

Add a New Site

Site Name: Red Panther Chemical Company

Official / Legal Name: Red Panther Chemical Company

Air Type: ~~False~~ True Monoc

Water Type: Ind

HW Type: New Gen

SW Type:

Site General Information

ENTERED BY MCC
077 12/16/99

County: Coahoma

Contact Name: Cain, Bobby

Contact Title: Quality Control Manager

Contact Phone: 601-627-4731

Physical Address
City, State, Zip: NORMANDY & PATTEN STREETS

CLARKSDALE MS 38614

Mailing Address
City, State, Zip: P.O. BOX 550

CLARKSDALE MS 38614

Owner's Name: ,

Owner's Address
City, State, Zip:

Operator or
Contractor Name: ,

Address
City, State, Zip:

Site Identification Information

ECED Contact:

SIC1: 2819 SIC2: SIC3:

Air ID: 00010 5 digit ID assigned by Air Division

Covington

BUREAU OF POLLUTION CONTROL
SAMPLE REQUEST FORM

Lab Bench No. 517

I. GENERAL INFORMATION:

County Code 0640 Facility Name MFC Services Lagoon
 Discharge No. 002 NPDES Permit No. _____
 Sample Point Identification _____ Date Requested _____
 Requested By _____
 Type of Sample: Grab (X) Compliance Monitoring (Time) Data To Walter Huff
 Composite (Flow) Other () _____
 Environment Condition Sunny Collected By Joe Captain
 Where Taken At effluent weir
 Type _____

II. SAMPLE IDENTIFICATION:

Type	Parameters	Preservative	Date	Time
1. <u>Grab</u>	<u>BOD, SS</u>	<u>Cool</u>	<u>5-11-82</u>	<u>1150</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	<u>(000400)</u>	<u>(X)</u>	<u>8.0</u>	<u>JC</u>	<u>5-11-82</u>
D.O.	<u>(000300)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Temperature	<u>(000010)</u>	<u>(X)</u>	<u>22°C</u>	<u>JC</u>	<u>5-11-82</u>
Residual Chlorine	<u>(050060)</u>	<u>(X)</u>	<u>0.0</u>	<u>JC</u>	<u>5-11-82</u>
Flow	<u>(074060)</u>	<u>(X)</u>	<u>161,000 GPD</u>	<u>JC</u>	<u>5-11-82</u>
IV. TRANSPORTATION OF SAMPLE: <u>Bus () RO Vehicle () Other ()</u>					
V. LABORATORY: Received By <u>Les Goff</u> Date <u>5-12-82</u> Time <u>830</u>					
Recorded By <u>Dorothy Lewis</u> Date Sent to State Office <u>5-21-82</u>					

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD ₅	<u>(000310)</u>	<u>(X)</u>	<u>56</u>	<u>LG</u>	<u>*5-12-82</u>
COD	<u>(000340)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
TOC	<u>(000680)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Suspended Solids	<u>(099000)</u>	<u>(X)</u>	<u>26</u>	<u>AB</u>	<u>5-12-82</u>
TKN	<u>(000625)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Ammonia-N	<u>(000610)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Fecal Coliform(1)	<u>(074055)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Fecal Coliform(2)	<u>(074055)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Total Phosphorus	<u>(000665)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Oil and Grease(1)	<u>(000550)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Oil and Grease(2)	<u>(000550)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Chlorides	<u>(099016)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Phenol	<u>(032730)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Total Chromium	<u>(001034)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Hex. Chromium	<u>(001032)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Zinc	<u>(001092)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Copper	<u>(001042)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Lead	<u>(017501)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Cyanide	<u>(000722)</u>	<u>()</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
_____	_____	()	_____	_____	_____
Remarks	_____	()	_____	_____	_____

*Date of Test Initiation

**BUREAU OF POLLUTION CONTROL
SAMPLE REQUEST FORM**

I. GENERAL INFORMATION

DATA CODED
Date Requested _____
Lab Bench No. 1041

County Code Coahoma 0540
 NPDES Permit No. 30783
 Discharge No. 001
 Facility Name MFC Services - Clarksdale
 Sample Point Identification Effluent
 Requested By Compliance Monitoring Data To Bruce Mowry
 Type of Sample: Grab (X) Composite (Flow) (Time) Other () _____

II. SAMPLE IDENTIFICATION

Where Taken At v-notch weir in ditch
 Condition of Sample Environment Clear and hot
 Collected By Nancy Allen, David Hall

	Type	Parameter	Date	Time
1.	<u>Grab</u>	<u>pH, Temp.</u>	<u>9-9-80</u>	<u>1110</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

III. FIELD

Analysis	Computer Code	Request	Result	Analyst	Date Measured
pH	(000400)	(X)	<u>8.0</u>	<u>DH</u>	<u>9-9-80</u>
D.O.	(000300)	()	_____	_____	_____
Temperature	(000010)	(X)	<u>32°C</u>	<u>NA</u>	<u>9-9-80</u>
Residual Chlorine	(050060)	()	_____	_____	_____
Flow	(074060)	(X)	<u>NOT KNOWN</u>	<u>NA</u>	_____

IV. TRANSPORTATION OF SAMPLE

To Lab: Bus (X) Regional Office Vehicle () Other () _____

V. LABORATORY

Received By Pete Williams Date 9-11-80 Time 0800
 Date Sent To State Office _____

Air & Water Pollution Control Commission

STATE OF MISSISSIPPI

COMMISSIONERS

James W. Carraway, Chairman
Bassfield

State Plant Board
O. T. Guice, Jr., Vice Chairman

Oil & Gas Board
J. F. Borthwick

Board of Health
Joe D. Brown

Marine Conservation
Commission
W. J. Demoran

W. E. Gupton
Jackson

Hermit A. Jones
Canton



Glen Wood, Jr.

