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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	01	TO	86	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

RECEIVED NOV 23 1986 OW

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	514.0	1475.4		******	******	******		1	3/7	COMP 24
	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.6	******	8.2		0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	301.3	1176.7		******	******	******		0	3/7	COMP 24
	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	130.3	537.2		******	******	******		1	3/7	GRAB
	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	119.2	272.8		******	******	******		0	3/7	COMP 24
	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	701.6	1656.8		******	******	******		0	3/7	COMP 24
	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S) 00745 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.06	2.21		******	******	******		0	3/7	GRAB
	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MGR.

TYPED OR PRINTED

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

L D Smith
Kms

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	11	25

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER
(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	10	01	86	10	31

MAJOR
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR) 01032 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.07	0.10		******	******	******		0	3/7	COMP 24
	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR) 01034 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.72	1.10		******	******	******		0	3/7	COMP 24
	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP
PHENOLICS, TOTAL RECOVERABLE 32730 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.25	3.11		******	******	******		0	3/7	GRAB
	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.770	2.559		******	******	******		0	CONTINUOUS	RCORDR
	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 28 1986
6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
GENERAL MGR.
TYPED OR PRINTED

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

L D Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	11	25

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	004 N

F - FINAL
STORMWATER RUNOFF

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	01	TO	86	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******	10.8			DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	3.3		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	28.8		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 23 1986
6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MGR.

TYPED OR PRINTED

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

L D Smith
for

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	11	25

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	005 N

F L- FINAL
STORMWATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	01	TO	86	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT		NO DISCHARGE								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 28 1986
6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MGR.

TYPED OR PRINTED

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

L D Smith
Kms

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	11	25

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	001 N

F - FINAL
STORMWATER RUNOFF

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	09	01	86	09	30

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.5	******	8.4		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	1.4		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	19.5		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Case Filed
Clerk's Initials.
11-20-86

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	10	24

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

Line (1)

RECEIVED OCT 28 1986 6W-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	002 N

F - FINAL
NONCONTACT COOLING WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	09	01	TO	86	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		3.2	******	8.0		1	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	1.97	3.9		0	2/WEEK	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	5.5	7.1		0	2/WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L Douglas Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	10	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED OCT 28 1986

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
86	09	01	86	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2931.7	4534.9		******	******	******		7	3/WEEK	COMP24
	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	**** ****		THREE/WEEK	COMP24
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.7		0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	707.2	1754.7		******	******	******		1	3/WEEK	COMP24
	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	**** ****		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	128.3	699.3		******	******	******		1	3/WEEK	GRAB
	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	**** ****		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	303.9	547.8		******	******	******		3	3/WEEK	COMP24
	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	**** ****		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	944.4	2069.3		******	******	******		0	3/WEEK	COMP24
	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	**** ****		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S) 00745 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.03	2.46		******	******	******		0	3/WEEK	GRAB
	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	**** ****		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L. Douglas Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	10	24

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

Lane (1)

RECEIVED OCT 28 1986

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	09	01	86	09	30

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.13	0.34		******	******	******		0	3/WEEK	COMP24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	1.45	4.69		******	******	******		0	3/WEEK	COMP24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.83	1.59		******	******	******		0	3/WEEK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.647	2.122		******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	10	21

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

Lane (1)

RECEIVED OCT 28 1986 SW-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	004 N

F - FINAL
STORMWATER RUNOFF

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	09	01	TO	86	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.2	******	8.0		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	3.4		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	28.3		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L Douglas Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	10	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY (1)

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

Lane

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	005 N

F - FINAL
STORMWATER

MAJOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	09	01	TO	86	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

RECEIVED OCT 28 1986 6W-EA

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT				NO DISCHARGE						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L Douglas Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	10	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

F - FINAL OCT 1 1986
STORMWATER RUNOFF

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	08	01	86	08	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT	EXTREMELY LOW QUANTITY DISCHARGE PRECLUDED COLLECTION									
	PERMIT REQUIREMENT	OF A REPRESENTATIVE SAMPLE									
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED SEP 26 1986 6W-EA

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed 6-9-87
Clerk's Init.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-442	86	09	19

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 002 N DISCHARGE NUMBER

F - FINAL
NONCONTACT COOLING WATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	08	01	86	08	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.9	******	8.1		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	4.11	5.2		0	2/WEEK	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	4.25	5.8		0	2/WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED SEP 26 1986 6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L Douglas Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 409, NUMBER 962-4421

DATE: YEAR 86, MO 09, DAY 19

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED SEP 26 1986 GW-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	08	01	TO	86	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	129.8	367.8		******	******	******		0	3/WEEK	COMP24
00310 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.9		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	232.1	950.3		******	******	******		0	3/WEEK	COMP24
00530 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	71.1	215.4		******	******	******		0	3/WEEK	GRAB
00556 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	52.9	237.6		******	******	******		0	3/WEEK	COMP24
00610 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	456.7	919.4		******	******	******		0	3/WEEK	COMP24
00680 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S)	SAMPLE MEASUREMENT	0.75	0.97		******	******	******		0	3/WEEK	GRAB
00745 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L. Douglas Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	09	19

