily to a remaining depth of 10 mm, and new solutions were slowly poured into the chambers to avoid excessive disturbance to the fish. The numbers of live larvae in each test chamber were recorded daily and the dead larvae were discarded. The test was terminated after seven days of exposure.

EPA Method 1002.0 Test Procedures

Individual-culture brood animals were fed 0.100 ml food suspension and 0.100 ml *Selenastrum* slurry daily. Each day, the females were transferred to new media and the young were discarded. Third-brood neonates were collected less than 24 hours prior to test initiation. Those neonates born to adults that all had broods on the same 3 days were pooled together and used for the test, in an effort to reduce variance in reproduction during the test.

Upon test initiation, the neonates were randomly placed in the test chambers (4dr borosilicate shell vials). Ten replicate neonates were introduced to each of the six test concentrations. The test chambers were placed in acrylic racks immersed in a recirculating, constant-temperature bath. Each day, the test animals were transferred by

pipette to fresh test solutions. Adult survival and number of young were recorded, and the young were discarded.

The test was terminated within two hours of the hour of initiation on the day that at least 60% of the control animals had their third brood. Numbers of young produced by each female, total living young, most young by any one adult, and numbers of live adults were tabulated.

RESULTS

EPA Method 1000.0 Results

One fathead minnow died in the 0%, 75%, and 100% concentrations. The inhibition concentration (IC_{25}) for the larval fish survival was calculated to be greater than 100% of the effluent. The IC_{25} for the larval fish growth was calculated to be 66.10% of the effluent.

EPA Method 1002.0 Results

One *C. dubia* adult died in the 12.5%, 25%, and 50% concentrations. The IC_{25} for *C. dubia* reproduction was calculated to be greater than 100% effluent. The IC_{25} for *C. dubia* survival was calculated to be greater than 100% effluent.

QA/QC Reference Test Results

The most recent EPA Method 1000.0 QA/QC Reference test (September 12 through September 19, 2000) revealed an NOEC of 2.0 g/L and an LOEC of 3.0 g/L Sodium chloride. An EPA Method 1002.0 QA/QC Reference test (September 12 through September 19, 2000) revealed an NOEC of 1.25 g/L and an LOEC of 1.50 g/L Sodium chloride. All values were within upper and lower control limits established by this laboratory and as demonstrated by its control charts.

Certified By: _____ *Date:* 12/15/00

Michael S. Bonner, Ph.D., President
Environmental Contracting Service
P.O. Box 15727
Hattiesburg, Mississippi 39404

Inhibition Concentration Percentage Estimate
Toxicant/Effluent: Hercules
Test Start Date: 10/03/00 Test Ending Date: 10/10/00
Test Species: *Pimephales promelas*
Test Duration: 7 days
Survival Data

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	3	0.000	9.667	0.577	9.917
2	3	12.500	10.000	0.000	9.917
3	3	25.000	10.000	0.000	9.917
4	3	50.000	10.000	0.000	9.917
5	3	75.000	9.667	0.577	9.667
6	3	100.000	9.667	0.577	9.667

No Linear Interpolation Estimate can be calculated from the input data since none of the (possibly pooled) group response means were less than 75% of the control response mean.

Inhibition Concentration Percentage Estimate
Toxicant/Effluent: Hercules
Test Start Date: 10/03/00 Test Ending Date: 10/10/00
Test Species: *Pimephales promelas*
Test Duration: 7 days
Growth Data

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	3	0.000	0.339	0.016	0.339
2	3	12.500	0.323	0.009	0.323
3	3	25.000	0.302	0.009	0.307
4	3	50.000	0.311	0.004	0.307
5	3	75.000	0.287	0.008	0.287
6	3	100.000	0.269	0.006	0.269

No Linear Interpolation Estimate can be calculated from the input data since none of the (possibly pooled) group response means were less than 75% of the control response mean.

EPA METHOD 1000.0 PHYSICOCHEMICAL PARAMETERS

Client: Hercules

Date Started: 10/03/00 @ 1100
Date Ended: 10/10/00 @ 1030

Concentration: 0.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.0	7.8	7.6	7.4	308	371	25	25	55	90
2	8.7	7.4	7.3	7.4	290	338	25	25	55	90
3	8.7	7.5	7.5	7.4	290	335	25	25	55	95
4	8.9	7.5	7.6	7.4	295	348	25	25	55	95
5	9.1	7.3	7.5	7.5	299	345	25	25	60	90
6	9.0	7.8	7.6	7.5	275	318	25	25	60	90
7	8.9	7.6	7.3	7.5	270	310	25	25	60	90

Concentration: 12.50%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.1	7.6	7.5	7.4	280	350	25	25		
2	9.4	7.3	7.4	7.5	270	312	25	25		
3	8.8	7.4	7.5	7.4	270	318	25	25		
4	9.1	7.3	7.5	7.3	268	318	25	25		
5	8.9	7.1	7.6	7.4	270	333	25	25		
6	8.9	7.6	7.5	7.5	262	321	25	25		
7	9.4	7.7	7.4	7.5	250	305	25	25		

Concentration: 25.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.2	7.7	7.4	7.4	251	325	25	25		
2	9.2	7.4	7.4	7.5	250	300	25	25		
3	9.0	7.3	7.4	7.4	248	299	25	25		
4	9.1	7.4	7.5	7.3	245	295	25	25		
5	9.1	7.4	7.5	7.6	240	299	25	25		
6	8.9	7.5	7.4	7.4	250	299	25	25		
7	9.4	7.6	7.3	7.4	228	300	25	25		

Concentration: 50.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.4	7.6	7.3	7.3	200	270	25	25		
2	9.4	7.3	7.2	7.5	203	245	25	25		
3	9.1	7.4	7.3	7.3	193	293	25	25		
4	9.2	7.4	7.3	7.3	198	250	25	25		
5	9.3	7.4	7.3	7.5	193	245	25	25		
6	9.2	7.5	7.4	7.4	203	251	25	25		
7	9.8	7.6	7.2	7.4	183	255	25	25		

Concentration: 75.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.4	7.6	7.3	7.4	251	330	25	25		
2	9.1	7.3	7.4	7.5	250	298	25	25		
3	9.4	7.4	7.2	7.3	245	280	25	25		
4	9.1	7.6	7.4	7.3	241	283	25	25		
5	9.4	7.4	7.4	7.5	240	297	25	25		
6	9.2	7.5	7.5	7.5	249	300	25	25		
7	9.7	7.6	7.4	7.4	230	298	25	25		

Concentration: 100.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.7	7.6	7.0	7.5	105	289	25	25	30	0
2	9.5	7.3	7.0	7.5	100	210	25	25	30	0
3	9.8	7.3	6.8	7.3	90	130	25	25	25	30
4	9.7	7.6	7.1	7.2	90	131	25	25	25	30
5	9.5	7.5	6.7	7.3	89	130	25	25	25	20
6	9.8	7.6	6.9	7.4	100	125	25	25	25	20
7	9.7	7.5	7.1	7.3	110	128	25	25	25	20

Raw Data Reviewed By _____ Date 10-31-00

Raw Data Certified By _____ Date 11/22/00

CLIENT: Hercules — Fish — DATE/TIME STARTED: 10/3 @ 1100 — DATE/TIME ENDED:

CONCENTRATION: 0

DAY	D.O. BEG	D.O. END	pH BEG	pH END	COND BEG	COND END	TEMP BEG	TEMP END	ALK	HARD
1	~~7.56~~9.00	7.75	~~7.11~~7.55	7.37	~~3~~308	371			55	90
2	8.70	7.40	7.34	7.41	290	338			~~35~~55	90
3	8.68	7.50	7.49	7.36	290	335			~~25~~55	~~30~~
4	~~8.8~~8.89	7.45	7.58	7.36	295	348			~~2~~55	~~30~~
5	9.05	7.30	7.50	7.53	299	345			~~2~~60	~~2~~
6	9.00	7.75	7.55	7.49	275	318			60	
7	8.89	7.60	7.30	7.45	270	310			60	

CONCENTRATION: ~~6.25~~ 12.5

DAY	D.O. BEG	D.O. END	pH BEG	pH END	COND BEG	COND END	TEMP BEG	TEMP END	ALK	HARD
1	9.05	7.60	7.45	7.42	280	350				
2	9.58	7.25	7.37	7.53	270	312				
3	8.75	7.35	7.45	7.37	~~2~~270	315				
4	9.10	7.31	7.50	7.25	268	318				
5	8.90	7.05	7.58	7.42	270	333				
6	8.85	7.55	7.52	7.48	262	321				
7	9.35	7.65	7.38	7.47	250	305				

CONCENTRATION: ~~12.5~~ 25

DAY	D.O. BEG	D.O. END	pH BEG	pH END	COND BEG	COND END	TEMP BEG	TEMP END	ALK	HARD
1	9.15	7.65	7.42	7.41	251	325				
2	9.20	7.35	7.35	7.53	250	300				
3	8.95	7.31	7.38	7.40	248	299				
4	9.03	7.40	~~7.25~~7.45	7.25	245	295				
5	9.65	7.40	7.50	7.57	240	249				
6	8.91	7.50	7.43	7.36	250	299				
7	9.40	7.60	7.28	7.41	228	300				

CONCENTRATION: ~~25~~ 50

DAY	D.O. BEG	D.O. END	pH BEG	pH END	COND BEG	COND END	TEMP BEG	TEMP END	ALK	HARD
1	9.40	7.61	7.25	7.34	260	270				
2	9.40	7.25	7.22	7.46	263	245				
3	9.10	7.40	7.33	7.33	~~293~~ 193	243				
4	9.18	7.43	7.26	7.29	198	250				
5	9.33	7.35	7.33	7.50	193	245				
6	~~8~~9.15	7.50	7.36	7.43	203	251				
7	9.80	7.55	7.23	7.38	183	255				

CONCENTRATION: ~~50~~ 75

DAY	D.O. BEG	D.O. END	pH BEG	pH END	COND BEG	COND END	TEMP BEG	TEMP END	ALK	HARD
1	~~7.29~~9.35	7.60	7.33	7.44	251	330				
2	9.10	7.25	7.38	7.54	250	298				
3	9.40	7.35	7.22	7.29	245	280				
4	9.10	7.55	7.42	7.34	241	~~293~~ 283				
5	9.40	7.38	7.43	7.53	240	297				
6	9.20	7.51	7.48	7.47	249	~~250~~ 300				
7	9.65	7.58	7.38	~~7.45~~ 7.42	230	298				