EXECUTIVE SECRETARY

POST OFFICE BOX 827 TELEPHONE 354-6783
SIXTH FLOOR ROBERT E. LEE BUILDING
JACKSON, MISSISSIPPI 39205

COMMISSIONERS

Game & Fish Commission
Billy Joe Cross

Board of Water
Commissioners
Jack Pepper

Charles W. Else
Yazoo City

State Park System
Spencer E. Medlin

A & I Board
Paul Burt

Geological Survey
W. H. Moore

M E M O R A N D U M

June 2, 1971

TO: Lavern Walters

FROM: Dwight Wylie

Could you please sample Cataphote Corporation in Flowood
and Coahoma Chemical Company in Clarksdale as per the
attached data sheets.

Dwight K. Wylie
Engineer
Industrial Waste Section

DKW:kh
Attachments (2)

MISSISSIPPI AIR AND WATER POLLUTION CONTROL COMMISSION

PHYSICAL CHARACTERISTICS AND CHEMICAL
QUALITY OF WASTE EFFLUENTS

Name of Industry or Municipality Cataphote Corporation
Location and Address Flowood, Mississippi
Name of Plant Manager _____
Date Surveyed _____ Date Sampled _____
Bench No. _____ Station _____

PHYSICAL PROPERTIES

Color _____
Odor _____
Turbidity _____ Jack Units
Aesthetic Appearance _____
Conductivity _____ Micromhos
Temperature _____ °C

OXYGEN

Dissolved Oxygen _____ MG/L
B.O.D. _____ MG/L
C.O.D. _____ MG/L

HARDNESS

Total _____ MG/L as CaCO₃
CA⁺⁺ _____ MG/L as CaCO₃
MG⁺⁺ _____ MG/L as CaCO₃

SOLIDS

Total _____ MG/L
Volatile _____ MG/L
Suspended _____ MG/L
Dissolved _____ MG/L

CHEMICAL PROPERTIES

pH _____
Alkalinity _____ MG/L
Chloride _____ MG/L
Sulfates _____ MG/L
Phosphates _____ MG/L
Organic Nitrogen _____ MG/L
Ammonia Nitrogen _____ MG/L

GENERAL CHEMISTRY - DOMESTIC WASTE

Nitrate Nitrogen _____ MG/L
Nitrite Nitrogen _____ MG/L
Chromate _____ MG/L
Cyanide _____ MG/L
Arsenic _____ MG/L
Others: _____ MG/L
_____ MG/L
_____ MG/L
_____ MG/L

Remarks: _____

SANITARY & INDUSTRIAL WASTE
TREATMENT FACILITIES

Sanitary Wastes _____
Industrial Wastes _____

Population Equivalent _____
Effluent Receiving Stream _____

Name of Major Stream: _____
Interstate _____
Intrastate _____
Other: _____

MISSISSIPPI AIR AND WATER POLLUTION CONTROL COMMISSION

PHYSICAL CHARACTERISTICS AND CHEMICAL
QUALITY OF WASTE EFFLUENTS

Name of Industry or Municipality Coahoma Chemical Company
Location and Address Clarksdale, Mississippi
Name of Plant Manager _____
Date Surveyed _____ Date Sampled _____
Bench No. _____ Station _____

PHYSICAL PROPERTIES

Color _____
Odor _____
Turbidity _____ Jack Units _____
Aesthetic Appearance _____
Conductivity _____ Micromhos _____
Temperature _____ °C

Nitrate Nitrogen _____ MG/L
Nitrite Nitrogen _____ MG/L
 Chromate _____ MG/L
Cyanide _____ MG/L
Arsenic _____ MG/L
Others: _____

OXYGEN

Dissolved Oxygen _____ MG/L
 B.O.D. _____ MG/L
 C.O.D. _____ MG/L

_____ MG/L

Remarks: _____

HARDNESS

Total _____ MG/L as CaCO₃
CA⁺⁺ _____ MG/L as CaCO₃
MG⁺⁺ _____ MG/L as CaCO₃

SOLIDS

Total _____ MG/L
 Volatile _____ MG/L
 Suspended _____ MG/L
 Dissolved _____ MG/L

SANITARY & INDUSTRIAL WASTE
TREATMENT FACILITIES

Sanitary Wastes _____

Industrial Wastes _____

CHEMICAL PROPERTIES

pH _____
 Alkalinity _____ MG/L
Chloride _____ MG/L
Sulfates _____ MG/L
Phosphates _____ MG/L
 Organic Nitrogen _____ MG/L
Ammonia Nitrogen _____ MG/L

Population Equivalent _____
Effluent Receiving Stream _____

Name of Major Stream: _____

Interstate _____

Intrastate _____

Other: _____

SAMPLE REQUEST

Requested By: Larry Moore Date Requested: July 15, 1975
Identification of Sample Point: Riverside Chemical Company, Clarksdale, MS
Coahoma County
Type of Sample: Grab () Composite (Flow) (time) Other ()
Data to: Main Office

