

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

NAME **HERCULES, INC**
ADDRESS **P O BOX 1937**
HATTIESBURG MS **39461**
0800

01830
PERMIT NUMBER
001
DISCHARGE NUMBER

FACILITY LOCATION

MONITORING PERIOD
FROM 85 12 01 TO 86 01 01
(12-01) (12-31) (1-01)

IND

XXX

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX. ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)					
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	666	1056	4399	LBS/DA	6.6	5	7.7	9	0	3/7	24HR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/1	GRA
000400	SAMPLE MEASUREMENT	64	282	LBS/DA	*****	*****	*****	*****	0	3/7	GRA
OIL-GREASE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	3/7	GRA
000550	SAMPLE MEASUREMENT	659	1399	LBS/DA	*****	*****	*****	*****	0	3/7	GRA
CARBON, TOTAL ORGANIC 000680	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	3/7	24HR
PHENOLS	SAMPLE MEASUREMENT	0.3	0.7	LBS/DA	*****	*****	*****	*****	0	3/7	GRA
032730	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	3/7	GRA
LOW RATE	SAMPLE MEASUREMENT	0.62	1.29	MG/DAY	*****	*****	*****	*****	0	CONT	RECORD
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	3/7	24HR
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	150	528	LBS/DA	*****	*****	*****	*****	0	3/7	24HR
099060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	3/7	24HR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
G. R. Yandle/Plant Manager

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE 601 NUMBER 545-3450

DATE YEAR 01 MO 20 DAY 86

NOTE: Read instructions before completing this form.

HATIIESBURG MS 39401
 FACILITY LOCATION
 0800

DISCHARGE MONITORING REPORT (DMR)
 (2-16)
 PERMIT NUMBER 01830
 DISCHARGE NUMBER 001
 (17-19)

MAJOR OMB No. 2
 Form Appr

PARAMETER (32-37) DELNAV
 AVERAGE (3 Card Only) (46-53) 0.01
 MAXIMUM (54-61) 0.02
 UNITS LBS/DA
 MINIMUM (38-45)
 AVERAGE (46-53)
 MAXIMUM (54-61)
 UNITS UG/L
 NO. EX (62-63) 0
 FREQUENCY OF ANALYSIS (64-68) 3/7
 S. 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	AVERAGE	MAXIMUM	UNITS	MINIMUM	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	S.
						AVERAGE	MAXIMUM	UNITS			
G. R. Yandle/Plant Manager	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.01	0.02	LBS/DA					0	3/7	24
	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BELIEVE IT IS TRUE AND ACCURATE. I BELIEVE THE SUBMITTED INFORMATION IS TRUE AND ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR FINE AND IMPRISONMENT UNDER 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.

TYPED OR PRINTED NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: G. R. Yandle/Plant Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

OFFICER CODE: 501
 AREA NUMBER: 545-3450
 YEAR: 01
 MO: 20
 DAY: 86

TELEPHONE: [Blank]
 DATE: [Blank]

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): [Blank]

ADDRESS P O BOX 1937
HATTIESBURG MS 39401

PERMIT NUMBER 01830
DISCHARGE NUMBER 001

Form Approved
OMB No. 2000-0

FACILITY LOCATION
PARAMETER (32-37)

MONITORING PERIOD					
FROM	YEAR	MO	DAY	TO	DISCHARGE NUMBER
(20-21)	85	11	01	(22-23)	001
	85	12	01	(24-25)	
				(26-27)	
				(28-29)	
				(30-31)	

IND

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NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
			AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)					
BOD 5-DAY 20 DEG C PLANT EFFLUENT 000310	1095	*****	2492	4399	*****	6.7	6	*****	0	3/7	24HR	
PH EFFLUENT 000400	*****	*****	*****	*****	*****	*****	*****	*****	0	3/7	24HR	
OIL-GREASE 000550	245	*****	674	990	*****	8.4	9	*****	0	1/1	GR	
CARBON, TOTAL ORGANIC 000680	1115	*****	3065	3909	*****	*****	*****	*****	0	3/7	GR	
PHENOLS 032730	0.4	*****	1.0	4.5	*****	*****	*****	*****	0	3/7	24HR	
FLOW RATE 001060	0.85	*****	2.09	*****	*****	*****	*****	*****	0	3/7	GR	
SOLIDS, SUSPENDED 099000	406	*****	701	1750	*****	*****	*****	*****	0	3/7	REC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. R. Yandle/Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TYPED OR PRINTED											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601	545-3450	01	20	86							
AREA CODE	NUMBER	YEAR	MO	DAY								

NAME
HERCULES INC
 ADDRESS
P O BOX 1937
HATTIESBURG MS 39401
 LOCATION
0000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16)
01830
 PERMIT NUMBER
001
 DISCHARGE NUMBER

FACILITY
IND
 XXX

MONITORING PERIOD
 FROM YEAR **85** MO **11** DAY **01**
 TO YEAR **85** MO **12** DAY **01**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-67)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM	AVERAGE (46-53)	MAXIMUM	MINIMUM				
099006	0.01	0.04	0.21	LBS/DA				0	3/7	24HR	
	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
G. R. Yandle/Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
601 AREA CODE
545-3450 NUMBER
01 YEAR
20 MO
86 DAY
 TELEPHONE DATE

NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS **39401**
 FACILITY **0890**
 LOCATION

DISCHARGE POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) **01830** PERMIT NUMBER
 (17-19) **001** DISCHARGE NUMBER
 MAJOR

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	10	01	85	11	01

TND

XX)

PARAMETER (32-37)	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)			NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM			
ROD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	1221	2832	LBS/DA				0	3/7	24HR
EFFLUENT 000400		4399	LBS/DA	6.2			0	3/7	24HR
OIL-GREASE 000550	142	826	LBS/DA	6			0	1/1	GRA
CARBON, TOTAL ORGANIC 000680	984	2052	LBS/DA				0	3/7	GRA
PHENOLS 032730	0.4	1.0	LBS/DA				0	3/7	24HR
FLOW RATE 074060	0.74	2.00	LBS/DA				0	3/7	GRA
SOLIDS, SUSPENDED 099000	281	984	MG/DAY				0	CONT	RECORD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. R. Vandler Plant Manager		1750	LBS/DA					3/7	24HR

NOTE: Read instructions before completing this form.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION SUBMITTED HEREIN AND BASED ON THE TRUE ACCURACY AND COMPLETE 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, INCLUDING UP TO \$30,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.

39 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **601 545-3450** DATE **01 20 86**

AREA CODE NUMBER YEAR MO DAY

A Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Form Approved OMB No. 2000-00

GENERAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)		QUALITY OR CONCENTRATION (38-45)		AVERAGE (46-53)		MAXIMUM (54-61)		UNITS	NO. EX. ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPL. TYPE
			AVERAGE	MAXIMUM	AVERAGE	MAXIMUM	AVERAGE	MAXIMUM						
TEMPERATURE 000010											DEG	0	3/7	GR
EFFLUENT 000400											DEG	0	3/7	GR
CHROMIUM, TOTAL 001034											SU	0	1/1	GR
ZINC, TOTAL 001092											MG/L	0	3/7	24HR
CHLORINE, TOTAL RESIDUAL 050060											MG/L	0	3/7	24HR
FLOW RATE 074060											MG/L	0	3/7	GRA
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.)													
G. R. Yandle/Plant Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT													
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TYPED OR PRINTED													
TELEPHONE: 601 545-3450 DATE: 01 20 86														

NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR) (17-19)
 PERMIT NUMBER **01830**
 DISCHARGE NUMBER **002**

MAJOR **IND**
 Form Approved
 OMB No. 2000-001

FACILITY LOCATION

MONITORING PERIOD
 FROM YEAR **85** MO **11** DAY **01** TO YEAR **85** MO **12** DAY **01**

IND
 XXX

PARAMETER (32-37)

(3 Card Only) QUANTITY OR LOADING (54-61)

(4 Card Only) (38-45)

QUALITY OR CONCENTRATION (46-53)

NOTE: Read instructions before completing this form.