CONCENTRATION: 1

DAY	D.O. BEG	D.O. END	pH BEG	pH END	COND BEG	COND END	TEMP BEG	TEMP END	ALK	HARD
1	9.70	7.55	7.00	7.51	105	~~389~~ 289			0	0
2	9.50	7.30	7.00	7.47	100	210			30	0
3	9.75	7.32	6.83	7.27	90	130			25	30
4	9.70	7.60	7.11	7.22	90	131			25	30
5	9.50	7.50	6.66	7.30	89	130			25	20
6	9.75	7.60	6.93	7.35	100	125			25	20
7	9.70	7.53	7.09	7.34	110	128			25	20

EPA METHOD 1000.0 GROWTH DATA

Client: Hercules Date: 10/11/00

Concentration	Replicate	A Dry Wt:Tare & Larvae (g)	B Weight of Tare (g)	C[1] Control Pan Corr. Factor (g)	A-B+C Total Dry Wt of Larvae (g)	Number of Original Larvae[2]	A-B+C/D Mean Dry Weight (mg)
	A	1.25726	1.25394	0.00006	0.00338	10	0.338
0.00%	B	1.29324	1.28975	0.00006	0.00355	10	0.355
	C	1.31216	1.30898	0.00006	0.00324	10	0.324
	A	1.30522	1.30196	0.00006	0.00332	10	0.332
12.50%	B	1.26716	1.26407	0.00006	0.00315	10	0.315
	C	1.29225	1.28909	0.00006	0.00322	10	0.322
	A	1.29794	1.29504	0.00006	0.00296	10	0.296
25.00%	B	1.28482	1.28176	0.00006	0.00312	10	0.312
	C	1.27626	1.27333	0.00006	0.00299	10	0.299
	A	1.27158	1.26852	0.00006	0.00312	10	0.312
50%	B	1.28510	1.28209	0.00006	0.00307	10	0.307
	C	1.29533	1.29224	0.00006	0.00315	10	0.315
	A	1.28136	1.27853	0.00006	0.00289	10	0.289
75%	B	1.27770	1.27497	0.00006	0.00279	10	0.279
	C	1.28128	1.27840	0.00006	0.00294	10	0.294
	A	1.29832	1.29571	0.00006	0.00267	10	0.267
100%	B	1.29871	1.29601	0.00006	0.00276	10	0.276
	C	1.28847	1.28589	0.00006	0.00264	10	0.264

Laboratory Notes:

[1]C = (C1+C2+C3+C4)/4 = 0.00006

	Final		Initial		
C1 =	1.28635	-	1.28631	=	0.00004
C2 =	1.27651	-	1.27644	=	0.00007
C3 =	1.28118	-	1.28111	=	0.00007
C4 =	1.30408	-	1.30402	=	0.00006

[2]Number of Larvae is always 10 when using growth data for IC_p analysis, regardless of mortalities.

Raw Data Certified By: _____ Date: 11/21/00

Reviewed By: _____ Date: _____

EPA METHOD 1000.0 SURVIVAL DATA

Client: Hercules

Date/Time Started: 10/03/00 @ 1100
Date/Time Ended: 10/10/00 @ 1030

Number Alive

DAY	0%			12.50%			25.0%			50%			75%			100%		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
1	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
2	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10
3	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10
4	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10
5	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10
6	9	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10	9	10
7	9	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10	9	10

Laboratory Notes:

Reviewed By: [illegible] **Date:** 10-21-00

Raw Data Certified By: [illegible] **Date:** 10/21/00

EPA METHOD 1000.0 SURVIVAL DATA

CLIENT: Hercules DATE STARTED: 10/3 TIME STARTED: _____

NUMBER ALIVE

DAY	0%			12.5%			25%			50%			75%			100%	
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B
1	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
2	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9
3	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9
4	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	~~10~~ 9
5	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9
6	9	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10	9
7	9	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10	9

LABORATORY NOTES:

RAW DATA CERTIFIED BY: _____ 11/21/05 DAT

_____

Inhibition Concentration Percentage Estimate
Toxicant/Effluent: Hercules
Test Start Date: 10/03/00 Test Ending Date: 10/10/00
Test Species: *Ceriodaphnia dubia*
Test Duration: 7 days

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	10	0.000	25.500	6.381	25.500
2	10	12.500	21.300	4.809	21.520
3	10	25.000	21.600	4.402	21.520
4	10	50.000	19.600	7.648	21.520
5	10	75.000	22.300	3.889	21.520
6	10	100.000	22.800	4.237	21.520

No Linear Interpolation Estimate can be calculated from the input data since none of the (possibly pooled) group response means were less than 75% of the control response mean.

EPA MEHTOD 1002.0 PHYSICOCHEMICAL PARAMETERS

Client: Hercules

Date Started: 10/03/00 @ 1100
Date Ended: 10/10/00 @ 1015

Concentration: 0.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	8.8	7.9	7.5	7.6	335	400	25	25	60	85
2	9.1	8.2	7.2	7.6	301	280	25	25	60	85
3	8.8	8.2	7.2	7.3	300	330	25	25	60	90
4	8.9	8.6	7.3	7.6	320	360	25	25	60	90
5	8.6	8.5	7.3	7.4	311	330	25	25	65	90
6	8.7	9.4	7.4	7.2	300	290	25	25	65	90
7	9.3	8.7	7.4	7.5	280	310	25	25	65	90

Concentration: 12.50%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.0	8.3	7.5	7.6	308	315	25	25		
2	9.1	7.9	7.2	7.5	282	310	25	25		
3	9.1	7.8	7.3	7.4	275	310	25	25		
4	9.0	8.7	7.3	7.7	280	250	25	25		
5	9.1	8.5	7.3	7.6	281	300	25	25		
6	9.1	8.8	7.3	7.4	283	278	25	25		
7	9.6	8.7	7.2	7.2	260	290	25	25		

Concentration: 25.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.1	8.4	7.4	7.5	275	270	25	25		
2	9.2	7.7	7.2	7.5	260	290	25	25		
3	9.1	7.9	7.3	7.4	250	290	25	25		
4	9.0	8.4	7.4	7.6	250	300	25	25		
5	9.3	8.5	7.2	7.7	253	285	25	25		
6	9.1	9.2	7.3	7.6	260	252	25	25		
7	9.7	8.8	7.3	7.2	240	260	25	25		

Concentration: 50.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.4	8.6	7.3	7.5	212	240	25	25		
2	9.2	7.8	7.2	7.5	210	228	25	25		
3	9.5	8.0	7.2	7.3	200	280	25	25		
4	9.2	8.5	7.3	7.7	200	310	25	25		
5	9.7	8.3	7.0	7.7	200	230	25	25		
6	9.3	9.0	7.2	7.6	215	215	25	25		
7	9.8	9.1	7.2	7.2	290	210	25	25		

Concentration: 75.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.1	8.3	7.3	7.5	270	320	25	25		
2	9.2	8.0	7.2	7.6	256	270	25	25		
3	9.5	8.0	7.2	7.4	150	190	25	25		
4	9.4	8.6	7.2	7.5	150	200	25	25		
5	9.5	8.7	7.3	7.7	245	270	25	25		
6	9.1	9.5	7.4	7.6	258	250	25	25		
7	9.9	9.5	7.2	7.2	240	260	25	25		

Concentration: 100.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.7	8.8	7.0	7.3	105	120	25	25	30	0
2	9.5	8.5	7.0	7.4	100	120	25	25	30	0
3	9.8	8.3	6.8	7.5	90	130	25	25	25	30
4	9.7	8.4	7.1	7.5	90	135	25	25	25	30
5	9.5	8.6	6.7	7.7	89	120	25	25	25	20
6	9.8	9.1	6.9	7.5	100	110	25	25	25	20
7	9.7	9.5	7.1	7.1	110	102	25	25	25	20

Raw Data Reviewed By _____ Date 10/21/00

Raw Data Certified By _____ Date 10/21/00

MEHTOD 1002.0 PHYSICOCHEMICAL PARAMETERS

Client: Hercules CD

Date Started: 10/3 @ 1100

Date Ended:

Concentration: 0.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	8.80	7.90	7.46	7.63	335	400				
2	4.13	8.20	7.17	7.56	301	280				
3	8.80	8.18	7.24	7.26	300	330				
4	5.90	8.60	7.31	7.59	320	360				
5	8.61	8.48	~~7.58~~ 7.30	7.42	311	330				
6	8.70	9.40	7.35	7.22	300	290				
7	~~8.65~~		7.56		280					

Concentration: 9.30 ~~6.25%~~ 12.5

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	8.95	8.30	7.50	7.56	308	315				
2	9.10	7.90	7.15	7.46	282	310				
3	9.12	7.80	7.33	7.36	275	310				
4	9.00	8.68	7.32	7.67	250	250				
5	9.10	8.50	~~7.50~~ 7.32	7.60	281	300				
6	9.05	8.80	7.31	7.43	283	278				
7	9.60	8.70	7.23	7.22	260	290				

Concentration: ~~12.50%~~ 25

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.10	8.38	7.41	7.54	275	270				
2	9.15	7.63	7.16	7.47	260	290				
3	9.05	7.85	7.28	7.38	250	290				
4	9.10	8.40	7.36	7.63	250	300				
5	9.30	8.45	7.24	7.69	253	285				
6	9.10	9.20	7.30	7.53	260	252				
7	9.65	8.80	7.25	7.23	240	260				

Concentration: ~~25.00%~~ 50

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.40	8.60	7.29	7.51	212	240				
2	9.20	7.80	7.15	7.45	210	228				
3	9.50	8.10	7.21	7.30	200	280				
4	9.20	8.45	7.37	7.63	200	300				
5	9.70	8.30	7.02	7.68	200	230				
6	9.28	9.00	7.23	7.59	215	215				
7	9.80	9.10	7.19	7.16	290	210				

Concentration: ~~50.00%~~ 75

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.10	8.35	7.28	7.48	270	320				
2	9.20	7.98	7.22	7.56	256	270				
3	9.45	8.00	7.18	7.42	150	190				
4	9.40	8.62	7.20	7.50	150	200				
5	9.45	8.70	7.25	7.73	245	270				
6	9.10	9.45	7.37	7.57	253	250				
7	9.80	9.50	7.24	7.24	240	260				