I. SAMPLE IDENTIFICATION

Where Taken: cooling water sump
Collected By: Keith Angelo

<u>Sample No.</u>	<u>TYPE</u>	<u>PARAMETER</u>	<u>DATE</u>	<u>TIME</u>
1.	<u>Grab</u>	<u>Total Chromium</u>	<u>8-20-75</u>	<u>1:15</u>
2.	<u>Grab</u>	<u>Total Zinc</u>	<u>8-20-75</u>	<u>1:15</u>
3.	<u>Grab</u>	<u>Methyl Parathion</u>	<u>8-20-75</u>	<u>1:30</u>
4.	<u>Grab</u>	<u>Toxaphene</u>	<u>8-20-75</u>	<u>1:30</u>
5.	<u>Grab</u>	<u>Endrin</u>	<u>8-20-75</u>	<u>1:45</u>

Condition of Sample Environment: sample taken from sump next a ditch

II. FIELD

<u>Analysis</u>	<u>Request</u>	<u>Result</u>	<u>Analyst</u>	<u>Date Measured</u>
pH	<u>(✓)</u>			
D.O.	<u>()</u>			
Temperature	<u>(✓)</u>	<u>35° C</u>	<u>Angelo</u>	<u>8-20-75</u>
Residual Chlorine	<u>(✓)</u>	<u>0.0 (Hach)</u>	<u>Angelo</u>	<u>8-20-75</u>
Flow	<u>(✓)</u>	<u>1 GAL per 45 sec.</u>	<u>Angelo</u>	<u>8-20-75</u>

III. TRANSPORTATION OF SAMPLE

To Lab: Bus () Regional Office Vehicle () Other ()

IV. LAB WORK

Received By: Lloyd Sharp Date: 8-21-75 Time: 9:00
Recorded By: Phil Bass Date Data Sent to State Office: 9/2/75

V. LABORATORY

<u>Analysis</u>	<u>Request</u>	<u>Result</u>	<u>Analyst</u>	<u>Date Measured</u>
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DISCHARGE MONITORING REPORT (DMR) (2-16)
 (17-19)
 FORM APPROVED OMB No. 2000-0075

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)				NO. EX. ANALYSIS (62-63)	FREQUENCY 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											
FLOW RATE											
074050											
	PENMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PENMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PENMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PENMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PENMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: DAVID Wolff
 TYPED OR PRINTED: DAVID Wolff
 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 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]
 TELEPHONE: 601 627-4731
 DATE: 82 12 15

DISCHARGE MONITORING REPORT (DMR) (17-19)

(2-16)

NAME: MPO SERVICES
 ADDRESS: P.O. BOX 950
 CLARKSDALE MS 38614
 054D

PERMIT NUMBER: 50762

DISCHARGE NUMBER: 001

FACILITY: _____

LOCATION: _____

FROM	MONITORING PERIOD			TO
	YEAR	MO	DAY	
89	11	01	92	12
(28-21)	(22-21)	(24-21)	(28-27)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLING REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX ANALYSIS (62-63) (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
0000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	INSTANT	

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER: DAN RD BOOLF

TELEPHONE: 601 687-0731

DATE: 11/16

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

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

AREA CODE: 601 NUMBER: 687-0731 YEAR: 82 MO: 11 DAY: 16

Quality Service/Location if different)
 NAME: MED SERVICES
 ADDRESS: P.O. BOX 550
 CLARKSBALE MS 38614
 LOCATION: 0540

DISCHARGE MONITORING REPORT (DMR)
 (2-16)
 30783
 PERMIT NUMBER
 001
 DISCHARGE NUMBER

Form Approved
 OMB No. 2000-0015

FACILITY: _____
 FROM: (20-21) YEAR 82 MO 10 DAY 01 TO: (20-22) YEAR 82 MO 11 DAY 01
 MONITORING PERIOD
 (20-21) (22-21) (24-25) (26-29) (28-31)

PARAMETER (32-37) (3 Card Only) (46-53) QUANTITY OR LOADING (54-61) (4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)
 TEMPERATURE (32-37) X AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS
 000010 #BENTON REQUIREMENT *****
 000490 EFFLUENT SAMPLE MEASUREMENT *****
 FLOW RATE SAMPLE MEASUREMENT *****
 079060 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****
 #BENTON REQUIREMENT *****

Air M.M. Not in operation
 95 100
 No tend
 No P#
 No Flow
 SU

NO. OF ANALYSIS (64-68) FREQUENCY OF ANALYSIS (69-70) SAMPLE TYPE (69-70)
 1/30 INSTANT
 1/30 GRAB

PARAMETER	MEASUREMENT	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
000010	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
000490	EFFLUENT	*****	*****	*****	*****	*****	*****	*****	1/30	GRAB	
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
079060	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	#BENTON REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: David D. Loner
 TYPED OR PRINTED: David D. Loner
 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: [Signature]
 TELEPHONE: 601 687-4731
 DATE: 8/28

NAME: WFC SERVICES
 ADDRESS: P.O. BOX 550 CLARKSDALE MS 38614
 FACILITY: *Walden*
 LOCATION: 0540

PERMIT NUMBER: 30783
 DISCHARGE NUMBER: 001
 MONITORING PERIOD:
 FROM YEAR 83 MO 10 DAY 01 TO YEAR 83 MO 11 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 (3 Card Only) (46-53)		UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45)		UNITS	NO. EX ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE				
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	MG/DAY	*****	*****	*****	*****	1/30	INSTANT
074060	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	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *David Wolff, Chemist*
 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: *David Wolff*
 TELEPHONE: 601 677-4151
 DATE: 83 10 10
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 n 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1