(34-61)

NO. EX. FREQUENCY OF ANALYSIS (62-63) (64-68) SAMPLE TYPE (69-70)

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE												
000010	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	DEG	*****	*****	81	DEG	0	3/7	GRA
EFFLUENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****		*****	*****	105		0	3/7	GRA
000400	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****		*****	*****	6.8		0	3/7	GRA
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	6.0		0	1/1	GRA
001034	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****		*****	*****	0.5		0	3/7	24HR
ZINC, TOTAL	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	0.5		0	3/7	24HR
001092	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****		*****	*****	0.5		0	3/7	24HR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	LBS/DA	*****	*****	0.5		0	3/7	24HR
050060	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****		*****	*****	0.2		0	3/7	GRA
FLOW RATE	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	MG/DAY	*****	*****	0.5		0	3/7	GRA
074060	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****		*****	*****	0.5		0	3/7	GRA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 G. R. Yandle/Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 AREA CODE NUMBER YEAR MO DAY
 601 545-3450 01 20 86
 DATE

NAME HERCULES INC
 ADDRESS P O BOX 1937
 HATTIESBURG MS 39401
 0800

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

Form Approved
 OMB No. 2000-001

FACILITY LOCATION

PERMIT NUMBER 01830

DISCHARGE NUMBER 002

IND

XXX

MONITORING PERIOD
 FROM YEAR 85 MO 10 DAY 01 TO YEAR 85 MO 11 DAY 01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS					
TEMPERATURE													
000010													
000400													
CHROMIUM, TOTAL													
001034													
ZINC, TOTAL													
001092													
CHLORINE, TOTAL RESIDUAL													
050060													
FLOW RATE													
014060													
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 KNOWLEDGE 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 three up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)											
G. R. Vandler / Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT											
TELEPHONE		AREA CODE 601 NUMBER 545-3450											
DATE		YEAR 01 MO 20 DAY 86											

*Applicable only if chemical additions are made.

DISCHARGE MONITORING REPORT (DMR)
 (17-19)
 (2-16)
 (34-61)
 (46-53)
 (38-45)
 (46-53)
 (34-61)
 (62-63)
 (64-68)
 (69-70)

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX. ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (34-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)			
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	878	1992	LBS/DA	6.5	6	8.0	0	3/7	24HR	
PH EFFLUENT 000400	157	654	LBS/DA	6	6	9	0	1/1	GRA	
CARBON, TOTAL ORGANIC 000680	1087	1917	LBS/DA	6	6	9	0	3/7	GRA	
PHENOLS 032730	0.3	0.5	LBS/DA	6	6	9	0	3/7	24HR	
FLOW RATE 074060	0.49	0.82	LBS/DA	6	6	9	0	3/7	GRA	
SOLIDS, SUSPENDED 099000	224	533	MG/DAY	6	6	9	0	CONT	RECORD	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: G. R. Yandle, Plant Manager TYPED OR PRINTED: G. R. Yandle COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): 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 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>G. R. Yandle</i> TELEPHONE: 545-3450 DATE: 1985 10 23										

NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS **39401**
 0800

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

Form Approved
 OMB No. 2000-001

FACILITY LOCATION
 PERMIT NUMBER **01830**
 DISCHARGE NUMBER **001**

MONITORING PERIOD
 FROM YEAR **85** MO **09** DAY **01** TO YEAR **85** MO **10** DAY **01**

IND

XXX

PARAMETER (32-37) DELNAV 099006
 QUANTITY OR LOADING (46-53) AVERAGE 0.02 MAXIMUM 0.04 UNITS LBS/DA
 QUALITY OR CONCENTRATION (46-53) AVERAGE MAXIMUM UNITS UG/L
 NO. EX. (62-63) 0
 FREQUENCY OF ANALYSIS (64-68) 3/7
 SAMPLE TYPE (69-70) 24HR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS			
G. R. Yandle Plant Manager	SAMPLE MEASUREMENT	0.02	0.04	LBS/DA	UG/L	0	3/7	24HR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY FACILITY WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON 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 19 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include a fine up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 G. R. Yandle

TELEPHONE NUMBER 545-3450
 DATE 10 23

AREA CODE 601

HERCULES INC
 ADDRESS P O BOX 1937
 HATTIESBURG MS 39401
 0800

PERMIT NUMBER 01830

DISCHARGE NUMBER 001

MAJOR IND

Form Approved
 OMB No. 2000-001

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
85	08	01	85	09	01

PARAMETER (33-37)

AVERAGE (46-53)

QUANTITY OR LOADING (34-61)

MINIMUM (38-45)

AVERAGE (46-53)

MAXIMUM (34-61)

UNITS

NO. EX FREQ. OF ANALYSIS (62-63) (64-68)

SAMPLE TYPE (69-70)

PARAMETER (33-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX FREQ. OF ANALYSIS (62-63) (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)			
BOD 5-DAY, 20 DEG C 000310	807	1477	LBS/DA	6.6	6	7.4	MG/L	0	3/7	24HR
PHE EFFLUENT 000400	***	4399	LBS/DA	***	6	***	MG/L	0	3/7	24HR
OIL-GREASE 000550	310	745	LBS/DA	***	***	9	SU	0	1/1	GRA
CARBON, TOTAL ORGANIC 000680	1481	4263	LBS/DA	***	***	***	MG/L	0	3/7	GRA
PHENOLS 032730	0.3	0.7	LBS/DA	***	***	***	MG/L	0	3/7	24HR
FLOW RATE 074060	1.13	2.69	LBS/DA	***	***	***	MG/L	0	3/7	GRA
SOLIDS, SUSPENDED 099000	970	1799	MG/DAY	***	***	***	MG/L	1	CONT	RECORD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
G. R. Yandle Plant Manager										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
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 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										
TYPED OR PRINTED										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
601 545-3450 1985 10 23										
AREA CODE NUMBER YEAR MO DAY										

MONITORING PERIOD
 FROM YEAR 85 MO 08 DAY 01 TO YEAR 85 MO 09 DAY 01
 (20-31) (22-25) (24-25) (26-27) (28-29) (30-31)
 XXX

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)			UNITS	NO. EX ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM	AVERAGE (46-53)	MAXIMUM	MINIMUM				
DELNAV 099006	SAMPLE MEASUREMENT	0.06	0.18				UG/L	0	3/7	24HR	
	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
 G. R. Yandle
 Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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
 G. R. Yandle
 TELEPHONE NUMBER 545-3450
 DATE 1985 10 23
 AREA CODE 601
 YEAR 1985
 MO 10
 DAY 23
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)
 A Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED

HERCULES INC
 P O BOX 1937
 HATTIESBURG MS 39401
 0800

PERMIT NUMBER 01830
 DISCHARGE NUMBER 001

MONITORING PERIOD
 FROM YEAR 85 MO 07 DAY 01 TO YEAR 85 MO 08 DAY 01

MAJOR IND XXX

Form Approved
 OMB No. 2000-001

FACILITY LOCATION: HATTIESBURG MS 39401
 PARAMETER (33-37): BOD 5-DAY, 20 DEG C PLANT EFFLUENT 000310
 AVERAGE (46-53): 1613
 QUANTITY OR LOADING (54-61): 3095
 UNITS: LBS/DA
 MINIMUM (38-45): 4399
 AVERAGE (46-53): 6.2
 MAXIMUM (54-61): 636
 QUALITY OR CONCENTRATION (46-53): 8.1
 UNITS: SU
 NO. EX. FREQUENCY OF ANALYSIS (62-63) (64-68): 0 3/7
 SAMPLE TYPE (69-70): 24HR