Concentration: 100.00%

Day	D.O Beg	D.O. End	pH Beg.	pH End	Cond Beg	Cond End	Temp Beg	Temp End	Alkalinity	T. Hardness
1	9.70	8.80	~~7.00~~	7.27	105	120				
2	9.50	8.50	7.03	7.44	106	120				
3	9.75	8.25	6.83	7.46	90	130				
4	9.70	8.40	7.11	7.48	90	133				
5	9.50	8.60	6.66	7.65	89	120				
6	9.75	9.10	6.73	7.54	100	110				
7	9.70	9.45	7.08	7.12	110	102				

Raw Data Reviewed By [signature] Date 10/31/06

Raw Data Certified By [signature] Date 11/1/06

EPA METHOD 1002.0 CD

Client: Hercules

Date Started: 10/03/00 @ 1100
Date Ended: 10/10/00 @ 1015

Concentration 0%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	2	4	2	0	0	5	0	0	4	5	22	10
5	5	6	2	6	14	0	3	8	0	0	44	10
6	8	0	12	3	6	6	6	12	7	8	68	10
7	7	14	17	10	14	10	9	15	16	9	121	10
TOTAL	22	24	33	19	34	21	18	35	27	22	255	10

Concentration 12.50%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	4	0	3	7	0	0	3	0	0	2	19	10
5	7	3	8	1	6	5	7	7	8	9	61	10
6	0	9	3	0	6	8	11	5	10	X	52	9
7	10	11	7	9	9	7	6	13	9	~	81	9
TOTAL	21	23	21	17	21	20	27	25	27	11	213	9

Concentration 25.0%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	4	0	4	10
4	0	5	1	7	0	0	0	5	8	2	28	10
5	4	0	8	1	6	5	7	0	X	10	41	9
6	8	8	1	0	9	8	12	7	~	0	53	9
7	14	8	7	12	8	12	7	10	~	12	90	9
TOTAL	26	21	17	20	23	25	26	22	12	24	216	9

V = Dead adults with previous brood with or without neonates
X = Dead adults with no previous or current brood

Laboratory Notes:

Reviewed By: _____ **Date:** _____

Raw Data Certified By: _____ **Date:** _____

EPA METHOD 1002.0 CD

Client: Hercules

Date Started: 10/3/00 @ 1100
Date Ended: 10/10/00 @ 1015

Concentration 0%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	6	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	2	4	2	0	0	5	0	0	4	5	22	10
5	5	6	2	6	14	0	3	8	0	0	44	10
6	8	0	12	3	6	6	6	12	7	8	68	10
7	7	14	17	10	14	10	9	15	16	9	121	10
TOTAL	22	24	33	19	34	21	18	35	27	22	255	10

Concentration 12.5%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	4	0	3	7	0	0	3	0	0	2	14	10
5	7	3	8	1	6	5	7	7	8	9	61	10
6	0	9	3	6	6	8	11	5	16	X	52	4
7	10	11	7	9	9	7	6	13	9	1	81	9
TOTAL										11	213	9

Concentration 25.0%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	4	0	4	10
4	0	5X	1	7	0	0	0	5	8	2	28	10
5	4	0	8	1	6	5	7	0	X	10	41	9
6	8	8	1	0	9	8	12	7	1	0	53	9
7	14	8	7	12	8	12	7	10	1	12	90	9
TOTAL	26								17		216	9

V = Dead adults with previous brood with or without neonates
X = Dead adults with no previous or current brood

Laboratory Notes:

Reviewed By: [signature] Date: 10 31 00

Raw Data Certified By: [signature] Date: 11/2/00

Client: Hercules

Date Started: 10/03/00 @ 1100
Date Ended: 10/10/00 @ 1015

Concentration 50%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	5	0	4	4	6	0	X	8	0	0	27	9
5	0	5	3	5	5	8	~	0	4	0	30	9
6	7	2	7	0	0	5	~	7	9	10	47	9
7	6	9	8	11	10	12	~	7	14	15	92	9
TOTAL	18	16	22	20	21	25	0	22	27	25	196	9

Concentration 75%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	4	3	0	0	3	0	0	3	0	6	19	10
5	6	7	3	5	0	4	2	9	6	3	45	10
6	0	0	8	10	9	9	11	12	10	9	78	10
7	8	12	9	5	10	8	13	6	10	0	81	10
TOTAL	18	22	20	20	22	21	26	30	26	18	223	10

Concentration 100.0%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	6	5	0	0	0	0	0	11	10
4	6	3	0	12	6	6	6	2	4	6	51	10
5	9	0	5	0	0	8	1	7	0	5	35	10
6	0	8	8	9	7	6	7	6	8	7	66	10
7	8	9	11	1	3	10	4	6	5	9	66	10
TOTAL	23	20	24	28	21	30	18	21	17	27	229	10

V = Dead adults with previous brood with or without neonates
X = Dead adults with no previous or current brood

Laboratory Notes:

Reviewed By: _____ Date: _____

Raw Data Certified By: _____ Date: 11/21/00

Client: Hercules

Date Started: 10/3/00 @1100
Date Ended: 10/10/00 @ 1015

Concentration 50%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	5	0	4	4	6	0	X	8	0	0	27	9
5	6	5	3	5	5	8		0	4	0	30	9
6	7	2	7	0	5	5		7	4	10	47	9
7	6	9	8	11	10	12		7	14	15	92	9
TOTAL	18	16	22	20	21	25	0	22	27	25	196	9

Concentration 75%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	0	0	0	0	0	0	0	0	10
4	4	3	6	0	3	0	0	3	0	6	19	10
5	6	7	3	5	0	4	2	4	6	3	45	10
6	0	0	8	10	9	9	11	12	10	9	78	10
7	8	12	9X	5	10	8	13	6	10	0	81	10
TOTAL	18	22	20	20	22	21	26	30	26	18	223	10

Concentration 100%

DAY	A	B	C	D	E	F	G	H	I	J	NEOS	ADULTS
1	0	0	0	0	0	0	0	0	0	0	0	10
2	0	0	0	0	0	0	0	0	0	0	0	10
3	0	0	0	6	5	0	0	0	0	0	11	10
4	6	3	0	12	6	6	6	2	4	6	51	10
5	7	0	5	0	0	3	1	7	0	5	35	10
6	0	8	8	9	7	6	7	6	8	7	66	10
7	8	9	11	1	3	10	4	6	5	9	66	10
TOTAL	23	20	24	28	21	30	18	21	17	27	229	10

V = Dead adults with previous brood with or without neonates
X = Dead adults with no previous or current brood

Laboratory Notes:

Reviewed By: [signature] Date: 10/31/00

Raw Data Certified By: [signature] Date: 11/21/00

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

YOUR COMPANY ADDRESS

1

NAME OF PERSON TO CONTACT: Charlie Jordan

CONTACT PERSON'S PHONE: (601) 584-3366

2 YOUR PROJECT NO	YOUR P.O.#	YOUR PROJECT NAME
OUTFALL 002	4500261651	CHRONIC BIOASSAY

3 YOUR SAMPLE DESCRIPTION		DATE	TIME	MATRIX	4 PARAMETERS FOR ANALYSIS	NUMBER OF CONTAINERS	PRESERVATIONS
#1 MAIN Ditch	James Prescott	10/1/00	7:00 Am	H2O		1	Ice
#2 MAIN Ditch	James Prescott	10/1/00	9:00 Am	H2O		1	Ice
#3 MAIN Ditch	J. H.	10/1/00	11:00 Am	H2O		1	Ice
#4 MAIN Ditch	J. H.	10/1/00	1:00 Pm	H2O		1	Ice
#5 MAIN Ditch	W. N.	10/1/00	3:00 Pm	H2O		1	Ice
#6 MAIN Ditch	W. N.	10/1/00	5:00 Pm	H2O		1	Ice
#7 MAIN Ditch	W. N.	10/1/00	7:00 Pm	H2O		1	Ice
#8 MAIN Ditch	W. N.	10/1/00	9:00 Pm	H2O		1	Ice
#9 MAIN Ditch	B.F. Brown	10/1/00	11:00 Pm	H2O		1	Ice
#10 MAIN Ditch	B.F. Brown	10/2/00	1:00 Am	H2O		1	Ice

5 **REMARKS**

Turnaround Time

Detection Limits Special Limits Required Yes No

RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)	RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)
C Jordan	10/	9AM					

6

METHOD OF SHIPMENT	SHIPPED BY (Signature)	COURIER (Signature)	RECEIVED FOR BATCO BY: (Signature)	DATE/TIME
			Vkumah Frazier	10/2 9:00

7 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

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

"Testing Your World for a Safer Tomorrow"

1

YOUR COMPANY NAME

YOUR COMPANY ADDRESS

NAME OF PERSON TO CONTACT Charlie Jordan

CONTACT PERSON'S PHONE (601) 584-3360

2 YOUR PROJECT NO	YOUR P.O.#	YOUR PROJECT NAME
Outfall 002	4500261651	Chronic Bioassay

3 YOUR SAMPLE DESCRIPTION	DATE	TIME	MATRIX	4 PARAMETERS FOR ANALYSIS	NUMBER OF CONTAINERS	PRESERVATIONS
#11 - Main ditch B.F. Brown	10/2/00	3:00 AM	H2O		1	Ice
#12 - Main-ditch B.F. Brown	10/2/00	5:00 AM	H2O		1	Ice

5 REMARKS

Turnaround Time

Detection Limits Special Limits Required Yes No

RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)	RELINQUISHED BY (Signature)	DATE	TIME	RECEIVED BY (Signature)
C Jordan	10/2	9 AM					

6 METHOD OF SHIPMENT

SHIPPED BY (Signature)

COURIER (Signature)

RECEIVED FOR BATCO BY: (Signature) Nkrumah Frazier

DATE/TIME 10/2 9:00

7 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

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

"Testing Your World for a Safer Tomorrow"

1

YOUR COMPANY NAME

YOUR COMPANY ADDRESS

NAME OF PERSON TO CONTACT: Charlie Jordon

CONTACT PERSON'S PHONE: (601) 584-3360

2

YOUR PROJECT NO	YOUR P.O.#	YOUR PROJECT NAME
Oct FALL 002	4500261651	Chronic BioAssay