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

PERMITTEE NAME/ADDRESS (Include Name & Location if different)
 ADDRESS: WEC SERVICES
CLARKSDALE MS 38614
 FACILITY: 0540
 LOCATION: _____

PERMIT NUMBER: 30783
 DISCHARGE NUMBER: 001
 MONITORING PERIOD:
 FROM: YEAR 83 MO 11 DAY 01 TO YEAR 83 MO 12 DAY 01

IND

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. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
000010	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	95	100	1/30	INSTANT	
PERFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
000400	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	9	1/30	GRAB	
FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
074060	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: David Wolff, Chemist
 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.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE: 601 687-4731
 DATE: 83 11 05

NAME: MEC SERVICES
 ADDRESS: P.O. BOX 550
 CLARKSDALE MS 38614
 FACILITY: 0540
 LOCATION: 0540

30783 PERMIT NUMBER
 001 DISCHARGE NUMBER
 MONITORING PERIOD:
 FROM 83 06 01 TO 83 07 01
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

IND

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
074060	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: DAVID L. JOHNS
 TYPED OR PRINTED: DAVID L. JOHNS
 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.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 AREA CODE: 601
 TELEPHONE NUMBER: 687-4731
 DATE: [Blank]

FACILITY LOCATION
 CLARKSDALE MS 38614
 0540

MONITORING PERIOD					
FROM	YEAR	MO	DAY	TO	YEAR MO DAY
	83	04	01	83	05 01
	(20-21)	(22-23)	(24-25)	(26-27)	(28-31)

IND

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			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)				
		(46-53)	(54-61)	(38-45)	(46-53)	(54-61)					
TEMPERATURE											
000010										1/30	INSTANT
EFFLUENT										1/30	Grab
000400										1/30	GRAB
FLOW RATE											
074060										1/30	INSTANT
	SAMPLE MEASUREMENT	0.866	0.866	MG/DAY							
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
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 33 USC § 1319. Penalties under these statutes may include (fine 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	
										<i>[Signature]</i>	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										TELEPHONE	
										AREA CODE NUMBER	
										DATE	
										YEAR MO DAY	

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

NAME: BEC SERVICES ADDRESS: P.O. BOX 550 CLARKSDALE MS 38614 FACILITY: 0540 LOCATION: [Handwritten]

PERMIT NUMBER: 30783 DISCHARGE NUMBER: 001

MONITORING PERIOD table with columns: YEAR, MO, DAY, FROM, TO

NOTE: Read instructions before completing this form.

Main data table with columns: PARAMETER, QUANTITY OR LOADING, UNITS, QUALITY OR CONCENTRATION, NO. EX ANALYSIS, SAMPLE TYPE. Includes rows for TEMPERATURE, EFFLUENT, FLOW RATE and multiple rows of asterisks.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: David Wolf Chemist

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: [Handwritten Signature]

TELEPHONE: DATE: AREA CODE, NUMBER, YEAR, MO, DAY

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

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

Form Approved OMB No. 2000-0015

NAME: MFC SERVICES
 ADDRESS: P.O. BOX 550
 CLARKSDALE MS 38614
 FACILITY: 0546
 LOCATION: 0546

PERMIT NUMBER: 30783

DISCHARGE NUMBER: 001

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	02	01	83	03	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	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		*****	*****	*****	Air Mill	*****	*****	95	100	DEC. F	NO temperature
EFFLUENT		*****	*****	*****	Air Mill	*****	*****	9	SU	NO pH	NO FLOW
FLOW RATE		*****	*****	*****	Air Mill	*****	*****	*****	1/30	INSTANT	
	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: DAVID Wolff Chemist
 TYPED OR PRINTED: DAVID Wolff Chemist
 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.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 AREA CODE: [] NUMBER: [] YEAR: [] MO: [] DAY: []
 TELEPHONE: [] DATE: []

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

NAME: MFC SERVICES
ADDRESS: P.O. BOX 550
CLARKSDALE MS 38614
FACILITY: 0540
LOCATION: 0540

30783
PERMIT NUMBER
001
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	01	01	83	02	01

IND

9

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX. ANALYSIS (62-63) (64-68)	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 000010	SAMPLE MEASUREMENT	*****	*****	*****	Air mill	not in operation	100	DEG.	1/30	INSTANT
EFFLUENT 000400	SAMPLE MEASUREMENT	*****	*****	*****	Air mill	not in operation	9	SU	1/30	GRAB
FLOW RATE 074060	SAMPLE MEASUREMENT	*****	*****	*****	Air mill	not in operation	9	SU	1/30	INSTANT
	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
DAVID WOLF Chemist
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
AREA CODE NUMBER YEAR MO DAY
TELEPHONE DATE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	02	01	82	03	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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
000910	PERMIT REQUIREMENT	*****	*****	*****	55	55	55	DEG. F	1	1/30	INSTA
000400	SAMPLE MEASUREMENT	*****	*****	*****	6.9	6.9	6.9	SU	1	1/30	GRA
074060	PERMIT REQUIREMENT	*****	*****	*****	0.887	0.887	0.887	MG/DAY	1	1/30	INSTA
	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											
DAVID WOODH/ CHEMIST											
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										TELEPHONE	
[Signature]										601 677-4731	
DATE										82 2 28	

PARAMETER (32-37)	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	MINIMUM	AVERAGE (46-53)	MAXIMUM	MINIMUM				
TEMPERATURE		*****	*****	*****	*****	*****	*****	1	1/30	INSTANT	
000010		*****	*****	*****	*****	*****	*****	1	1/30	INSTANT	
0000400		*****	*****	*****	*****	*****	*****	1	1/30	INSTANT	
074060		*****	*****	*****	*****	*****	*****	1	1/30	INSTANT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE

NOTE: Read instructions before completing this form.