PARAMETER (33-37)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX. FREQUENCY OF ANALYSIS (62-63) (64-68)	SAMPLE TYPE (69-70)	
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
BOD 5-DAY, 20 DEG C PLANT EFFLUENT 000310	1613	3095	LBS/DA	4399	6.2	636	0 3/7	24HR	
PH EFFLUENT 000400	*****	*****	*****	*****	6	*****	0 1/1	GRA	
OIL-GREASE 000550	141	636	LBS/DA	*****	*****	*****	0 3/7	GRA	
CARBON, TOTAL ORGANIC 000580	1679	3201	LBS/DA	*****	*****	*****	0 3/7	GRA	
PHENOLS 032730	0.2	1.0	LBS/DA	*****	*****	*****	0 3/7	24HR	
FLOW RATE 074060	0.89	1.17	LBS/DA	*****	*****	*****	0 3/7	GRA	
SOLIDS, SUSPENDED 099000	196	351	MG/DAY	*****	*****	*****	0 CONT	RECORD	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	G. R. Yandle Plant Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE 601	TELEPHONE NUMBER 545-3450	DATE 1985 10 23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here):
 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 USC, § 1001 AND 33 USC § 1319. (Prisoners under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME **HERCULES INC**
 ADDRESS **P O BOX 1237**
HATTIESBURG MS 39401
 080

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR) (17-19)
 PERMIT NUMBER **01830**
 DISCHARGE NUMBER **001**

MAJOR **IND**
 Form Approved
 OMB No. 2000-001

LOCATION **IND**
 MONITORING PERIOD
 FROM YEAR **85** MO **07** DAY **01** TO YEAR **85** MO **08** DAY **01**

XXX

PARAMETER (32-37)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MONITORING PERIOD (20-21) (22-23) (24-25)			MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
				YEAR	MO	DAY								YEAR	MO
DELNAV 099006	0.19	4.19	LBS/DA	85	07	01				UG/L	2	3/7	24HR		
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															
G. R. Yandle Plant Manager															
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)															
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 19 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include three 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	
<i>G. R. Yandle</i>										501 545-3450				1985 10 23	

NAME HERCULES INC ADDRESS P O BOX 1937 HATTIESBURG MS 39401
 FACILITY LOCATION MS 39401
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (17-19)
 PERMIT NUMBER 01830 DISCHARGE NUMBER 002
 MAJOR IND
 Form Approved OMB No. 2000-001

MONITORING PERIOD
 FROM YEAR 85 MO 09 DAY 01 TO YEAR 85 MO 10 DAY 01
 (10-31) (22-21) (24-23) (26-27) (28-29) (30-31)

PARAMETER (32-37) (46-53) QUANTITY OR LOADING (34-61) (4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61) (3 Card Only)
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
			AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM	AVERAGE (46-53)	MAXIMUM				UNITS		
TEMPERATURE														
000010			*****	*****	*****	*****	*****	*****	*****	*****				
POLL EFFLUENT														
000400			*****	*****	*****	*****	*****	*****	*****	*****				
CHROMIUM, TOTAL														
001034			*****	*****	*****	*****	*****	*****	*****	*****				
ZINC, TOTAL														
001092			*****	*****	*****	*****	*****	*****	*****	*****				
CHLORINE, TOTAL RESIDUAL														
050060			*****	*****	*****	*****	*****	*****	*****	*****				
FLOW RATE														
074060			5.20	7.40	MG/DA	0.2	0.5	MG/L	0	3/7	GRAB			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			PERMIT REQUIREMENT			PERMIT REQUIREMENT			PERMIT REQUIREMENT					
G. R. Yandle Plant Manager			*****	*****	*****	*****	*****	*****	*****	*****	*****			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			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 UNDER THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC, § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)											
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			DATE					
			<i>G. R. Yandle</i>			601 545-3450			1985 10 23					

* Applicable only if chemical additions are made.

NAME HERCULES INC
 ADDRESS P O BOX 1937
HATTIESBURG MS 39401
 0800

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) 01830 PERMIT NUMBER
 (17-19) 002 DISCHARGE NUMBER

MAJOR IND
 Form Approved
 OMB No. 2000-001

LOCATION IND
 FACILITY IND
 MONITORING PERIOD
 FROM YEAR 85 MO 08 DAY 01 TO YEAR 85 MO 09 DAY 01
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45)			NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE 000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7	GRA
PH EFFLUENT 000400	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	*****	0	3/7	GRA
CHROMIUM TOTAL 001034	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	*****	0	1/1	GRA
ZINC TOTAL 001052	SAMPLE MEASUREMENT	*****	*****	*****	*	*****	*****	0	3/7	24HR
CHLORINE TOTAL RESIDUAL 050060	PERMIT REQUIREMENT	*****	*****	*****	0.5	*****	*****	0	3/7	24HR
FLOW RATE 074060	SAMPLE MEASUREMENT	*****	*****	*****	*	*****	*****	0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	0.2	*****	*****	0	CONT	RECORD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
G. R. Yandle
Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY OWN AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE AND ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 19 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
G. R. Yandle
 TELEPHONE
 AREA CODE 601 NUMBER 545-3450
 DATE
 YEAR 1985 MO 10 DAY 23
 * Applicable only if chemical additions are made.
 A Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NAME HERCULES INC
 ADDRESS P O BOX 1937
 HATTIESBURG MS 39401
 0890

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) PERMIT NUMBER 01830
 (17-10) DISCHARGE NUMBER 002

MAJOR IND XXX
 Form Approved
 OMB No. 2000-001

FACILITY LOCATION
 PARAMETER (32-37)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	08	01

(3 Card Only) QUANTITY OR LOADING (34-61) (4 Card Only) QUALITY OR CONCENTRATION (34-61)
 (46-53) (38-45) (46-53) (34-61)
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			AVERAGE	MAXIMUM		AVERAGE	MAXIMUM			
TEMPERATURE										
000010										
EFFLUENT										
000400										
CHROMIUM, TOTAL										
001034										
ZINC, TOTAL										
001092										
CHLORINE, TOTAL RESIDUAL										
050060										
FLOW RATE										
074060										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 G. R. Yandle
 Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED 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 USC, § 1001 AND 33 USC, § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE 601 NUMBER 545-3450 YEAR 1985 MO 10 DAY 23
 TELEPHONE DATE
 * Applicable only if chemical additions are made.
 A Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2000-0

PERMIT NUMBER
01R30

DISCHARGE NUMBER
001

IND

XX

NAME HERCULES INC
ADDRESS P O BOX 1937
HATTIESBURG MS 39401
CITY 0000

MONITORING PERIOD			
YEAR	MO	DAY	TO
85	06	01	85
YEAR	MO	DAY	TO
85	07	01	

IND

XX

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM					
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	1051	1472	4399	6.4	6	8.0	MG/L	0	3/7	24HR	
EFFLUENT	*****	*****	*****	*****	*****	*****	MG/L	0	3/7	24HR	
000400	*****	*****	*****	*****	*****	*****	MG/L	0	3/7	24HR	
OIL-GREASE	*****	*****	*****	*****	*****	*****	SU	0	1/1	GR	
000550	73	142	990	*****	*****	*****	MG/L	0	3/7	GR	
CARBON, TOTAL ORGANIC 000580	949	1691	3600	*****	*****	*****	MG/L	0	3/7	24HR	
PHENOLS	*****	*****	*****	*****	*****	*****	MG/L	0	3/7	24HR	
032730	0.2	0.3	4.9	*****	*****	*****	MG/L	0	3/7	GRA	
W RATE	*****	*****	*****	*****	*****	*****	MG/L	0	3/7	RECOR	
074060	0.83	1.16	*****	*****	*****	*****	MG/L	0	3/7	RECOR	
SOLIDS, SUSPENDED	*****	*****	*****	*****	*****	*****	MG/L	0	3/7	RECOR	
099000	195	407	1750	*****	*****	*****	MG/L	0	3/7	24HR	
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 THE 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. 5 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.)											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
TYPED OR PRINTED 3. R. Yandle Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
AREA CODE 601 NUMBER 545-3450 TELEPHONE DATE 07 16 85											

NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS **39401**
 FACILITY **0800**
 LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2/16) **01830** PERMIT NUMBER
 (17/19) **001** DISCHARGE NUMBER
 MAJOR

Form Approved
 OMB No. 2000-0014

MONITORING PERIOD			
YEAR	MO	DAY	DISCHARGE NUMBER
85	06	01	001
85	07	01	

PARAMETER (32-37) **DELNAV** **099006** AVERAGE (46-53) **0.00** MAXIMUM (34-61) **0.03** UNITS **LBS/DA** MINIMUM (38-45) ********* AVERAGE (46-53) ********* MAXIMUM (34-61) ********* UNITS **UG/L** NO. EX (62-63) **0** FREQUENCY (64-68) **3/7** SAMPLE (69-70) **24HR**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	MINIMUM		AVERAGE OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	MAXIMUM	AVERAGE	MAXIMUM				
G. R. Yandle Plant Manager	SAMPLE MEASUREMENT	0.00	0.03	LBS/DA	*****	*****	*****	*****	UG/L	0	3/7	24HR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

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: *G. R. Yandle*

OFFICER OR AUTHORIZED AGENT: **601** AREA CODE | **545-3450** TELEPHONE NUMBER | **07** YEAR | **16** MO | **85** DAY

NAME: **HERCULES INC**
 ADDRESS: **P O BOX 1937**
HATTIESBURG MS 39401
 FACILITY: _____
 LOCATION: _____

PERMIT NUMBER: **01830**
 DISCHARGE NUMBER: **001**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	05	01	85	06	01

IND
 XXX

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	1029	1385	4399	LBS/DA	*****	*****	*****	0	3/7	24HR	
EFFLUENT	*****	*****	*****	LBS/DA	*****	*****	*****	0	3/7	24HR	
000400	*****	*****	*****	LBS/DA	*****	*****	*****	0	3/7	24HR	
OIL-GREASE	105	307	990	LBS/DA	*****	*****	*****	0	3/7	24HR	
000550	*****	*****	*****	LBS/DA	*****	*****	*****	0	3/7	24HR	
CARBON, TOTAL ORGANIC 000680	1172	1628	3800	LBS/DA	*****	*****	*****	0	3/7	24HR	
PHENOLS	0.2	0.4	4.9	LBS/DA	*****	*****	*****	0	3/7	24HR	
032730	*****	*****	*****	LBS/DA	*****	*****	*****	0	3/7	24HR	
FORM RATE	0.83	1.05	*****	MG/DAY	*****	*****	*****	0	CONT	RECORD	
074060	*****	*****	*****	MG/DAY	*****	*****	*****	0	CONT	RECORD	
SOLIDS, SUSPENDED	126	356	1750	LBS/DA	*****	*****	*****	0	3/7	24HR	
099060	*****	*****	*****	LBS/DA	*****	*****	*****	0	3/7	24HR	
NAME/TITLE/PRINCIPAL EXECUTIVE OFFICER: G. R. Vandie Plant Manager I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 19 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.) TYPED OR PRINTED: _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: G. R. Vandie TELEPHONE NUMBER: 545-3450 DATE: 07 16 85											

PERMIT NUMBER **01830** DISCHARGE NUMBER **001**

MONITORING PERIOD FROM **85 05 01** TO **85 06 01**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MONITORING PERIOD (20-31)			MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
				YEAR	MO	DAY							
DELNAV 099006	SAMPLE MEASUREMENT	0.01	0.02	LBS/DA	85	05	01	85	06	01	0	3/7	24HR
	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 **G. R. Yandle Plant Manager**

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

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 *[Signature]*

AREA CODE **601** NUMBER **545-3450** YEAR **07** MO **16** DAY **85**

TELEPHONE **601 545-3450** DATE **07 16 85**

2 A Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

Form Approved
OMB No. 2000-0015

NAME **HERCULES INC**
ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
0800

PERMIT NUMBER **01830**

DISCHARGE NUMBER **001**

FACILITY LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	04	01	85	05	01

IND

IC
MC
XXX

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	SAMPLE MEASUREMENT	799	1203	LBS/DA				0	3/7	24HR	
	PERMIT REQUIREMENT	*****	4399	LBS/DA	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		6.3	*****	8.0	0	1/1	GRAE	
EFFLUENT 000400	SAMPLE MEASUREMENT	84	149	LBS/DA				0	3/7	GRAE	
	PERMIT REQUIREMENT	*****	990	LBS/DA	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	3/7	GRAE	
CARBON, TOTAL ORGANIC 000680	SAMPLE MEASUREMENT	750	1274	LBS/DA				0	3/7	GRAE	
	PERMIT REQUIREMENT	*****	3800	LBS/DA	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	3/7	GRAE	
PHENOLS 032730	SAMPLE MEASUREMENT	0.2	0.4	LBS/DA				0	3/7	GRAB	
	PERMIT REQUIREMENT	*****	4.9	LBS/DA	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	3/7	GRAB	
LOW RATE 074060	SAMPLE MEASUREMENT	0.85	1.25	MG/DA				0	CONT	RECORD	
	PERMIT REQUIREMENT	*	*****	MG/DA	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	CONT	RECORD	
SOLIDS, SUSPENDED 099000	SAMPLE MEASUREMENT	206	556	LBS/DA				0	3/7	24HR	
	PERMIT REQUIREMENT	*****	1750	LBS/DA	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	3/7	24HR	
NAME/TITLE Principal Executive Officer G. R. Yandle Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TYPED OR PRINTED										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	G. R. Yandle										
AREA CODE	601	TELEPHONE NUMBER	545-3450		DATE	07	16	85			

NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
 0800

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) **01830** PERMIT NUMBER
 (17-19) **002** DISCHARGE NUMBER

MAJOR **IND**
 Form Approved
 OMB No. 2000-0015

FACILITY LOCATION
 MONITORING PERIOD
 FROM YEAR **85** MO **06** DAY **01** TO YEAR **85** MO **07** DAY **01**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-67)			QUALITY OR CONCENTRATION (46-53)			NO. EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
TEMPERATURE										
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/1	GRAB
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	3/7	24HR
001034	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7	24HR
ZINC, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	3/7	24HR
001092	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7	24HR
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
050060	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
G. R. Yandle
Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION 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
G. R. Yandle
 TELEPHONE **601 545-3450** DATE **07 16 85**
 AREA CODE NUMBER YEAR MO DAY

*Applicable only if chemical additions are made.

DISCHARGE MONITORING REPORT (DMR)

MAJOR

NAME HERCULES INC
ADDRESS P O BOX 1937
HATTIESBURG MS 39401
FACILITY LOCATION 0000

PERMIT NUMBER 01830

DISCHARGE NUMBER 002

PARAMETER (32-37)

QUANTITY OR LOADING (54-61)
AVERAGE (46-53) MAXIMUM (54-61) UNITS (54-61) MINIMUM (38-45) AVERAGE (46-53) MAXIMUM (54-61) QUALITY OR CONCENTRATION (46-53) AVERAGE (46-53) MAXIMUM (54-61) UNITS (54-61) NO. EX. ANALYSIS (44-68) FREQUENCY OF ANALYSIS (44-68) SAMPLE TYPE (49-70)

MONITORING PERIOD (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
YEAR MO DAY YEAR MO DAY
FROM 85 05 01 TO 85 06 01
IND XXX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX. ANALYSIS (44-68)	FREQUENCY OF ANALYSIS (44-68)	SAMPLE TYPE (49-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
TEMPERATURE	SAMPLE MEASUREMENT										
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	86	0	3/7	GRA
EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	105	0	3/7	GRA
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	7.5	0	1/1	GRA
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	9.0	0	3/7	GRA
001034	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1.0	0	3/7	24HR
ZINC, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	1.0	0	3/7	24HR
001092	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1.0	0	3/7	24HR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.5	0	3/7	GRA
050060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.2	0	3/7	GRA
PH RATE	SAMPLE MEASUREMENT	4.33	7.51	MG/DAY	*****	*****	*****	0.5	0	3/7	GRA
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.5	0	3/7	GRA
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
G. R. Yandle Plant Manager											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										TELEPHONE	
										601 545-3450	
DATE										07 16 85	

*Applicable only if chemical additions are made.