3

YOUR SAMPLE DESCRIPTION	DATE	TIME	MATRIX
#1 MAIN ditch (J.P)	10/3/00	7:00 PM	H2O
#2 MAIN ditch (J.P)	10/3/00	10:00 PM	H2O
#3 MAIN ditch (J.H.)	10/3/00	1:00 PM	H2O
#4 MAIN ditch (K.N.)	10/3/00	4:00 PM	H2O
#5 MAIN ditch (K.N.)	10/3/00	7:00 PM	H2O
#6 MAIN ditch (K.N.)	10/3/00	10:00 PM	H2O
#7 MAIN ditch (T.H.)	10/4/00	1:00 PM	H2O
#8 MAIN ditch (T.H.)	10/4/00	4:00 PM	H2O

4

PARAMETERS FOR ANALYSIS	NUMBER OF CONTAINERS	PRESERVATIONS
	1	Ice
	1	Ice
	1	Ice
	1	Ice
	1	Ice
	1	Ice
	1	Ice
	1	Ice

5 **REMARKS**

Turnaround Time

Detection Limits Special Limits Required Yes No

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

6

METHOD OF SHIPMENT	SHIPPED BY (Signature)	COURIER (Signature)	RECEIVED FOR BATCO BY: (Signature)	DATE/TIME
			Hannah Langston	10/4/00 1035

7 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 $500.00 WILL BE ASSESSED

REVISION DATE 2/94

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 Hattiesburg

YOUR COMPANY ADDRESS:

NAME OF PERSON TO CONTACT: Charlie Jordon

CONTACT PERSON'S PHONE: (601) 584-3360

2

YOUR PROJECT NO.:	YOUR P.O.#	YOUR PROJECT NAME:
Out FALL 002	4500261651	Chronic Bioassay

3

YOUR SAMPLE DESCRIPTION:	DATE	TIME	MATRIX	NUMBER OF CONTAINERS	PRESERVATIONS
#1 Main ditch James Prescott	10/5/00	7:00 AM	H2O	1	Ice
#2 Main ditch James Prescott	10/5/00	10:00 AM	H2O	1	Ice
#3 Main ditch James Prescott	10/5/00	1:00 PM	H2O	1	Ice
#4 Main ditch W. Nelson	10/5/00	4:00 PM	H2O	1	Ice
#5 Main ditch W. Nelson	10/5/00	7:00 PM	H2O	1	Ice
#6 Main ditch W. Nelson	10/5/00	10:00 PM	H2O	1	Ice
#7 Main ditch T. Hoard	10/6/00	1:00 AM	H2O	1	Ice
#8 Main ditch T. Hoard	10/6/00	4:00 AM	H2O	1	Ice

4 PARAMETERS FOR ANALYSIS

5 REMARKS

Turnaround Time

Detection Limits Special Limits Required Yes No

6

RELINQUISHED BY: (Signature)	DATE	TIME	RECEIVED BY: (Signature)	RELINQUISHED BY: (Signature)	DATE	TIME	RECEIVED BY: (Signature)
[signature] (for Prescott)	10/06/00	917 AM					

METHOD OF SHIPMENT	SHIPPED BY: (Signature)	COURIER (Signature)	RECEIVED FOR BATCO BY: (Signature)	DATE/TIME
			[signature]	10/6 920

7

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

file forrest Co.

FILE COPY

State of Mississippi
Water Pollution Control
PERMIT

TO DISCHARGE WASTEWATER IN ACCORDANCE WITH THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

THIS CERTIFIES THAT

HERCULES INCORPORATED
HATTIESBURG, MISSISSIPPI

has been granted permission to discharge wastewater into

002 - 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

Barry Royals
AUTHORIZED SIGNATURE
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Issued: 9-30-97

Permit No. MS0001830

Expires: September 29, 2002

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning **on permit issuance**, and lasting until **September 29, 2000**, the permittee is authorized to discharge from outfall(s) serial number(s) **001 (Process Wastewater and Storm Water)**.

   Such discharges shall be limited and monitored by the permittee as specified below:

PARAMETER	DISCHARGE LIMITATIONS				MONITORING REQUIREMENTS	
	kg/day (lbs/day)		Other Units (Specify)			
	Monthly Avg.	Daily Max.	Monthly Avg.	Daily Max.	Measurement Frequency	Sample Type
Flow-M^3/day (MGD)	--	--	N/A	N/A	Continuous	Recorder
Biochemical Oxygen Demand (5-Day)	565(1244)	1055(2322)	N/A	N/A	3 Days/Week	24-Hr. Composite
Total Suspended Solids	255(561)	708(1557)	N/A	N/A	3 Days/Week	24-Hr. Composite
Oil and Grease	300(660)	450(990)	N/A	N/A	3 Days/Week	Grab
Phenol	1.5(3.3)	3(6.6)	N/A	N/A	3 Days/Week	Grab
	kg/day (lbs/day)		Other Units (Specify)			
	Quarterly Avg.	Quarterly Max.	Quarterly Avg.	Quarterly Max.	Measurement Frequency	Sample Type
Total Organic Carbon	915(2013)	1372(3019)	N/A	N/A	1/Month	24-Hr. Composite

2. There shall be no discharge of floating solids or visible foam in other than trace amounts.

3. The discharge shall not cause the occurrence of a visible sheen on the surface of the receiving waters.

4. 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 streams.**

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning **on permit issuance**, and lasting until **September 29, 2000**, the permittee is authorized to discharge from outfall(s) serial number(s) **002 (Storm Water, Noncontact Cooling Water, and Outfall 001)**.

   Such discharges shall be limited and monitored by the permittee as specified below:

PARAMETER	**DISCHARGE LIMITATIONS**				**MONITORING REQUIREMENTS**	
	kg/day (lbs/day)		**Other Units (Specify)**			
	Monthly Avg.	**Daily Max.**	**Monthly Avg.**	**Daily Max.**	**Measurement Frequency**	**Sample Type**
Flow-M^3/day (MGD)	--	--	**Report**	**Report**	**Continuous**	**Recorder**
Temperature °C(°F)	--	--	--	**41(105)**	**3 Days/Week**	**Grab**

2. The pH shall not be less than **6.5** standard units nor grater than **9.0** standard units and shall be monitored **continuously 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 streams.**

6. **The LC_{50} shall pass at greater than or equal to 10.7% of the effluent.**

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning **September 30, 2000**, and lasting until **September 29, 2002**, the permittee is authorized to discharge from outfall(s) serial number(s) **001 (Process Wastewater)**.

   Such discharges shall be limited and monitored by the permittee as specified below:

PARAMETER	DISCHARGE LIMITATIONS				MONITORING REQUIREMENTS	
	kg/day (lbs/day)		Other Units (Specify)		Measurement	Sample
	Monthly Avg.	Daily Max.	Monthly Avg.	Daily Max.	Frequency	Type
Flow-M^3/day (MGD)	--	--	Report	Report	Continuous	Recorder
Biochemical Oxygen Demand (5-Day)	53(117)	79.54(175.2)	Report	Report	3 Days/Week	24-Hr. Composite
Total Suspended Solids	159(350)	240(525)	Report	Report	3 Days/Week	24-Hr. Composite
Ammonia Nitrogen (as N)	7.1(15.6)	10.6(23.4)	Report	Report	3 Days/Week	24-Hr. Composite
Total Organic Carbon	69.1(152.1)	103.5(228)	Report	Report	1/Month	24-Hr. Composite
Oil and Grease	53(117)	79.5(175.2)	Report	Report	3 Days/Week	Grab
Phenol	.54(1.19)	1.6(3.5)	Report	Report	3 Days/Week	Grab

2. There shall be no discharge of floating solids or visible foam in other than trace amounts.

3. The discharge shall not cause the occurrence of a visible sheen on the surface of the receiving waters.

4. 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 streams.**

5. **Dissolved Oxygen shall not be below 6 ppm and shall be monitored three days per week.**

6. **These limits shall be complied within three (3) years after permit issuance.**

7. **Aluminum, Boron, Nickel, Selenium, Zinc shall be sampled twice per month for six months. Based on the results, the toxicity matrix will be reevaluated and the permit shall be modified accordingly.**

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning **September 30, 2000**, and lasting until **September 29, 2002**, the permittee is authorized to discharge from outfall(s) serial number(s) **002 (Storm Water, Noncontact Cooling Water and Outfall 001)**.

   Such discharges shall be limited and monitored by the permittee as specified below:

PARAMETER	DISCHARGE LIMITATIONS				MONITORING REQUIREMENTS	
	kg/day (lbs/day)		Other Units (Specify)		Measurement	Sample
	Monthly Avg.	Daily Max.	Monthly Avg.	Daily Max.	Frequency	Type
Flow-M^3/day (MGD)	--	--	Report	Report	Continuous	Recorder
Temperature °C(°F)	--	--	Report	32(90)	3 Days/Week	Instantaneous

2. The pH shall not be less than 6.5 standard units nor greater than 9.0 standard units and shall be monitored 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 streams.**

6. **The IC_{25} shall pass at 100% of the effluent.**

7. **The permit shall commence chronic toxicity monitoring by November 30, 2000.**

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. **"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.**

5. **"Quarterly maximum" means the highest "daily discharge" measured over a three-month period.**

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 NOVEMBER 28, 1997.** 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 discharges 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.

(3) 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 which 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 which 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

a. 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) establisned 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 so notify 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 so that no potential environmental hazard to the waters of the State will be presented.

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

A Storm Water Pollution Study shall be submitted six months after permit issuance. The Study shall contain the following elements. The rainfall events that cause a bypass of the treatment system shall be identified. Both the intensity and duration of the events shall be listed. The capacity of the system shall be compared to the water generated by a 10-year worst case 24-hour storm. A process storm water minimization plan shall be developed to assess options on diverting flow from plant areas no longer involved in production. In addition, process areas shall be investigated to determine whether berming specific process areas to minimize flow is feasible. A compliance schedule that outlines the steps the facility will take to comply with the upcoming new permit limits shall be submitted within one year of permit issuance. Acute biomonitoring shall be performed for the first three years of the permit (refer to page 20). Chronic biomonitoring shall be conducted for the last two years of permit issuance (refer to page 22).