999999

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)

Signature of Principal Executive Officer: *Charles E. Brown*

Signature of Authorized Agent: _____

Area Code: _____ Telephone Number: _____ Year: **81** Month: **7** Day: **27**

ADDRESS: P.O. BOX 550, CLARKSDALE, MS 38614

PERMIT NUMBER: 30783, DISCHARGE NUMBER: 001

MONITORING PERIOD table with columns for FROM YEAR, MO, DAY and TO YEAR, MO, DAY.

NOTE: Read instructions before completing this form.

Main data table with columns: PARAMETER, SAMPLE MEASUREMENT, PERMIT REQUIREMENT, QUANTITY OR LOADING, MONITORING PERIOD, QUALITY OR CONCENTRATION, UNITS, NO. EX. ANALYSIS, FREQUENCY OF ANALYSIS, SAMPLE TYPE.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: CHARLES E. Brown, General Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Charles E. Brown

TELEPHONE, AREA CODE, NUMBER, DATE (8/27/81)

PARTICIPATING NAME/ADDRESS (Include
Facility Name, Location and ZIP Code)
Address P O Box 550 MS 38614
0540
FACILITY
LOCATION

MONITORING PERIOD			
FROM			TO
YEAR	MO	DAY	YEAR MO DAY
81	07	01	81 08 01
(20-21)	(22-23)	(24-25)	(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

9-9

PARAMETER (32-34)	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX. ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM	AVERAGE (46-53)	MAXIMUM	MINIMUM			
PH, EFFLUENT	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
000400	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
PLUM RATE	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
074060	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA
	SAMPLE MEASUREMENT REQUIREMENT	** ** *	** ** *	** ** *	** ** *	** ** *	** ** *	PH	1/30	GRA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOW-
 INGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR
 SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING
 WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL
 OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penal
 ties under these statutes may be fines up to \$10,000 and/or
 imprisonment of between 6 months and 5 years.)
 Charles E Brown
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
 601 627-4731
 AREA NUMBER

DATE
 81 11 2

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

Permit No. **P.O. RNX 550**
 Facility Name **CLARKSDALE**
 State **MS** Zip **38614**
 Location **0540**

Permit Number **30783**

Discharge Number **701**

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
81	09	01	81	10	01

NOTE: Read instructions before completing this form.

9-9

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX. ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM	AVERAGE (46-53)	MAXIMUM	MINIMUM			
TEMPERATURE		***	***	***	***	***	***	1	1/30	INSTAN
000010		***	***	***	***	***	***	1	1/30	INSTAN
PHENOL		***	***	***	***	***	***	1	1/30	INSTAN
000400		***	***	***	***	***	***	1	1/30	INSTAN
PLUM RATE		***	***	***	***	***	***	1	1/30	INSTAN
0174060		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN
SAMPLE MEASUREMENT		***	***	***	***	***	***	1	1/30	INSTAN
PERMIT REQUIREMENT		***	***	***	***	***	***	1	1/30	INSTAN

Air mil

not in operation

Air mil not in operation - No Temp.

No PH

No Flow

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.

Charles E. Brown
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **601 627-4731** DATE **81 11 2**

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

LOCATION

PARAMETER (32-37)

TEMPERATURE

000010

PERMIT

000400

FILLUM RATIO

074060

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)				UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (34-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)						
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN
PERMIT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN
FILLUM RATIO	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN
PERMIT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN
PERMIT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN
FILLUM RATIO	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN
PERMIT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	130	130	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Dr. D. Wolf/Command
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1919. (Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]
 TELEPHONE
 601 627-4318
 DATE
 12 31

NAME: MEC SERVICES
 ADDRESS: P.O. BOX 550, CLARKSDALE, MS 38614
 FACILITY: 9540
 LOCATION:

PERMIT NUMBER: 30743
 DISCHARGE NUMBER: 901
 MONITORING PERIOD:
 FROM: YEAR 99, MO 11, DAY 01 TO YEAR 10, MO 12, DAY 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)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH, EQUIPMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
PH, EQUIPMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

TYPED OR PRINTED

NO FLOWS AIR MILL + COMPRESSOR NOT IN USE

NO TEMP AIR MILL + COMPRESSOR NOT IN USE

NO PH AIR MILL + COMPRESSOR NOT IN USE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Charles E. Brown

TELEPHONE

DATE

AREA CODE NUMBER YEAR MO DAY

EPA 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.) PAGE 1 OF

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)
MFC SERVICE S

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)
30783
PERMIT NUMBER
001
DISCHARGE NUMBER

FORM APPROVED
OMB No. 158 - R0073

NAME: D J ROX 259
ADDRESS: CLARKSDALE MS 38674
FACILITY: 0540
LOCATION:

FROM		MONITORING PERIOD		TO	
YEAR	MO	DAY	YEAR	MO	DAY
81	01	01	81	02	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 PERMIT REQUIREMENT	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)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
000010	PERMIT REQUIREMENT	** ** *	** ** *	lb	** ** *	** ** *	lb	1	1/30	INSTANT	
000040	PERMIT REQUIREMENT	** ** *	** ** *	mg/day	** ** *	** ** *	mg/day	1	1/30	INSTANT	
074060	PERMIT REQUIREMENT	** ** *	** ** *	mg/day	** ** *	** ** *	mg/day	1	1/30	INSTANT	
000010	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
000040	PERMIT REQUIREMENT	** ** *	** ** *	NO FLOWS	** ** *	** ** *	NO FLOWS	1	1/30	INSTANT	
074060	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
000010	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
000040	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
074060	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
000010	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
000040	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
074060	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
000010	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
000040	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	
074060	PERMIT REQUIREMENT	** ** *	** ** *	NO PH	** ** *	** ** *	NO PH	1	1/30	INSTANT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Charles Brown
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE AREA: 601 NUMBER: 627-4731
 DATE YEAR: 81 MO: 5 DAY: 1
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ESTIMATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

NAME: MFC SERVICES
ADDRESS: P O BOX 550
CLARKSDALE MS 38614
FACILITY LOCATION: 0540

39783
PERMIT NUMBER
001
DISCHARGE NUMBER

MONITORING PERIOD			
FROM YEAR	MO	DAY	TO YEAR
20-21	02	01	20-27

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			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 (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-51)				
TEMPERATURE	X										
000010	SAMPLE MEASUREMENT PERMIT REQUIREMENT	Air mill	not in operation							1/30	INSTAN
EFFLUENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
000400	SAMPLE MEASUREMENT PERMIT REQUIREMENT									1/30	INSTAN
FLOW RATE	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
074060	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

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

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.

TELEPHONE: 601 627-4731
DATE: 5/1/81

NAME: H-G SERVICES

PERMIT NUMBER: 31783

DISCHARGE NUMBER: 001

ADDRESS: CLARKSDALE MS 38614

0540

LOCATION

FROM		MONITORING PERIOD				TO	
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO
2021	03	01	2021	04	01		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	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)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)					
TEMPERATURE										1/30	Instas
PHOSPHORUS										1/30	Instas
000400										1/30	Instas
FLUORIDE										1/30	Instas
074060										1/30	Instas

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: [Signature]

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.

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

TELEPHONE: 601 627-4731 DATE: 5/1/81

NAME: **CLARKS**
 ADDRESS: **MS 38614**
 FACILITY LOCATION: **0540**

PERMIT NUMBER: **30783**
 DISCHARGE NUMBER: **001**
 MONITORING PERIOD:
 FROM: YEAR **80** MO **07** DAY **01** TO YEAR **80** MO **08** DAY **01**

NOTE: Read instructions before completing this form.

PARAMETER (23-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (63-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/7	INSTANT	
PH FIELD	SAMPLE MEASUREMENT	*****	*****	*****	7.7	9.5	9.7	DFG	1/30	INSTANT	
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
FLOID RAFF	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **CHARLES E. Brown**
 TYPED OR PRINTED: **CHARLES E. Brown**
 THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: **Charles E. Brown**
 TELEPHONE: **80 10 17**
 AREA CODE: **80** NUMBER: **10** YEAR: **17**
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 EPA Form 3320-1 (Rev. 10-77) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1

NAME: MTC SERVICES
 ADDRESS: P O BOX 550 CLARKSDALE MS 38614
 FACILITY: 0540
 LOCATION:

30783
 PERMIT NUMBER
 001
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 80 MO 06 DAY 01 TO YEAR 80 MO 09 DAY 01
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

AUG 13 1980

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-41)			QUALITY OR CONCENTRATION (34-41)			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	*****	*****	*****	*****	*****	*****	*****	*****	1/7	INSTANT	
PH FIELD	*****	*****	*****	*****	*****	*****	*****	*****	1/30	GRAB	
000400	*****	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
074060	*****	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
*****	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: Charles E. Brown
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE: [Area Code] [Number] [Year] [MO] [DAY]
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: MTC SERVICES
 ADDRESS: P O BOX 550 CLARKSDALE MS 38614
 LOCATION: 0540

PERMIT NUMBER: 30783
 DISCHARGE NUMBER: 001

MONITORING PERIOD
 FROM: YEAR 89 MO 04 DAY 01 TO YEAR 90 MO 05 DAY 01

NOTE: Read instructions before completing this form.

PARAMETER (33-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	50°	65°	80°	100	1/7	INSTANT	
PH, FIELD	SAMPLE MEASUREMENT	*****	*****	*****	7.5	7.5	7.5	9	1/30	INSTANT	
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
FILM RATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	INSTANT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: <i>Wanda E. Brown</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>Wanda E. Brown</i> THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 USC § 1001 AND 39 USC § 1319. (Penalty under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.) TYPED OR PRINTED: _____ COMMENT AND EXPLANATION OF ANY VIOLATIONS: (Reference all attachments here) _____											

NAME: MEC SERVICES
 ADDRESS: P.O. Box 550, CLARKSDALE, MS 38614
 FACILITY: 0540
 LOCATION: [Redacted]