Facility Name/Location (if different)

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

Form Approved OMB No. 2000-0015

NAME HERCULES INC
ADDRESS P O BOX 1937
HATTIESBURG MS 39401
FACILITY LOCATION 0860

PERMIT NUMBER 01830

DISCHARGE NUMBER 002

MONITORING PERIOD FROM 85 04 01 TO 85 05 01

IND

Mc XXX

Main data table with columns: PARAMETER, SAMPLE MEASUREMENT, PERMIT REQUIREMENT, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS, MINIMUM), QUALITY OR CONCENTRATION (AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include TEMPERATURE, EFFLUENT, CHROMIUM, ZINC, CHLORINE, RESIDUAL, and FLOW RATE.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
G. R. Yandle
Plant Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
G. R. Yandle

TELEPHONE 601 545-3450
DATE 07 16 85

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

*Applicable only if chemical additions are made.

NAME **HERCULES, INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
02800

FACILITY LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) **01830** PERMIT NUMBER
 (17-19) **001** DISCHARGE NUMBER

Form Approved
 OMB No. 2000-0015
 MAJOR

MONITORING PERIOD
 FROM YEAR **85** MO **03** DAY **01** TO YEAR **85** MO **04** DAY **01**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

IND XXX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX. FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM	AVERAGE (46-53)	MAXIMUM	MINIMUM			
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	SAMPLE MEASUREMENT	655	1023					0	3/7	24HR C
	PERMIT REQUIREMENT	*****	4399	LBS/DA	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****	7.5	1/1	GRAB
EFFLUENT 000400	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	*****	SU	1/1	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
OIL-GREASE 000550	SAMPLE MEASUREMENT	59	119					0	3/7	GRAB
	PERMIT REQUIREMENT	*****	990	LBS/DA	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
CARBON, TOTAL ORGANIC 000680	SAMPLE MEASUREMENT	696	1060					0	3/7	24HR C
	PERMIT REQUIREMENT	*****	3800	LBS/DA	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
PHENOLS 032730	SAMPLE MEASUREMENT	0.2	0.5					0	3/7	GRAB
	PERMIT REQUIREMENT	*****	4.9	LBS/DA	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
SOLIDS, SUSPENDED 099000	SAMPLE MEASUREMENT	186	440					0	3/7	24HR C
	PERMIT REQUIREMENT	*****	1750	LBS/DA	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. R. Vandie, Plant Manager TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
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 FURTHER 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 601 545-3450 AREA CODE NUMBER DATE 85 04 22		

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

NAME: **HERCULES INC** (2-16)
 ADDRESS: **P O BOX 1937**
HATTIESBURG MS 39401
 FACILITY: **0000**
 LOCATION: **0000**

PERMIT NUMBER: **01830**
 DISCHARGE NUMBER: **001**
 MONITORING PERIOD:
 FROM: **85 02 01** TO: **85 03 01**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR IND XXX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			UNITS	QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM	MINIMUM		AVERAGE (46-53)	MAXIMUM	MINIMUM				
ROD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	726	1795	4359	LBS/DA	6.1	7.3	9	MG/L	0	3/7	24HR	
EFFLUENT	***	***	***	***	***	***	***	***	***	***	***	
000400	***	***	***	***	6	***	***	***	***	1/1	GRAB	
OIL-GREASE	124	772	990	LBS/DA	***	***	***	MG/L	0	3/7	GRAB	
000550	***	***	***	***	***	***	***	***	***	***	***	
CARBON, TOTAL ORGANIC 000680	590	2563	3900	LBS/DA	***	***	***	MG/L	0	3/7	24HR	
PHENOLS	***	***	***	***	***	***	***	***	***	***	***	
032730	0.4	1.5	4.9	LBS/DA	***	***	***	MG/L	0	3/7	GRAB	
PH RATE	***	***	***	***	***	***	***	***	***	***	***	
074060	1.15	1.84	***	MG/DAY	***	***	***	***	0	CONT	RECORD	
SOLIDS, SUSPENDED	***	***	***	***	***	***	***	***	***	***	***	
099000	138	1442	1750	LBS/DA	***	***	***	MG/L	0	3/7	24HR	
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 19 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.)											
G. R. Yandle, Plant Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
TYPED OR PRINTED	601 545-3450 85 04 22											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

NAME HERCULES INC

PERMIT NUMBER 01830

DISCHARGE NUMBER 001

MAJOR

ADDRESS P O BOX 1937

MS 39401

PERMIT NUMBER 01830

DISCHARGE NUMBER 001

IND

FACILITY HATTIESBURG

MS 39401

PERMIT NUMBER 01830

DISCHARGE NUMBER 001

IND

XXX

LOCATION

FROM

YEAR MO DAY 85 02 01

TO

YEAR MO DAY 85 03 01

IND

XXX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM				
DELNAV	SAMPLE MEASUREMENT	0.10	0.52	LBS/DA				3	3/7	24HR	
099006	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
 FACILITY **0800**
 LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) **01830** PERMIT NUMBER
 (17-19) **001** DISCHARGE NUMBER
 MAJOR

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	01	01	85	02	01

IND

XXX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE (69-70)
			AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)				
BOD, 5-DAY, 20 DEG C PLANT EFFLUENT	223	*****	338	LBS/DA	*****	4.1	*****	*****	0	3/7	24HR	
EFFLUENT	*****	*****	4399	LBS/DA	*****	6	*****	*****	0	1/1	GRAB	
000400	*****	*****	103	LBS/DA	*****	*****	*****	*****	0	3/7	GRAB	
OIL-GREASE	35	*****	990	LBS/DA	*****	*****	*****	*****	0	3/7	GRAB	
000550	*****	*****	717	LBS/DA	*****	*****	*****	*****	0	3/7	GRAB	
CARBON, TOTAL ORGANIC	253	*****	3000	LBS/DA	*****	*****	*****	*****	0	3/7	GRAB	
000680	*****	*****	0.4	LBS/DA	*****	*****	*****	*****	0	3/7	GRAB	
PHENOLS	0.2	*****	4.9	LBS/DA	*****	*****	*****	*****	0	3/7	GRAB	
032730	*****	*****	1.79	MG/DAY	*****	*****	*****	*****	0	CONT	RECORD	
FORM RATE	0.92	*****	1030	MG/DA	*****	*****	*****	*****	0	3/7	24HR	
074060	*****	*****	1750	LBS/DA	*****	*****	*****	*****	0	3/7	24HR	
099000	*****	*****	*****	*****	*****	*****	*****	*****	0	3/7	24HR	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
G. R. Yandle, Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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, BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE AND I HAVE THAT THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
G. R. Yandle
 AREA CODE **601** TELEPHONE NUMBER **545-3450** DATE **85 04 22**

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

MAJOR

Form Approved
OMB No. 2000-0015

Facility Name/Address (include
Address P O BOX 1937
HATTIESBURG MS 39401
FACILITY LOCATION