E. ACUTE BIOASSAY REQUIREMENTS

The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to humans, animals, or aquatic life (State of Mississippi, Water Quality Criteria for Intrastate, Interstate and Coastal Waters, page 3, adopted November 16, 1995). In accordance with such requirements, the permittee is authorized to discharge from outfall 002 only in accordance with the following conditions:

1. The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.

2. The permittee shall perform static renewal (tests that exceed 48 hours shall be renewed), definitive (a control and five effluent concentrations) toxicity tests at 25°C in accordance with Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027) or the most recent edition. Acute toxicity tests will be conducted on 24-hour composite samples of effluent, and tests must be initiated within 36-hours of completion of the sampling period.

   a. If the Mississippi Office of Pollution Control determines the receiving stream is freshwater, the permittee must use both the following test organisms and test durations:

      (1) Pimephales promelas (≤ 24-hrs.of age) - 96 hour

      (2) Ceriodaphnia dubia - 48 hour

   b. If the Mississippi Office of Pollution Control determines the receiving stream is marine or estuarine, the permittee must use both the following test organisms and test durations:

(1) Menidia beryllina - 96 hour
(2) Mysidopsis bahia - 48 hour

c. Dilution water used for these tests shall consist of reagent grade water, defined as distilled or deionized water that does not contain substances which are toxic to the test organisms. For freshwater tests, dilution water shall consist of reagent grade chemicals or mineral water combined to make moderately hard dilution water according to Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027) or most recent edition*. For estuarine testing, dilution water shall consist of synthetic seawater or hypersaline brine combined to achieve a salinity of 20 parts per thousand according to Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027) or most recent edition*. These dilution waters will be deemed acceptable if the survival of the control organisms in the toxicity tests is 90% or greater.

d. A standard reference toxicant quality assurance test (acute) shall be conducted concurrently with the effluent tests using both species used in the toxicity tests. Alternatively, if a lab conducts monthly QA/QC reference toxicant tests for both species as part of their SOP, these results may be submitted in lieu of the above mentioned concurrent tests. In either case the reference toxicant test results must be submitted in the final report as well as on the Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form.

3. The permittee shall conduct the first series of tests specified in Section 2 above within 90 days of the issuance of the permit. The tests shall be conducted quarterly thereafter for twelve (12) consecutive months, provided that the acute LC_{50} is greater than or equal to 10.7%. After the first year of testing, the frequency of monitoring will be reduced to once per six months for the life of the permit. Sampling shall be timed to cover the seasonal extremes of the year (hot-dry and cold-wet). The results of these acute toxicity tests shall be reported to the Mississippi Environmental Quality Permit Board on the next quarterly discharge monitoring report. Final acute toxicity test results shall be in report form as outlined in Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027) or most recent edition*. Along with this report, the permittee must submit a completed Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form within two weeks following test completion.

4. If either toxicity test results in an LC_{50} value of less than 10.7%, the permittee shall initiate a second toxicity test within 2 weeks after the completion of the first toxicity test using the organism(s) that failed. The LC_{50} determinations from these tests shall be reported to the Mississippi Environmental Quality Permit Board within two weeks after completion the test.

5. In the event that the results of any toxicity test reveals that the LC_{50} of the permittee's effluent is less than 10.7%, then this finding will constitute a violation of Part I of this permit. In the event the permittee passes the second toxicity test, the permittee shall resume testing in accordance with the testing schedule set forth in the permit. In the event the permittee fails the second WET test, the permittee shall submit a Toxicity Reduction Evaluation Plan (TREP) within 45 days following completion of the follow-up tests to reduce the toxicity of the effluent to safe levels.[1] The first phase of the TREP shall include monitoring to characterize the toxicity of the effluent.

In addition to the specific conditions of this permit, the permittee shall comply with all applicable conditions of 40 CFR 122.7 and 40 CFR 122.61 (06-03-93).

[1]Safe levels will be determined by the Mississippi Pollution Control Permit Board.

*Contact the Mississippi Office of Pollution Control Laboratory for information on most recent edition(s) of methods manual.

F. CHRONIC BIOASSAY REQUIREMENTS

The Water Quality Standards of Mississippi require that all waters be free from substances in concentrations or combinations which are harmful to humans, animals, or aquatic life (State of Mississippi, Water Quality Criteria for Intrastate and Coastal Waters, Section II.4., Minimum Conditions Applicable to All Waters, page 3, adopted November 16, 1995). In accordance with such requirements, the permittee is authorized to discharge from outfall(s) 002 only in accordance with the following conditions:

1. The permittee shall submit any existing toxicity data for review by the Mississippi Office of Pollution Control within 30 days of the effective date of this permit.

2. The permittee shall perform 7-day chronic, static renewal, definitive (a control and five effluent concentrations) WET tests in accordance with Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/600/4-89/001) or Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/600/4-91/003) or the most recent edition*.

   a. Dilution water used for these tests shall consist of reagent grade water, defined as distilled or deionized water that does not contain substances which are toxic to the test organisms. For freshwater tests, dilution water shall consist of reagent grade chemicals or mineral water combined to make moderately hard dilution water according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms (EPA/600/4-89/001) or most recent edition*. For estuarine testing, dilution water shall consist of synthetic seawater or

hypersaline brine combined to achieve a salinity of 20 parts per thousand according to Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms (EPA/600/4-91/003) or most recent edition*. These dilution waters will be deemed acceptable if the control organisms in the toxicity tests meet the minimum EPA criteria for chronic tests.

b. If the Mississippi Office of Pollution Control determines the receiving waters are freshwater, the permittee shall conduct a Ceriodaphnia dubia Survival and Reproduction Test, and a Pimephales promelas Larval Survival and Growth Test on serial dilutions of effluent to determine if the discharge from outfall(s) 002 is chronically toxic. Such testing will determine if the water affects the survival, growth, and reproduction of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, (EPA/600/4-89/001), or the most recent edition*, are met. All data shall be statistically analyzed according to the referenced manual.

c. If the Mississippi Office of Pollution Control determines that the receiving water is estuarine, the permittee shall conduct a Menidia beryllina Larval Survival and Growth Test and a Mysidopsis bahia Survival, Growth, and Fecundity Test on serial dilutions of effluent to determine if the discharge from outfall(s) 002 is chronically toxic. Such testing will determine if the water affects the survival, growth, and fecundity of the test organisms. Static renewal tests will be conducted on three 24-hour composite samples of effluent. The first of these composite samples will be used to set up the tests and for the day 1 and day 2 renewals, the second of these composite samples will be used to renew the tests on days 3 and 4, and the third composite sample will be used to renew the tests on days 5 and 6. Not more than 36 hours will elapse between sampling and the first use of any of the composite samples. The chronic test(s) shall be considered valid only if the acceptability criteria referenced in Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms, (EPA/600/4-87/028) or most recent edition* are met. All test data shall be statistically analyzed according to the referenced manual.

d. A standard reference toxicant quality assurance test (chronic) shall be conducted concurrently with the effluent

tests using both species used in the toxicity tests. Alternatively, if a lab conducts monthly QA/QC reference toxicant tests with both species as part of their SOP, these results may be submitted in lieu of the above mentioned concurrent tests results. In either case, the reference toxicant test results must be submitted with the final report as well as on the Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form.

3. These chronic toxicity tests shall be initiated within 90 days of the date of issuance of the permit to evaluate wastewater toxicity. Such chronic toxicity tests shall be conducted once per quarter for a period of one year following the effective date of the permit. After the first year of monitoring, provided the IC_{25} is greater than or equal to 100%, the frequency of monitoring will be reduced to once per six months for the life of the permit. Sampling shall be timed to cover the seasonal extremes of the year (hot-dry and cold-wet).

4. If any one chronic toxicity test indicates the IC_{25} is less than 100%, the provisions in Section 6 below shall apply, and the permittee shall conduct another chronic toxicity test(s) with the organism(s) that failed. This follow-up test must be completed within 30 days following completion of the failed test. Final chronic toxicity test results shall be in report form as outlined in Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Fourth Edition, (EPA-600/4-90/027) or most recent edition*. The permittee must also submit a completed Mississippi Office of Pollution Control NPDES Whole Effluent Toxicity Testing Report Form.

5. In the event the permittee passes the additional WET test, the permittee shall resume testing in accordance with the testing schedule set forth in the permit. In the event the permittee fails the second WET test, the permittee shall submit a Toxicity Reduction Evaluation Plan (TREP) within 45 days following completion of the follow-up test in order to reduce the toxicity of the effluent to safe[1] levels[2]. The first phase of the TREP will include increased monitoring to characterize the toxicity of the effluent.

6. If the IC_{25} of any test is less than 100%, then the effluent will be considered unacceptably chronically toxic, and this will constitute a violation of Part I of this permit.

[1]Safe levels will be determined by the Mississippi Environmental Quality Permit Board.

[2]In large rivers, lakes, and estuaries the permittee must provide a schematic map showing isopleths of waste concentrations.

In addition to the specific conditions of this permit, the permittee shall comply with all applicable conditions of 40 CFR 122.7 and 40 CFR 122.61 (06-03-93).

*Contact the Mississippi Office of Pollution Control Laboratory for information on most recent edition(s) of methods manual.

PERMIT ISSUANCE FORM PROJECT ENGINEER INITIALS CEC

CEC

SURFACE WATER DIVISION

Jerry Cain - BRANCH CHIEF 9-30-97 DATE SIGNED

October 14, 1997 DATE OF PERMIT BOARD MEETING

INDUSTRIAL INDUSTRIAL/MUNICIPAL/COMMERCIAL

NPDES/PRETREATMENT/GENERAL PERMIT
COVERAGES-STORM WATER/GENERAL PERMIT
COVERAGES-OTHER/SOP

NEW/REISSUANCE/MODIFY/TRANSFER/REVOKE

FACILITY: Hercules PERMIT #/COVERAGE # MS0001830 COUNTY Forrest

NATURE OF OPERATION: Manufacture of modified resins, resin solutions and paper chemicals.

TYPE OF WASTEWATER: The outfall consist of combined coolingwater, processwater, and stormwater flow.

TREATMENT UNITS: Sedimentation, floatation, neutralization, and carbon adsorption.

OUTFALL(S) AND FLOW(S): 001: 0.96 MGD and 002: 1.4 MGD, which consist of 001 combined with cooling water.

DATE INSPECTED OR TO BE INSPECTED: September 9,1996

RECEIVING STREAM(S): an unnamed tributary of the Bowie River

WATER QUALITY LIMITED? yes WENT TO PUBLIC NOTICE? June 1,1997

EXPLANATION OF PERMIT AND LIMITATIONS:

INTERIM LIMITATIONS

A. BOD5 The interim limitations are based on the categorical limitations which are more stringent than Water Quality limitations derived from modeling.

B. TOC There are no established limits for TOC, therefore the established ratio of TOC/BOD5 of 1.3 will be used to track changes in wastewater composition changes.