30783 PERMIT NUMBER
 001 DISCHARGE NUMBER
 MONITORING PERIOD: FROM 79 10 01 TO 79 11 01
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (37-37)	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (34-61)			UNITS	NO. EX ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE	*****	*****	*****	830 F	790 F	750	DEG. F	1/7	INSTANT	
PH FIFD	*****	*****	*****	7.4	*****	7.4	DEG. F	1/30	GRAH	
000400	*****	*****	*****	*****	*****	*****	DEG. F	1/30	GRAH	
FLOW RATE	0.697	0.887	MGD	*****	*****	*****	MGD	1/30	INSTANT	
074060	*****	*****	*****	*****	*****	*****	*****	*****	*****	
*****	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	*****	*****	*****	*****	*****	*****	*****	*****	
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Alan Duff* President
 SIGNED OR PRINTED: *Alan Duff*
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. (Permittees under these statutes may be fined up to \$10,000 and/or imprisonment of between 6 months and 5 years.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Alan Duff*
 TELEPHONE: [Redacted]
 AREA CODE: [Redacted] NUMBER: [Redacted] YEAR: [Redacted] MO: [Redacted] DAY: [Redacted]

NAME: MFC SERVICES
 ADDRESS: P O BOX 550 CLARKSDALE MS 38614
 FACILITY: 0540
 LOCATION:

30783 PERMIT NUMBER
 001 DISCHARGE NUMBER

MONITORING PERIOD					
FROM	YEAR	MO	DAY	TO	PERIOD
79	11	01		79	12 01
(20-21)		(22-23)		(24-25)	
(26-27)		(28-29)		(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (33-37)	SAMPLER MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLER TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM				
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	650	690	730	100	17	1/17	INSTANT
000010	PERMIT REQUIREMENT	*****	*****	*****	7.4	9.5	7.4	9	1/30	1/30	GRAB
FIELD	SAMPLE MEASUREMENT	*****	*****	*****	0.697	0.887	M/GN				INSTANT
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	1/30	INSTANT
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	1/30	INSTANT
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1/30	1/30	INSTANT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: John Duff, President
 TYPED OR PRINTED: John Duff, President
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

NAME: **NET SERVICES**
 ADDRESS: **P O BOX 550**
CLARKSDALE MS 38614
 FACILITY: **0540**
 LOCATION: **MS 38614**

30783
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD				
FROM	YEAR	MO	DAY	TO
	79	12	01	80 01 01
	(20-21)	(22-23)	(24-25)	(26-27)
	YEAR	MO	DAY	YEAR
				MO DAY

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)				
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	60	63	67	DEF. F	1/1	1/7	INSTAN
000010	PERMIT REQUIREMENT	*****	*****	*****	*****	95	100	DEF. F	1/1	1/7	INSTAN
H, FIELD	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	DEF. F	1/30	1/30	GRAT
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	0.691	0.887	MGD	DEF. F	1/30	1/30	INSTAN
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOW-
 INGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR
 SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING
 WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL
 OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penal-
 ties under these statutes may be fines up to \$10,000 and/or
 imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

TYPE OR PRINTED

John Duff
 President

NAME: **MCC SERVICES**
 ADDRESS: **P.O. BOX 550**
CLARKSDALE MS **38614**
 FACILITY: **0540**
 LOCATION: _____

DISCHARGE MONITORING REPORT (DMR)
 (2-16) **30783** PERMIT NUMBER
001 DISCHARGE NUMBER
 (17-19)

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
79	09	01	79	10	01

111429

NOTE: Read Instructions before completing this form.

PARAMETER (33-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX FREQUENCY OF ANALYSIS (62-63) (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	Air mill & compressor not in use			NO TEMP	1/7	INSTANT
000010	PERMIT REQUIREMENT	*****	*****	*****	95			100	1/7	INSTANT
FIELD	SAMPLE MEASUREMENT	*****	*****	*****	Air mill & compressor not in use			NO PH	1/30	INSTANT
000400	PERMIT REQUIREMENT	*****	*****	*****	6			9	1/30	INSTANT
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	Air mill & compressor not in use			NO FLOW	1/30	INSTANT
074060	PERMIT REQUIREMENT	*****	*****	*****	M(GD)			*****	1/30	INSTANT
*****	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: _____
 TYPED OR PRINTED: _____
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): _____

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1919. (Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 3 years.)

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

AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

TELEPHONE: _____ DATE: _____

DISCHARGE MONITORING REPORT (DMR) (2-16)

NAME: SERVICES
ADDRESS: P.O. BOX 550
FACILITY: CLARKSDALE MS 38614
LOCATION: 0540

PERMIT NUMBER: 30783

DISCHARGE NUMBER: 001

MONITORING PERIOD table with columns for FROM (YEAR 79, MO 07, DAY 01) and TO (YEAR 79, MO 08, DAY 01)

NOTE: Read instructions before completing this form.

Main data table with columns: PARAMETER (TEMPERATURE, FIELD, FLOW RATE), SAMPLE MEASUREMENT, PERMIT REQUIREMENT, AVERAGE, MAXIMUM, UNITS, MINIMUM, QUALITY OR CONCENTRATION, NO. EX ANALYSIS, FREQUENCY OF ANALYSIS, SAMPLE TYPE, and DATE.