PERMIT NUMBER
91830

DISCHARGE NUMBER
002

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	03	01	85	04	01

IND

XXX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45)			NO. OF ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM						
TEMPERATURE 000010	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	3/7	DEG.	72	0	3/7	GRAB
EFFLUENT 000400	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	1/1	SU	7.4	0	1/1	GRAB
CHROMIUM, TOTAL 001034	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	3/7	MG/L	0.5	0	3/7	24HR
ZINC, TOTAL 001092	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	3/7	MG/L	0.5	0	3/7	24HR
CHLORINE, TOTAL RESIDUAL 050060	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	3/7	MG/L	0.2	0	3/7	GRAB
FLOW RATE 074060	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	CONT	MG/DAY	7.30	0	CONT	RECORD
<p>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY FACILITY WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE AND AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 91001 AND 33 USC 51319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.</p>													
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. R. Yandle, Plant Manager</p>													
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</p>													

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
G. R. Yandle

TELEPHONE
601 545-3450
DATE
85 04 22

*Applicable only if chemical additions are made

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

MAJOR

NAME: HERCULES INC
ADDRESS: P O BOX 1937
HATTIESBURG MS 39401
FACILITY LOCATION: 0200

PERMIT NUMBER: 01830

DISCHARGE NUMBER: 002

IND

XXX

MONITORING PERIOD			FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY
85	02	01	85	03	01			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			AVERAGE (46-53)			MAXIMUM (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	AVERAGE	MAXIMUM	UNITS							
TEMPERATURE																	
000010																	
EFFLUENT																	
000400																	
CHROMIUM, TOTAL																	
001034																	
ZINC, TOTAL																	
001092																	
CHLORINE, TOTAL RESIDUAL																	
050060																	
PH RATE																	
074060																	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY OWN AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON THE INFORMATION 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.															
G. R. Yandle, Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT															
TYPED OR PRINTED		601 545-3450															
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE NUMBER YEAR MO DAY															

NAME **HERCULES INC**
ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
0800

01830
PERMIT NUMBER

002
DISCHARGE NUMBER

MAJOR

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	01	01	85	02	01

IND

XXX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (34-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)			
TEMPERATURE	SAMPLE MEASUREMENT									
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	77	0	3/7	GRA
EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	8.0	0	1/1	GRAB
000400	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	0	1/1	GRAB
CHROMIUM, TOTAL	SAMPLE MEASUREMENT									
001034	PERMIT REQUIREMENT	*****	*****	*****	0.5	*****	1.0	0	3/7	24HR
ZINC, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*	*****	*	0	3/7	24HR
001092	PERMIT REQUIREMENT	*****	*****	*****	0.5	*****	1.0	0	3/7	24HR
CHLORINE, TOTAL	SAMPLE MEASUREMENT									
RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*	*****	0.2	*	3/7	GRAB
050060	SAMPLE MEASUREMENT	*****	*****	*****	6.07	*****	7.67	0	3/7	GRAB
074060	PERMIT REQUIREMENT	*****	*****	*****	6.07	*****	7.67	0	3/7	GRAB
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>G. R. Yandle/Plant Manager</p> <p>COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</p> <p>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.)</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p>601 545-3450</p> <p>TELEPHONE</p> <p>DATE</p> <p>85 04 22</p>										

*Applicable only if chemical additions are made

Spangler



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

April 18, 1985

Bureau of Pollution Control
P. O. Box 10385
Jackson, Mississippi 39209

Gentlemen:

HERCULES INCORPORATED
HATTIESBURG, MISSISSIPPI
NPDES PERMIT NO. MS0001830

Attached is our EPA Discharge Monitoring Report for the first
quarter 1985.

Very truly yours,

Charles S. Jordan
Environmental Coordinator

CSJ:m1
0299Y-4

Attachment

NAME **HERCULES INC**
 ADDRESS **P.O. BOX 1937**
HATTIESBURG MS 39401
 FACILITY **9800**
 LOCATION

DISCHARGE MONITORING REPORT (DMR) (17-19)
 PERMIT NUMBER **01830**
 DISCHARGE NUMBER **001**

MAJOR **IND**

MONITORING PERIOD			
YEAR	MO	DAY	TO
84	12	01	85
			01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX. ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (34-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)					
300, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	452	750					MG/L	0	3/7	24HR	
PH, EFFLUENT 000400	7.7			5.7			SU	1	1/1	GRAB	
OIL-GREASE 000550	41	103					MG/L	0	3/7	GRAB	
CARBON, TOTAL ORGANIC 000680	972	1515					MG/L	0	3/7	24HR	
PHENOLS 032730	0.1	0.4					MG/L	0	3/7	GRAB	
FLOW RATE 50	0.83	1.03					MG/DAY	0	CONT	RECORDED	
SOLIDS, SUSPENDED 099000	182	345					MG/L	0	3/7	24HR	
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 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.										
TYPED OR PRINTED	R. K. Yandle Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	AREA CODE 601 NUMBER 545-3450 YEAR 85 MO 01 DAY 15										

NAME **BARQUES, INC**
 ADDRESS **P O BOX 1537**
HATTIESBURG **MS 39401**

DISCHARGE MONITORING REPORT (DMR)
 (2-16) **01830**
 PERMIT NUMBER
 (17-19) **001**
 DISCHARGE NUMBER

MAJOR IND

FACILITY LOCATION **0290**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	11	01	84	12	01
(28-31)	(22-31)	(24-25)	(28-31)	(28-31)	(16-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
300, 5-DAY, 20 DEG C PLANT EFFLUENT	948	1431	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CC
PH, EFFLUENT	*****	*****	*****	*****	6.9	*****	*****	7.9	9	SU	GRAB
000400 OIL-GREASE	63	119	LBS/DA	*****	*****	*****	MG/L	0	3/7	GRAB	CC
000550 CARBON, TOTAL	1653	2508	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CC
000680 ORGANIC	2500	3800	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CC
PHENOLS	0.2	0.3	LBS/DA	*****	*****	*****	MG/L	0	3/7	GRAB	CC
032730 FLOW RATE	0.81	1.00	MG/DAY	*****	*****	*****	MG/L	0	CONT	RECORDE	CO
01050 SOLIDS, SUSPENDED	326	533	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CO
099000	619	1750	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CO
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 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) TYPED OR PRINTED V.G. R. Yandle, Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NUMBER: 601 545-3450 DATE: 85 01 15											

NAME HERCULES INC
ADDRESS P O BOX 1937
 HATTIESBURG MS 39401
LOCATION 0800

PERMIT NUMBER 01830
DISCHARGE NUMBER 001

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	11	01	84	12	01

IND

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)			NO. EX ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
DELNAV 039005	0.01	0.08	LBS/DA	0.01	0.08	UG/L	0	3/7	24HR	
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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NAME BERGUES INC

01830

MAJOR

ADDRESS 20 BOX 1237

001

CITY HATTIESBURG MS 39401

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY LOCATION 0900

IND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	11	01
(26-21)	(22-21)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM				
300, 5-DAY, 20 DEG C PLANT EFFLUENT	504	2209	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CC
PH EFFLUENT	2305	4399	LBS/DA	*****	6.8	*****	8.0	0	1/1	GRAB	CC
OIL-GREASE	73	475	LBS/DA	*****	*****	*****	MG/L	0	3/7	GRAB	CC
CARBON, TOTAL ORGANIC	897	3181	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CC
PHENOLS	0.1	0.2	LBS/DA	*****	*****	*****	MG/L	0	3/7	GRAB	CC
FLCM RATE	0.40	0.80	MG/DAY	*****	*****	*****	MG/L	0	CONI	RECORDE	CC
SOLIDS, SUSPENDED	75	315	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CC
093000	619	1750	LBS/DA	*****	*****	*****	MG/L	0	3/7	24HR	CC
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: <i>G. R. Yandle</i></p> <p>1. 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 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.)</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____</p> <p>AREA CODE: 601 NUMBER: 545-3450</p> <p>TELEPHONE: _____ DATE: 85 01 15</p>											
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</p> <p>TYPED OR PRINTED</p>											