C. Oil&grease The current mass limit, 660 lbs/d ave , 990 lbs/d max, are less than the 10 ppm limit to prevent an oil sheen. i.e. :

660/(116.3*8.34) = 0.68 ppm

These current limits will be maintained.

D. Phenol limits are established by applying the State water quality limits to the river and estimating the maximum allowable concentration in the effluent:

0.96 mgd*C*8.34 = 0.3 * (116.3+1.4) * 8.34

C = 37 PPM MAX., = 294.4 LBS/D

C = 12.6 PPM AVE., = 117.4 LBS/D

Current average permit limits are more stringent and the ave. limit will be maintained. The maximum limit is increased to 6.6 lbs. per day from 4.9 lbs. per day 6.6 lbs/d max, 3.3 lbs/d ave. The facility was not meeting the 4.9 mg/l on a consistent basis and considering the water quality standards provide for higher limits in the Bowie

River; the technology stan[illegible]d is considered to be 6.6 mg/l [illegible]kimum.
The current technology, activated carbon filter, is well suited for removing phenol.
2. FINAL LIMITS
A. BOD5 Water Quality Monitoring limit for a 7Q10 = 0 stream is BOD5 ave = 10mg/l . mass limits BOD5
B. TSS

Proposed limits are based upon Best Professional Judgement.
AVE = 30 PPM MAX = 45PPM
1.4MGD* 8.34* 30MG/L = 350 LBS/D
1.4MGD* 8.34* 45MG/L = 525 LBS/D
The existing system can meet the average but not the max limit as illustrated by the following 2-C information.
C. Oil and Grease Proposed limits : 10 mg/l ave , 15 mg/l max
The proposed limits are based upon the minimum amount of oil that will produce an oil sheen on the water surface.
D. Phenol
State Water Quality Limits are 0.3 mg/l max, 0.102 mg/l ave.
These limits translate to :
0.3 mg/l * 1.4 MGD * 8.34 = 3.5 LBS/D
0.102 MG/L * 1.4 MGD * 8.34 = 1.19 LBS/D
These discharge limits are more stringent than previous limits.
(4.9 lbs/d , 3.3 lbs/d ave)
E. TOC
There are no established limits for TOC, therefore the established ratio of TOC/BOD5 of 1.3 will be used to track changes in wastewater composition .

PUBLIC PARTICIPATION YES _X_ NO __

HEARING: YES __ NO _X_

NOTICE ONLY: YES _X_ NO __
IF YES; NEWSPAPER _X_ POST OFFICE _X_ LIBRARY _X_ COURTHOUSE _X_
WERE THERE PUBLIC COMMENTS? YES __ NO _X_. IF YES, BRIEFLY DESCRIBE:

COORDINATION:
ARE AIR __ HAZARDOUS WASTE __ SOLID WASTE __ PRETREATMENT __ NPDES __ SOP __ STORM WATER __ L&W __ GEOLOGY __ PERMITS REQUIRED? IF YES, HAVE WE COORDINATED WITH OTHER PERMIT GROUPS? YES __ NO __

RECOMMENDATION:

BASED ON MY REVIEW OF THE INFORMATION, I RECOMMEND:

1. THE DIVISION CHIEF ISSUE _X_
2. THE EXECUTIVE DIRECTOR REVIEW __
3. THE PROJECT BE SENT TO THE PERMIT BOARD FOR CONSIDERATION __

[signature] KSS/for JWC
FIRST REVIEWER SECOND REVIEWER

COMMENTS:

pif.3/10/97

PERMIT RATIONALE

HERCULES INCORPORATED

HATTIESBURG/FORREST COUNTY
NPDES MS0001830
May 30, 1997

I. INDUSTRIAL CLASSIFICATION: Manufacture of modified resins, resin solutions and paper chemicals.

II. GENERAL DESCRIPTION OF WASTEWATER AND DISCHARGE FLOW: The outfall consist of combined coolingwater, processwater, and stormwater flow.

III. DESCRIPTION OF WASTEWATER TREATMENT: Sedimentation, floatation, neutralization, and carbon adsorption.

IV. RECEIVING WATERS: an unnamed tributary of the Bowie River

V. APPLICABLE GUIDELINES: 40 CFR Part 454 Gum and Wood Chemical Manufacturing Point Source Category, Subpart C, Woodrosin, Turpentine and Pine Oil.,BAT 40 CFR Part 428 Rubber Manufacturing Point Source Category, BAT.

VI. PERTINENT DATA FROM FORM 2C:

A.Outfall 001:

Parameter	max daily (lbs/day)	max 30 day (lbs/day)	long term ave (lbs/day)
BOD	1,747	871	445
TOC	1,352	742	448
COD	3,309	-	-
TSS	542	172	126
NH3N	47	-	-
FLOW	1.94MGD	.96 MGD	.69 MGD
	(mg/l)		
Br.	7.1		
F.	0.15		
N(ORG)	8.9		
O&G	161		
Sulfate	180		
Sulfide	3		

Cont'd

Parameter	max daily (mg/l)
Sulfite	3.8
Surfactant	0.17
Al.	0.22
Boron	0.22
Fe	0.22
Mo	0.009
Mg	0.07
Sn	0.01
Ni	0.01
Se	0.009
Th	0.018
Zinc	0.04
Phenols	0.03
Toluene	0.235
BB phth-alates	0.036
Phenol	0.829

VII. WATER QUALITY CALCULATIONS:

See Attachment I - Chemical Specific Screening.

VIII. CATEGORICAL GUIDELINES CALCULATIONS: 40 CFR Part 454.31 Gum and Wood Chemical Manufacturing Point Source Catergory, (BAT) and 40 CFR 428 Rubber Manufacturing Point Source Catergory (BAT).

A. BOD5

Categorical limits: Gum and Wood Chemical Manufacturing and Rubber Manufacturing

Product	lbs/d	40cfr ref.	(lb/1000 lb. production) 30day ave	max	lbs/day avg	lbs/day max
resins	536,647	454.31	1.1	2.08	590.3	1116
rubber	65,300	428.103	.12	.08	7.8	5.2
misc. paper chem.	645,695	*	1.0	1.86	646	1201
					1244.1	2322.2

*AVE BOD= 598/601,947 = 1.0 (LBS BOD/1000 LBS)

MAX BOD= 1121.2/601,947 = 1.86 (LBS BOD/1000 LBS)

These BOD5 limits are more stringent than previous limits that were based on higher production rates, i.e. 1631 ave, 3051 max.

The Water Quality Monitoring Branch recommended a BOD limit of 2425 LBS/DAY. The categorical limit is more stringent and will be used .

B. TSS
Categorical limits

Product	lbs/d	40 cfr ref	(lb/1000 lb. product) 30day ave	max	lb/day avg	lb/day max
resins	536,647	454.31	0.475	1.38	255	740
rubber misc.	65,300	428.103	0.24	.16	15.7	10.5
paper chem.	645,695	*	0.45	1.25	290	807
					560.7	1557.5

*AVE TSS = 270/601,947 = 0.45 (LBS BOD/1000 LBS)
MAX TSS = 750.5/601,947 = 1.25(LBS BOD/1000 LBS)

These limits are more stringent than previous limits that were based on higher production rates i.e. 579 ave, 1648 max.

IX. SUMMARY OF CATEGORICAL GUIDELINES AND WATER QUALITY CALCULATIONS, PRESENT AND PROPOSED EFFLUENT PERMIT LIMITATIONS:

A. Outfall 001: INTERIM LIMITATIONS

Average Limitations, (lbs/day):

Parameter	Categorical Guidelines	Water Quality	Present Permit	Proposed Permit	Basis
BOD5	1244	2425	1631	1244	CAT
TSS	561	none	579	561	CAT
TOC	none	none	1755	1755	BPJ
O&G	none	none	660	660	BPJ
Phenol	none	3.3	3.3	3.3	WQ

Maximum Limitations,(lbs/day):

Parameter	Categorical Guidelines	Water Quality	Present Permit	Proposed Permit	BASIS
BOD5	2322	3638	3051	2322	CAT
TSS	1557	none	1648	1557	CAT
TOC	none	none	3800	2436	BPJ
O&G	none	none	990	990	BPJ
Phenol	none	4.9	4.9	4.9	WQ

X. BASIS FOR PROPOSED EFFLUENT LIMITATIONS AND PERMIT REQUIREMENTS:

1. INTERIM LIMITATIONS

A. BOD5

The interim limitations are based on the categorical limitations.

B. TOC

There are no established limits for TOC, therefore the existing limits will be used factoring in the reduced production as compared to production during the last permit period.i.e.: 935,655 / 1,292,400 (LBS OF PRODUCTS) = 0.72. 0.72*3800 = 2,436 LBS/D MAX
0.72*2,500 = 1,755 LBS/D AVE. These limits are being met by current technology , activated carbon filter.

C. Oil & grease

The current mass limit, 660 lbs/d ave , 990 lbs/d max, are less than the 10 ppm limit to prevent an oil sheen. i.e. :
660/(116.3*8.34) = 0.68 ppm

D. Phenol

Phenol limits are established by applying the State water quality limits to the river and estimating the maximum allowable concentration in the effluent:

0.96 mgd*C*8.34 = 0.3 * (116.3+1.4) * 8.34

C = 37 PPM MAX., = 294.4 LBS/D

C = 12.6 PPM AVE., = 117.4 LBS/D

Current permit limits are more stringent and will be maintained.
4.9 lbs/d max, 3.3 lbs/d ave.
The current technology, activated carbon filter, is well suited for removing phenol.
Since current limits have been maintained they will be continued as representing technology based limits.

2. FINAL LIMITS

A. BOD5

Water Quality Monitoring limit for a 7Q10 = 0 stream is BOD5 ave = 10mg/l .

Mass limits BOD5

1.4*8.34*10mg/l = 117 lbs/d ave
1.4*8.34*15mg/l = 175 lbs/d max

The following current discharge mass loadings from the application illustrates that the Current control technology has not been reaching the proposed limits.

Max. daily	Max 30 day ave
1747 lbs/d	871 lbs/d

B. TSS

Proposed limits are based upon Best Professional Judgement.

AVE = 30 PPM MAX = 45PPM

1.4MGD* 8.34* 30MG/L = 350 LBS/D
1.4MGD* 8.34* 45MG/L = 525 LBS/D

The existing system can meet the average but not the max limit as illustrated by the following 2-C information.