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

DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NAME: **P 0** ADDRESS: **ROX 550** MS **38614**
 FACILITY: **CLARKSDALE** LOCATION: **MS 38614**

PERMIT NUMBER: **30783** DISCHARGE NUMBER: **001**

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
79	04	01	79	04	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only)			PERIOD (4 Card Only)			QUALITY OR CONCENTRATION (5 Card Only)			NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	AVERAGE (38-45)	MINIMUM (38-45)	MAXIMUM (38-45)	AVERAGE (46-53)	MINIMUM (38-45)	MAXIMUM (38-45)				
TEMPERATURE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PH, FIELD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
074060	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	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: _____
 TYPED OR PRINTED: _____
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): _____
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*
 AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____
 TELEPHONE: _____ DATE: _____
 AUG 06 1979
 REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.
 PREVIOUS EDITION TO BE USED SUPPLY IS EXHAUSTED
 PAGE 1 OF 1

DISCHARGE MONITORING REPORT (DMR)
 (2-16) 30783
 (17-19) 001
 PERMIT NUMBER DISCHARGE NUMBER

NAME MEC SERVICES
 ADDRESS P O BOX 550
 CLARKSDALE MS 38614
 FACILITY 0540
 LOCATION

MONITORING PERIOD		
FROM	TO	PERIOD
YEAR	MO	DAY
79	05	01
79	05	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE 0010	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	1/7	INSTA	
PH, FIELD 000400	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	1/30	GRA	
FLOW RATE 074060	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	1/30	INSTA	
	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 THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOW- INCLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalty: Imprisonment of between 6 months and 5 years.) TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								AREA CODE	NUMBER	YEAR	MO	DAY

ADDRESS P.O. BOX 550
 CLARKSDALE MS 38614
 FACILITY
 LOCATION

MONITORING PERIOD
 FROM 79 06 01 TO 79 07 01
 YEAR MONTH DAY YEAR MONTH DAY
 (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 (45-53)			QUALITY OR CONCENTRATION (38-45)			UNITS	QUALITY OR CONCENTRATION (46-53)			NO. FREQUENCY OF ANALYSIS (62-63)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		AVERAGE	MAXIMUM			
TEMPERATURE		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000010 PH, FIFD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
000400	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
074060	SAMPLE MEASUREMENT	0.602	0.887	MGD	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: _____
 THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPLEMENTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 19 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penal. fines under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)
 TYPED OR PRINTED _____
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) _____
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT _____
 TELEPHONE _____ DATE _____
 AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

NAME **MFC SERVICES**
 ADDRESS **P O BOX 550**
CLARKSDALE MS **38614**
 FACILITY **0540**
 LOCATION

PERMIT NUMBER **30783**
 DISCHARGE NUMBER **001**

MONITORING PERIOD		
FROM	TO	PERIOD
YEAR	MO	DAY
79	03	01
79	04	01

NOTE: Read instructions before completing this form.

PARAMETER (3-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3-41)			QUALITY OR CONCENTRATION (4-45)			NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (86-93)	MAXIMUM (94-95)	UNITS	MINIMUM (98-99)	AVERAGE (106-113)	MAXIMUM (114-115)			
TEMPERATURE 000010		*****	*****	*****	65°F	70.25°F	95	17	1/7	Instan
PH FIELD 000400		*****	*****	*****	7.8	7.8	9	17	1/30	Instan
FLOW RATE 074060		*****	*****	MGD	*****	*****	*****	1/30	1/30	Instan
*****	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										
THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOW- INGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penal- ties under these statutes may be 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										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
AREA CODE TELEPHONE NUMBER DATE										

MAY 07 1979

NAME MFC SERVICES
 ADDRESS P.O. BOX 550
 CLARKSDALE MS 38614
 FACILITY 0540
 LOCATION

MONITORING PERIOD			FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY
79	07	01	79	03	01			
(2021)	(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)			UNITS	NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM	AVERAGE (46-53)	MAXIMUM	MINIMUM				
TEMPERATURE	*****	*****	*****	*****	*****	*****	*****	*****	*****	1/7	INSTANT
000010	*****	*****	*****	*****	*****	*****	*****	*****	*****	1/7	INSTANT
FIELD	*****	*****	*****	*****	*****	*****	*****	*****	*****	1/30	GRAV
0000400	*****	*****	*****	*****	*****	*****	*****	*****	*****	1/30	GRAV
FLOW RATE	*****	0.887	0.881	MGD	*****	*****	*****	*****	*****	1/30	INSTANT
074060	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
*****	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1919. (Penalty: Imprisonment of between 6 months and 5 years.) SIGNED: <i>[Signature]</i> OFFICER OR AUTHORIZED AGENT TELEPHONE: 601 627-4731 DATE: 79 4 27											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

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

Form Approved OMB No. 158 - R0073

NAME: MFC SERVICES
 ADDRESS: P O BOX 550
 CLARKSDALE MS 38614

30783
 PERMIT NUMBER

001
 DISCHARGE NUMBER

FACILITY: 0540
 LOCATION: 1

MONITORING PERIOD			
FROM YEAR	MO	DAY	TO YEAR
79	01	01	79
(2021)	(2222)	(2425)	(2627)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE		***	***	***	30°F	44.4°F	55°F	DEF. F	1/7	1/4	Instant
000010	PERMIT REQUIREMENT	*****	*****	*****	7.9	*****	7.9	DEF. F	1/30	1/30	GRAB
FIELD		*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	Instant
000400	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	GRAB
FLOW RATE		*****	*****	*****	6.981	0.581	*****	DEF. F	1/30	1/30	Instant
074060	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEF. F	1/30	1/30	Instant

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: [Signature]
 TYPED OR PRINTED: [Signature]
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1919. Penalties under these statutes may be fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.