NAME **HERCULES INC** ADDRESS **P O BOX 1947** FACILITY **0800** LOCATION **MS 39401**
 PERMIT NUMBER **01830** DISCHARGE NUMBER **001**
 MAJOR **01830**
 FROM **84 10 01** TO **84 11 01**
 MONITORING PERIOD YEAR MO DAY YEAR MO DAY
 (26-27) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
DELNAV	SAMPLE MEASUREMENT	0.00	0.01	LBS/DA						0	3/7	24HR	
099006	PERMIT REQUIREMENT	0.10	0.21	LBS/DA									
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NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
 LOCATION **0800**

PERMIT NUMBER **01830**
 DISCHARGE NUMBER **002**

MAJOR IND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	12	01	TO 85	01	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only)			QUALITY OR CONCENTRATION (4 Card Only)			UNITS	NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
TEMPERATURE	*****	*****	*****	*****	*****	*****	*****	*****	79	0	3/7	GRAB
000010	*****	*****	*****	*****	*****	*****	*****	*****	105	0	3/7	GRAB
PH EFFLUENT	*****	*****	*****	*****	*****	*****	*****	*****	6.4	0	1/1	GRAB
000400	*****	*****	*****	*****	*****	*****	*****	*****	6.0	0	1/1	GRAB
CHROMIUM, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	9.0	0	3/7	GRAB
001034	*****	*****	*****	*****	*****	*****	*****	*****	1.0	0	3/7	24HR CC
ZINC, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	0.5	0	3/7	24HR CC
01092	*****	*****	*****	*****	*****	*****	*****	*****	1.0	0	3/7	24HR CC
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	*****	0.5	0	3/7	GRAB
050060	*****	*****	*****	*****	*****	*****	*****	*****	0.2	0	3/7	GRAB
FLOW RATE	*****	*****	*****	*****	*****	*****	*****	*****	0.5	0	3/7	GRAB
01060	*****	*****	*****	*****	*****	*****	*****	*****	0	0	CONT	RECORDE
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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.) TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT G. R. Yandle, Plant Manager TELEPHONE 601 545-3450 DATE 85 01 15												

* Applicable only if chemical additions are made.

NAME **HERCULES INC**

DISCHARGE MONITORING REPORT (DMR)

MAJOR

OMB No. 2000-0015

ADDRESS **P O BOX 1937**

PERMIT NUMBER **01830**

DISCHARGE NUMBER **002**

CITY **HATTIESBURG**

STATE **MS**

ZIP **39401**

FACILITY LOCATION **0000**

PERMIT NUMBER **01830**

DISCHARGE NUMBER **002**

LOCATION **0000**

PERMIT NUMBER **01830**

DISCHARGE NUMBER **002**

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PERMIT NUMBER **01830**

DISCHARGE NUMBER **002**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS	
TEMPERATURE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
000010	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
PH, EFFLUENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
000400	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
CHROMIUM, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
001034	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
ZINC, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
001092	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
SULPHURINE, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
050060	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
FLOW RATE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
07050	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
Area Code	601	Telephone Number	545-3450								Date	85 01 15

* Applicable only if chemical additions are made.

NAME: **HERCULES INC**
 ADDRESS: **P O BOX 1937**
HATTIESBURG MS 39401
 LOCATION: **0800**

PERMIT NUMBER: **01830**
 DISCHARGE NUMBER: **002**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	11	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
000010	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
PH, EFFLUENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
000400	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
CHROMIUM, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
001034	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
ZINC, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
001092	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
050050	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
FLOW RATE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
070050	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
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.)									
G. R. Yandle,	Plant Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		TELEPHONE: 601 545-3450 DATE: 85 01 15									

* Applicable only if chemical additions are made.



RECEIVED

JAN 22 11 28 AM '85

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

January 15, 1985

Bureau of Pollution Control
P. O. Box 10385
Jackson, Mississippi 39209

Gentlemen:

HERCULES INCORPORATED
HATTIESBURG, MISSISSIPPI
NPDES PERMIT NO. MS0001830

Attached is our EPA Discharge Monitoring Report for the fourth quarter 1984.

Very truly yours,

Charles S. Jordan
Environmental Coordinator

CSJ:sw

Attachment

NAME **HERCULES INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
3800


PERMIT NUMBER **01830**
 DISCHARGE NUMBER **002**

MAJOR **TND**

FACILITY LOCATION

MONITORING PERIOD
 FROM YEAR **84** MO **05** DAY **01** TO YEAR **84** MO **10** DAY **01**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only)			QUALITY OR CONCENTRATION (4 Card Only)			UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
TEMPERATURE		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000010		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000400		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHROMIUM, TOTAL		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
001034		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
ZINC, TOTAL		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
001092		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
RESIDUAL		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
050050		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW RATE		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
014050		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
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 19 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)									
G. R. Yandle Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 									
TELEPHONE		AREA CODE		NUMBER		TELEPHONE		AREA CODE		NUMBER	
		601		545-3450				601		545-3450	
TYPED OR PRINTED		YEAR		MO		DATE		YEAR		MO	
		84		10				84		10	
		DAY		DATE				DAY		DATE	
		11						11			

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

*Applicable only if chemical additions are made.

NAME HERCULES INC (2-16) DISCHARGE MONITORING REPORT (DMR) (17-19)

ADDRESS P O BOX 1937 HATTIESBURG MS 39401 PERMIT NUMBER 01830 DISCHARGE NUMBER 001

FACILITY LOCATION 0800 FROM YEAR 84 MO 07 DAY 01 TO YEAR 84 MO 08 DAY 01 MONITORING PERIOD (20-21) (22-21) (24-25) (26-27) (28-29) (30-31) I ND

NOTE: Read instructions before completing this form.

Table with columns: PARAMETER (32-37), QUANTITY OR LOADING (34-61), UNITS, MINIMUM (38-45), AVERAGE (46-53), MAXIMUM (54-61), QUALITY OR CONCENTRATION (46-53), MAXIMUM (54-61), UNITS, NO. EX (62-63), FREQUENCY OF ANALYSIS (64-68), SAMPLE TYPE (69-70). Rows include DELNAV 039006 and multiple rows of asterisks representing data points.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. R. Yandle Plant Manager TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA CODE 601 NUMBER 545-3450 YEAR 84 MO 10 DAY 11 TELEPHONE DATE

NAME: HERCULES, INC
ADDRESS: P.O. BOX 1237
HATTIESBURG, MS 39401

DISCHARGE MONITORING REPORT (DMR)
PERMIT NUMBER: 01830
DISCHARGE NUMBER: 001

MAJOR

FACILITY: 0900
LOCATION: 0900

MONITORING PERIOD
FROM: YEAR 84, MO 07, DAY 01
TO: YEAR 84, MO 08, DAY 01

IND

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only)			QUALITY OR CONCENTRATION (4 Card Only)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
3000 5-DAY, 20 DEG C PLANT EFFLUENT	PERMIT REQUIREMENT	726	1240	LBS/DA	*****	*****	*****	0	3/7	24HR	CO
000310 EFFLUENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.9	*****	*****	0	1/1	GRAB	CO
000400 OIL-GREASE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	73	167	LBS/DA	*****	*****	*****	0	3/7	GRAB	CO
000550 CARBON, TOTAL ORGANIC	SAMPLE MEASUREMENT PERMIT REQUIREMENT	923	2040	LBS/DA	*****	*****	*****	0	3/7	24HR	CO
000590 PHENOLS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.2	0.6	LBS/DA	*****	*****	*****	0	3/7	GRAB	CO
032730 FLOW RATE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.58	1.00	MG/DAY	*****	*****	*****	0	CONT	RECORDE	CO
074060 SOLIDS, SUSPENDED	SAMPLE MEASUREMENT PERMIT REQUIREMENT	114	393	LBS/DA	*****	*****	*****	0	3/7	24HR	CO
099000	SAMPLE MEASUREMENT PERMIT REQUIREMENT	619	1750	LBS/DA	*****	*****	*****	0	3/7	24HR	CO
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.)									
G. R. Yandle Plant Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED		601 545-3450 84 10 11									
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