TSS reported : 126 LBS/D AVE , 542 LBS/D MAX

C. Oil and Grease

Proposed limits : 10 mg/l ave , 15 mg/l max

1.4 *8.34*10 mg/l = 116.7 lbs/d
1.4 *8.34*15 mg/l = 175 lbs/d

The proposed limits are based upon the minimum amount of oil that will produce an oil sheen on the water surface.

D. Phenol

State Water Quality Limits are 0.3 mg/l max, 0.102 mg/l ave.
These limits translate to :
0.3 mg/l * 1.4 MGD * 8.34 = 3.5 LBS/D
0.102 MG/L * 1.4 MGD * 8.34 = 1.19 LBS/D

These discharge limits are more stringent than previous limits.
(4.9 lbs/d , 3.3 lbs/d ave) Form 2-C list Phenol at a concentration of 0.829 mg/l. This concentration is above the proposed limits.

E. TOC

There are no established limits for TOC, therefore the existing limits will be used factoring in the reduced production as compared to production during the last permit period ie: 935,655 / 1,292,400 (LBS OF PRODUCTS) = 0.72 . 0.72*3800 = 2,436 LBS/D MAX
0.72*2500 = 1755 LBS/D AVE. These limits are being met by current technology, activated carbon filter.

XI. PROPOSED LIMITS FOR DISCHARGE , FINAL LIMITS (lbs/day)

			existing limits		
	Monthly ave.	Daily Max.	ave	max	Basis
BOD5	53(116.8)	79.54(175.2)	(1634)	(3051)	WQ
Am.(N)	10.6(23.35)	15.92(35)	NONE	NONE	WQ
TSS	191(421)	531(1170)	(579)	(1648)	BPJ
TOC	796(1755)	1107(2436)	(2500)	(3800)	BPJ
Oil/g	53.1(117)	79.5(175)	(660)	(990)	BPJ
Phenol	.54(1.19)	1.6(3.5)	(3.3)	(4.9)	WQ

Chronic Toxicity Monotoring

XII. PROPOSED LIMITS, INTERIM LIMITS (lbs/day)

existing limits

	Monthly ave	Daily Max ave	max	Basis	
BOD5	565.5(1244.1)	1056(2322.2)	(1634)	(3051)	CAT
TSS	255(560.7)	708(1557.5)	(579)	(1648)	CAT
TOC	796(1755)	1107(2436)	(2500)	(3800)	BPJ
Oil/g	300(660)	450(990)	(660)	(990)	BPJ
Phenol	1.5(3.3)	2.2(4.9)	(3.3)	(4.9)	WQ

Acute Toxicity Monitoring

XIII. BATEA STATEMENT: It is our Best Professional Judgement (BPJ) the foregoing effluent limitations and permit conditions represent Best Available Technology Economically Achievable (BATEA).

ATTACHMENT I

TOXICITY SCREENING FOR BOWIE RIVER

Qw =.96 MGD(TOTAL 1.4 INCLUDES NON-CONTACT COOLING WATER)
Qr = 116.3MGD
IWC = 0.96 MGD/(1.4+116.3)*100% = .8%
Xr = 0 assumed for all parameters

Total Al

Xw =.220*10 = 2.2 (less than 12 samples)
Xt = 2.2*.96/(1.4+116.3) = .02 mg/l
AWQC = .750mg/l
CWQC =.087 mg/l

Total Boron

Xw = .22*10 = 2.2 (less than 12 samples)
Xt = 2.2*.96/(1.4+116.3) =.020
AWQC = no data
CWQC = .750 mg/ l

Total Ni

Xw =.01*10 =.1 (less than 12 samples)
Xt = .1 *.96/(1.4+116.3) = .0008

AWQC = .787 mg/l
CWQC = .087 mg/l

Total Selenium

Xw =.009*10 =.09 (less than 12 samples)
Xt =.09 *.96/(1.4+116.3) = .0008
AWQC = .02 mg/l
CWQC = .005 mg/l

Total Zinc

Xw = .04 *10 =.4 (less than 12 samples)
Xt = .4*.96/(1.4+116.3) = .0042
AWQC= .0636 mg/l
CWQC= .0581 mg/l

Phenol

Xw= .829 mg/l
Xt= .829*.96/(1.4+116.3)=.0083 mg/l
AWQC=.3 mg/l
CWQC=.1 mg/l

ACUTE TOXICITY SCREENING SUMMARY (EXISTING LIMIT BASIS)

Parameter	AWOC mg/l	Xt mg/l	PASS/FAIL
Total Al	.750	.026	PASS
Total Boron	no data	.02	
Total Nickel	.787	.0012	PASS
Total Selenium	.02	.001	PASS
Total Zinc	.0636	.005	PASS
Phenol	.3	.099	PASS

CHRONIC TOXICITY SCREENING SUMMARY

Parameter	CWOC mg/l	Xt mg/l	PASS/FAIL
Total Al	.087	.026	PASS

Total Boron	**.750**	**.02**	**PASS**
Total Nickel	**.087**	**.0012**	**PASS**
Total Selenium	**.005**	**.001**	**PASS**
Total Zinc	**.0581**	**.005**	**PASS**
Phenol	**.102**	**.099**	**PASS**

TOXICITY SCREENING MATRIX

permit requirements

IWC	CSSa	CSSp	WETp	CSl	WETl	WETm
2.4%	P	P	P	Y	Y	N/A

TOXICITY SCREEN FOR TRIBUTARY

ACUTE TOXICITY SCREENING SUMMARY
(Xt=Xw*.96/1.4)

Parameter	AWOC mg/l	Xt mg/l	PASS/FAIL
Total Al	.750	1.5	FAIL
Total Boron	no data		
Total Nickel	.787	.68	FAIL
Total Selenium	.02	.062	FAIL
Total Zinc	.0636	.272	FAIL
Phenol	.3	.564	FAIL

CHRONIC TOXICITY SCREENING SUMMARY
(Xt=Xw*.96/1.4)

Parameter	CWOC mg/l	Xt mg/l	PASS/FAIL
Total Al	.087	1.5	FAIL
Total Boron	.750	1.5	FAIL
Total Nickel	.087	.068	PASS
Total Selenium	.005	.062	FAIL
Total Zinc	.0581	.272	FAIL
Phenol	.102	.564	FAIL

TOXICITY SCREENING MATRIX

permit requirements

IWC	CSSa	CSSp	WETp	CSl	WETl	WETm
100%	f	f	N/A	Y	Y	N/A

PUBLIC NOTICE
Mississippi Environmental Quality Permit Board
P. O. Box 10385
Jackson, MS 39209
Telephone No. (601) 961-5171

August 15, 1997

Hercules Incorporated, located at 613 West 7th Street P.O.10385 Hattiesburg, Ms. 39209, has applied to the Mississippi Environmental Quality Permit Board for the reissuance of an NPDES Permit to discharge treated chemical process waste water and non-contact coolingwater from a waste water treatment system to a tributary of the Bowie River. The applicant's operation manufacters resins and paper chemicals. One discharge is described in the application.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. Therefore, the staff of the Board has preliminarily decided, based on available information, to recommend to the Board that a permit be issued containing numerous environmental regulatory constraints specifically stated in the draft permit. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Jerry Cain at the Permit Board's address shown above, no later than September 15, 1997. All comments received by that date will be considered in the formulation of final determinations regarding the application. A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed permit.

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing or calling Charles Cook at the Permit Board's address and telephone number shown above. Also, this and other information is available for review and copying during normal business hours at the Southport Center Building located at 2380 Highway 80 West, Jackson, MS.

Please bring the foregoing to the attention of persons whom you know will be interested.

FACT SHEET

APPLICATION FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT TO DISCHARGE WASTEWATER TO WATERS OF THE STATE OF MISSISSIPPI

Application No.: MS0001830 (Reissuance) **Date: June 4,1997**

1. SYNOPSIS OF APPLICATION

a. Name and Address of Applicant

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39401
Contact: Mr. Charles Jordan
(601) 545-3450

b. Description of Applicant's Operation

Manufacture of modified resins,resin solutions and paper chemicals.

Applicable guidelines:

40CFR Part 454 Gum and Wood Chemical Manufacturing Point Source Category, Subpart C Woodrosin, Turpentine and Pine Oil.
40CFR Part 428 Rubber Manufacturing Point Source Category,

c. Production Capacity of Facility

N/A

d. Description of Existing Pollution Abatement Facilities

Sedimentation, floatation, neutralization, and carbon adsorption.

e. Applicant's Receiving Waters

Bowie River

f. Description of Discharges

Outfall 001 - 0.96 MGD(internal outfall into 002)

Outfall 002 - 1.4 MGD

Bowie River 7Q10 =116.3 mgd

2. PROPOSED EFFLUENT LIMITATIONS

see rationale

3. MONITORING REQUIREMENTS

The applicant will be required to monitor regularly for flow and those parameters limited in Section 2 above with sufficient frequency to ensure compliance with the permit conditions. Frequency, methods of sampling, and reporting dates will be specified in the final permit. Acute Toxicity Monitoring will be performed for the first three years of the permit. The required passing dilution is three percent. Chronic Toxicity Monitoring shall be performed for the last two years of the permit. The required passing dilution is one-hundred percent.

4. PROPOSED COMPLIANCE SCHEDULE FOR ATTAINING EFFLUENT LIMITATIONS

The facility will have three years to achieve proposed permit requirements.

5. PROPOSED CONDITIONS OF APPLICABILITY AND OTHER REQUIREMENTS

See attached permit rationale.

6. WATER QUALITY STANDARDS AND EFFLUENT STANDARDS APPLIED TO THE DISCHARGE

See attached permit rationale.

7. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

The Mississippi Office of Environmental Quality Permit Board proposes to issue an NPDES permit to this applicant subject to the effluent limitations and special conditions outlined above. These determinations are tentative.

Interested persons are invited to submit written comments on the permit application or on the Permit Board's proposed determinations to the following address:

Mississippi Department of Environmental Quality
Office of Pollution Control
P. O. Box 10385
Jackson, Mississippi 39209

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing Jerry Cain at the Permit Board's address or calling Charles Cook at 961-5171.

All comments received prior to June 30, 1997, will be considered in the formulation of final determinations with regard to this application.

b. Public Hearing

The Permit Board may hold a public hearing if there is a significant degree of public interest in a proposed permit or group of permits. Public notice of such a hearing will be circulated in newspapers in the geographical area of the discharge and to those on the agency's mailing list at least 30 days prior to the hearing.

Following the public hearing, the Permit Board may take such modifications in the terms and conditions of the proposed permits as may be appropriate and shall issue or deny the permit. Notice of issuance or denial will be circulated to those who participated in the hearing and to appropriate persons on the mailing list.

c. Issuance of the Permit When No Public Hearing is Held

If no public hearing is held, and, after review of the comments received, the Permit Board's determinations are substantially unchanged, the permit will be issued and become effective immediately.

If no public hearing is held, but there have been substantial changes, public notice of the Permit Board's revised determinations will be made. Following a 30-day comment period, the permit will be issued and become effective immediately, unless a public hearing is granted.

30800 - Ms. Dept. of E[illegible] File FORREST. CO.

PASTE PROOF HERE

PUBLIC NOTICE
Mississippi Environmental Quality
Permit Board
P.O.Box 10385
Jackson, MS 39209
Telephone No.(601)961-5171
August 15, 1997

Hercules Incorporated, located at 613 West 7th Street P.O.Box 10385 Hattiesburg, MS. 39209, has applied to the Mississippi Environmental Quality permit Board for the reissuance of an NPDES Permit to discharge treated chemical process wastewater and non-contact coolingwater from a wastewater treatment system to a tributary of the Bowie River. The applicant's operation manufactures resins and paper chemicals. One discharge is described in the application.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. Therefore, the staff of the Board has preliminarily decided, based on available information, to recommend to the Board that a permit be issued containing numerous environmental regulatory constraints specifically stated in the draft permit. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Jerry Cain at the Permit Board's address shown above, no later than September 15, 1997. All comments received by that date will be considered in the formulation of final determinations regarding the application. A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed permit.

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing or calling Charles Cook at the Permit Board's address and telephone number shown above. Also, this and other information is available for review and copying during normal business hours at the Southport Center Building located at 2380 Highway 80 West, Jackson, MS.

Please being the foregoing to the attention of persons whom you know will be interested.

August 15, 1997.

THE STATE OF MISSISSIPPI,

FORREST COUNTY,

Personally appeared before me, JOHNNY EDWARD BREWER a Notary Public of the City of Hattiesburg, Forrest County, Mississippi, Lorene R. Coates Clerk for HATTIESBURG AMERICAN, a newspaper published in the City of Hattiesburg, Forrest County, Mississippi who, being duly sworn says that the notice, a true copy of which is hereto annexed, appeared in the issues of said newspaper as follows:

Date August 15, 1997

Date

Date

Date

Date

FORWARD
AUG 26 1997
Linda Stanford
TO AS/BS

Number Words 355

Published 1 Times

Printer's Fee $ 28.40

Making Proof $ 1.00

Total $ 29.40

(Signed) Lorene R. Coates
Clerk

Sworn to and subscribed before me the 15th day of August 1997

Johnny Edward Brewer
Notary Public

My Commission Expires: [illegible]

memo to file

7/7/97

Subject: Hercules, permit No.MS0001830, changes to public notice draft.

The draft was changed to correct the acute toxicity limit from 3% to 10.7%. The outfall 001 was changed to outfall 002 for the purpose of testing the entire effluent. These changes are more stringent and do not require a public notice to be re-advertised. Also the monitoring requirement for TOC has been reduced to once per month.

CEC:cec

FACT SHEET

APPLICATION FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT TO DISCHARGE WASTEWATER TO WATERS OF THE STATE OF MISSISSIPPI

Application No.: MS0001830 (Reissuance) **Date: May 14,1997**

1. SYNOPSIS OF APPLICATION

a. Name and Address of Applicant

Hercules Incorporated
613 West 7th Street
P.O. Box 1937
Hattiesburg, MS 39401
Contact: Mr. Charles Jordan
(601) 545-3450

b. Description of Applicant's Operation

Manufacture of modified resins, resin solutions and paper chemicals.

Applicable guidelines:

40CFR Par. 454 Gum and Wood Chemical Manufacturing Point Source Category,subpart c woodrosin,turpentine and pine oil.
40CFR Part428 Rubber Manufacturing Point Source Category,

c. Production Capacity of Facility

N/A

d. Description of Existing Pollution Abatement Facilities

Sedimentation, floatation, neutralization, and carbon adsorption.

e. Applicant's Receiving Waters

Bowie River

f. Description of Discharges

Outfall 001 - 0.96 MGD(internal outfall into 002)
Outfall 002 - 1.4 MGD

Bowie River 7Q10 =116.3 mgd

2. PROPOSED EFFLUENT LIMITATIONS

see rationale

3. MONITORING REQUIREMENTS

The applicant will be required to monitor regularly for flow and those parameters limited in Section 2 above with sufficient frequency to ensure compliance with the permit conditions. Frequency, methods of sampling, and reporting dates will be specified in the final permit.

4. PROPOSED COMPLIANCE SCHEDULE FOR ATTAINING EFFLUENT LIMITATIONS

The facility will have three years to achieve proposed permit requirements.

5. PROPOSED CONDITIONS OF APPLICABILITY AND OTHER REQUIREMENTS

The attached permit rationale illustrates how interim BOD5 and TSS are determined by applying categorical limitations .The maximum limit for phenol was changed from 4.9 pounds per day to 6.6 pounds per day. This was done because the old limit was based on water quality standards that were no longer in effect. The facility could not meet the existing limit three of the last twelve months. The new limit is below present water quality standards for phenol but with in the technological ability of the treatment system as demonstrated on the discharge monitoring reports.

6. WATER QUALITY STANDARDS AND EFFLUENT STANDARDS APPLIED TO THE DISCHARGE

See attached permit rationale.

7. PROCEDURES FOR THE FORMULATION OF FINAL DETERMINATIONS

a. Comment Period

The Mississippi Office of Environmental Quality Permit Board proposes to issue an NPDES permit to this applicant subject to the effluent limitations and special conditions outlined above. These determinations are tentative.

Interested persons are invited to submit written comments on the permit application or on the Permit Board's proposed determinations to the following address:

Mississippi Department of Environmental Quality
Office of Pollution Control
P. O. Box 10385
Jackson, Mississippi 39209

Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing Jerry Cain at the Permit Board's address or calling Charles Cook at 961-5171.

All comments received prior to June 30, 1997, will be considered in the formulation of final determinations with regard to this application.

b. Public Hearing

The Permit Board may hold a public hearing if there is a significant degree of public interest in a proposed permit or group of permits. Public notice of such a hearing will be circulated in newspapers in the geographical area of the discharge and to those on the agency's mailing list at least 30 days prior to the hearing.

Following the public hearing, the Permit Board may take such modifications in the terms and conditions of the proposed permits as may be appropriate and shall issue or deny the permit. Notice of issuance or denial will be circulated to those who participated in the hearing and to appropriate persons on the mailing list.

c. Issuance of the Permit When No Public Hearing is Held

If no public hearing is held, and, after review of the comments received, the Permit Board's determinations are substantially unchanged, the permit will be issued and become effective immediately.

If no public hearing is held, but there have been substantial changes, public notice of the Permit Board's revised determinations will be made. Following a

30-day comment period, the permit will be issued and become effective immediately, unless a public hearing is granted.

Hercules / Forrest

RECEIVED
JUN 10 1997
Office of Pollution Control
Mississippi Department of Environmental Quality

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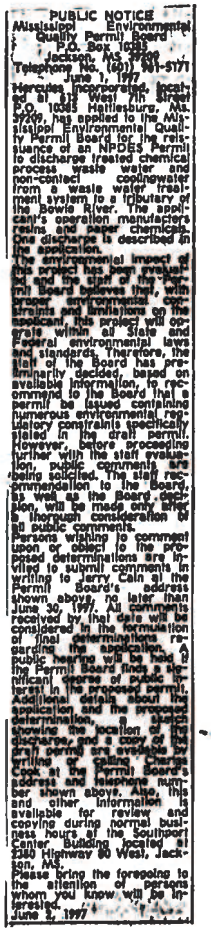

PUBLIC NOTICE
Mississippi Environmental Quality Permit Board
P.O. Box 10385
Jackson, MS 39289
Telephone No., (601) 961-5171
June 1, 1997

Hercules Incorporated, located at 813 West 7th Street P.O. 10083 Hattiesburg, MS. 39209, has applied to the Mississippi Environmental Quality Permit Board for the reissuance of an NPDES Permit to discharge treated chemical process waste water and non-contact coolingwater from a waste water treatment system to a tributary of the Bowie River. The applicant's operation manufactors resins and paper chemicals. One discharge is described in the application.

The environmental impact of this project has been evaluated and the staff of the Permit Board believes that, with proper environmental constraints and limitations on the applicant, this project will operate within all State and Federal environmental laws and standards. Therefore, the staff of the Board has preliminarily decided, based on available information, to recommend to the Board that a permit be issued containing numerous environmental regulatory constraints specifically stated in the draft permit. However, before proceeding further with the staff evaluation, public comments are being solicited. The staff recommendation to the Board, as well as the Board decision, will be made only after a thorough consideration of all public comments.

Persons wishing to comment upon or object to the proposed determinations are invited to submit comments in writing to Jerry Cain at the Permit Board's address shown above, no later than June 30, 1997. All comments received by that date will be considered in the formulation of final determinations regarding the application. A public hearing will be held if the Permit Board finds a significant degree of public interest in the proposed permit. Additional details about the application and the proposed determination, a sketch showing the location of the discharge, and a copy of the draft permit are available by writing or calling Charge Cook at the Permit Board's address and telephone number shown above. Also, this and other information is available for review and copying during normal business hours at the Southport Center Building located at 2380 Highway 80 West, Jackson, MS.

Please bring the foregoing to the attention of persons whom you know will be interested.

June 2, 1997

PROOF OF PUBLICATION
THE STATE OF MISSISSIPPI
HINDS COUNTY

PERSONALLY appeared before me, the undersigned notary public in and for Hinds County, Mississippi,

Shirley Rickard,

an authorized clerk of THE CLARION-LEDGER, a daily newspaper as defined and prescribed in Sections 13-3-31 and 13-3-32, of Mississippi Code of 1972, as amended, 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:

Date June 2, 19 97

Date _____, 19 ____

Date _____, 19 ____

Date _____, 19 ____

Date _____, 19 ____

Number of Lines/Words 89/362

Published 1 Times

Total $ 30.96

Signed Shirley Rickard
Authorized Clerk
of The Clarion-Ledger

Sworn to and subscribed before me the 2 day of June 19 97.

Marie Miller
Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE.
MY COMMISSION EXPIRES: Nov. 8, 2000.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

(SEAL)