NAME **HERCULES, INC**
 ADDRESS **P O BOX 1937**
HATTIESBURG MS 39401
 LOCATION **0600**

PERMIT NUMBER **01830**
 DISCHARGE NUMBER **001**

FACILITY **0600**
 LOCATION **0600**

MONITORING PERIOD
 FROM YEAR **84** MO **08** DAY **01** TO YEAR **84** MO **09** DAY **01**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

END

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS
300, 5-DAY @ 20 DEG C PLANT EFFLUENT 0000310	309	718	LBS/DA	6.7	7.8	MG/L	0	3/7	24HR CC		
EFFLUENT	*****	*****	*****	*****	*****	*****	0	1/1	GRAB		
OIL-GREASE	45	75	LBS/DA	*****	*****	*****	0	3/7	GRAB		
CARBON, TOTAL ORGANIC 000680	611	1492	LBS/DA	*****	*****	*****	0	3/7	24HR CC		
PHENOLS	0.1	0.3	LBS/DA	*****	*****	*****	0	3/7	GRAB		
FLOW RATE 074060	0.51	0.73	MG/DAY	*****	*****	*****	0	CONT	RECORDE		
SOLIDS, SUSPENDED 099000	146	203	LBS/DA	*****	*****	*****	0	3/7	24HR CC		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER G. R. Yandle Plant Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>G. R. Yandle</i>			601	545-3450	84	10	11
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TYPED OR PRINTED										

Facility Name/Location (if different)

NAME **HERCULES INC**

ADDRESS **P O BOX 1937**

HAITLESBURG MS 39401

PERMIT NUMBER **01830**

DISCHARGE NUMBER **001**

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

MAJOR

Form Approved
OMB No. 2000-0015

LOCATION **JR00**

MONITORING PERIOD			
YEAR	MO	DAY	TO YEAR
FROM 84	08	01	TO 84
(20-21)	(22-23)	(24-25)	(26-27)
MO	MO	MO	DAY
84	09	01	
(28-29)	(30-31)		

END

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only)				(4 Card Only)				UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)							
		QUANTITY OR LOADING	UNITS	MINIMUM	AVERAGE	MAXIMUM							
DELNAV		0.10	0.31						UG/L	1	3/7	24HR	
093005		0.10	0.21						UG/L	1	3/7	24HR	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
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	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **G. R. Yandle**
Plant Manager

TYPED OR PRINTED **G. R. Yandle**

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

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 *G. R. Yandle*

AREA CODE **601** TELEPHONE NUMBER **545-3450** DATE **84 10 11**

Facility Name/Location (if different)
HERCULES, INC
P O BOX 1937
HATTIESBURG MS 39401

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) **01830** (17-19)
 PERMIT NUMBER **001** DISCHARGE NUMBER

MAJOR **IND**
 Form Approved
 OMB No. 2000-0015

Facility LOCATION
01800

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	09	01	84	10	01
FROM (20-11) (23-11) (24-51) (26-21) (28-29) (30-31)					

NOTE: Read instructions before completing this form.

PARAMETER (33-37)	SAMPLER MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS
3DD, 5-DAY, 20 DEG C PLANT EFFLUENT 000310	SAMPLE MEASUREMENT PERMIT REQUIREMENT	396	769	LBS/DA	*****	*****	*****	0	3/7	24HR C	
EFFLUENT 000400	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.1	*****	*****	0	1/1	GRAB	
DIL-GREASE 000550	SAMPLE MEASUREMENT PERMIT REQUIREMENT	42	122	LBS/DA	*****	*****	*****	0	3/7	GRAB	
CARBON, TOTAL ORGANIC 000680	SAMPLE MEASUREMENT PERMIT REQUIREMENT	600	1471	LBS/DA	*****	*****	*****	0	3/7	24HR C	
PHENOLS 032730	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.1	0.2	LBS/DA	*****	*****	*****	0	3/7	GRAB	
FLDM RATE 074050	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.33	0.67	MG/DAY	*****	*****	*****	0	CONT	RECORDE	
SOLIDS, SUSPENDED 099000	SAMPLE MEASUREMENT PERMIT REQUIREMENT	110	254	LBS/DA	*****	*****	*****	0	3/7	24HR C	
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	
G. R. Yandle Plant Manager		<i>G. R. Yandle</i>				601 545-3450		84 10 11			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)		MONITORING PERIOD		QUALITY OR CONCENTRATION (38-45)		UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE (46-53)	MAXIMUM	YEAR	MO	DAY	YEAR					MO	DAY
DELNAV 099006	PERMIT REQUIREMENT	0.02	0.15	84	06	01	84	10	01	UG/L	0	3/7	24HR
		0.10	0.21	84	06	01	84	10	01				

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)		MONITORING PERIOD		QUALITY OR CONCENTRATION (38-45)		UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	YEAR	MO	DAY	YEAR				
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
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*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
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*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
G. R. Yandle
 Plant Manager
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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
G. R. Yandle
 TELEPHONE
601 545-3450
 AREA CODE
601
 NUMBER
545-3450
 YEAR
84
 MO
10
 DAY
11

NAME: **BERGELLS INC**
 ADDRESS: **P.O. BOX 1237**
MTTIESBURG **VA 229401**
 FACILITY: **9200**
 LOCATION: **9200**

PERMIT NUMBER: **01830**
 DISCHARGE NUMBER: **002**
 MONITORING PERIOD: FROM **84 07 01** TO **84 08 01**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (33-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
TEMPERATURE	90						DEG.	0	3/7	GRAB	
000010 EFFLUENT											
000400							SU	0	1/1	GRAB	
CHROMIUM, TOTAL											
001034							MG/L	0	3/7	24HR C	
ZINC, TOTAL											
001092							MG/L	0	3/7	24HR C	
CHLORINE, TOTAL RESIDUAL											
050060							MG/L	0	3/7	GRAB	
FLOW RATE											
074060	4.49	5.54					MG/DAY	0	CONT	RECORD	

TITLE PRINCIPAL EXECUTIVE OFFICER: **G. R. Yandle**
 Plant Manager
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *G. R. Yandle*
 TELEPHONE: **601 545-3450**
 DATE: **84 10 11**

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

NAME HERCULES INC
 ADDRESS P O BOX 1937
HATTIESBURG MS 39401
 FACILITY 0310

PERMIT NUMBER 01830

DISCHARGE NUMBER 002

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
94	08	01	84	09	01
(20-21)	(22-21)	(24-25)	(26-27)	(28-29)	(30-31)

IND

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (36-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000010	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHROMIUM, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
001034	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
ZINC, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
001092	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
050060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 G. R. Yandle
 Plant Manager

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
G. R. Yandle

TELEPHONE NUMBER 601 545-3450
 DATE 84 10 11

Spangler



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1984 OCT 19 10 31 AM

MISSISSIPPI
DEPARTMENT OF
BUREAU OF
POLLUTION CONTROL

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

October 10, 1984

Bureau of Pollution Control
P. O. Box 10385
Jackson, Mississippi 39209

Gentlemen:

HERCULES INCORPORATED
HATTIESBURG, MISSISSIPPI
NPDES PERMIT NO. MS0001830

Attached is our EPA Discharge Monitoring Report for the third quarter 1984.

Very truly yours,

Charles S. Jordan
Environmental Coordinator

CSJ:sw

Attachment