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

RECEIVED SEP 26 1986 6W-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	08	01	TO	86	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.07	0.14		******	******	******		0	3/WEEK	COMP24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	0.52	1.19		******	******	******		0	3/WEEK	COMP24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.87	1.36		******	******	******		0	3/WEEK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.690	2.331		******	******	******		0	CONT.	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	09	19

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 004 N DISCHARGE NUMBER

F L- FINAL
STORMWATER RUNOFF

RECEIVED SEP 26 1986 6W-EA

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	08	01	86	08	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.1	******	7.2		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	4.6		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	26.9		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	09	19

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

RECEIVED SEP 26 1986 6W-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	005 N

F - FINAL
STORMWATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	08	01	86	08	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT		NO DISCHARGE								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	09	19

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED AUG 28 1986 6W-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	001 N

F - FINAL
STORMWATER RUNOFF

SEP 3 1986

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	07	01	TO	86	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT				EXTREMELY LOW QUANTITY						
	PERMIT REQUIREMENT				DISCHARGED PRECLUDED						
	SAMPLE MEASUREMENT				COLLECTION OF A REPRESENTATIVE						
	PERMIT REQUIREMENT				SAMPLE.						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
4-9-87 Date Filed
Mac's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
L. D. SMITH GENERAL 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.)*	L D Smith	409	962-4421	86	08	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

Lane (1)

RECEIVED AUG 26 1986

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004 Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 002 N DISCHARGE NUMBER

F - FINAL

NONCONTACT COOLING WATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	07	01	TO	86	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		GW-EA									
PH	SAMPLE MEASUREMENT	******	******		6.8	******	8.9		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	1.18	2.2		0	2/ WEEK	GR
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/ WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	9.02	14.0		0	2/ WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
409	962-4421	86	08	18

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

MICROFILMED

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

Lane(1)

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED AUG 26 1986 6W-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	07	01	86	07	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	200.2	861.2		******	******	******		0	3/ WEEK	COMP24
00310 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.9		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	195.9	512.0		******	******	******		0	3/ WEEK	COMP24
00530 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	63.6	265.1		******	******	******		0	3/ WEEK	GRAB
00556 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	45.2	298.7		******	******	******		0	3/ WEEK	COMP24
00610 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	660.1	2372.7		******	******	******		0	3/ WEEK	COMP24
00680 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
SULFIDE, TOTAL (AS S)	SAMPLE MEASUREMENT	1.10	2.89		******	******	******		0	3/ WEEK	GRAB
00745 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith Kmd

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	08	18

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

Lane (1)

RECEIVED AUG 26 1986 6W-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	07	01	TO	86	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR) 01032 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.22	0.80		******	******	******		0	3/ WEEK	COMP24
	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
CHROMIUM, TOTAL (AS CR) 01034 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.52	1.09		******	******	******		0	3/ WEEK	CC 24
	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE 32730 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.88	2.28		******	******	******		0	3/ WEEK	GRAB
	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.980	2.737		******	******	******		0	CON- TINUOUS	RCORDR
	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTIN UOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith KMS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	08	18

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

MICROFILMED

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

Lane (1)

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED AUG 26 1986 6W-EA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004 Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 004 N DISCHARGE NUMBER

F - FINAL STORMWATER RUNOFF

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	07	01	86	07	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	2.5		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	17.3		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	08	18

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

MICROFILMED

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

Lane (1)

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED AUG 26 1986 6W-EA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
TX0004201	005 N

F - FINAL
STORMWATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	07	01	TO	86	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT		NO DISCHARGE								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L. D. Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	08	18
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

COMMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

RECEIVED JUL 25 1986 6W-EA

(2-16) TX0004201 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

F - FINAL
STORMWATER RUNOFF

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	06	01	86	06	30

JUL 30 1986

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.1		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	1.5		0	DAILY	G
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	11.1		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
L. D. SMITH GENERAL 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.)*	L. D. Smith WHB	409	962-4421	86	07	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 002 N DISCHARGE NUMBER

F - FINAL
NONCONTACT COOLING WATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	06	01	86	06	30

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED JUL 25 1986 6W-EA

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.5	******	8.9		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	0.89	1.4		0	DAILY	G[illegible]B
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	7.4	18.6		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L. D. Smith WHB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	07	23

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

RECEIVED JUL 25 1986 6W-EA

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	06	01	TO	86	06	30
	(21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	162.8	928.4		******	******	******		0	3/WEEK	COMP24
00310 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PH	SAMPLE MEASUREMENT	******	******		6.9	******	8.2		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	143.0	274.5		******	******	******		0	3/WEEK	COMP24
00530 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	29.5	52.8		******	******	******		0	3/WEEK	GRAB
00556 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	17.8	23.2		******	******	******		0	3/WEEK	COMP24
00610 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	752.6	4197.3		******	******	******		0	3/WEEK	COMP24
00680 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S)	SAMPLE MEASUREMENT	0.87	1.08		******	******	******		0	3/WEEK	GRAB
00745 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L. D. Smith WHB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	07	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER
(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	06	01	TO	86	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED JUL 25 1986 6W-EA

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.16	0.48		******	******	******		0	3/WEEK	COMP24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	0.60	1.51		******	******	******		0	3/WEEK	COMP24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.99	2.84		******	******	******		0	3/WEEK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.135	2.791		******	******	******		0	CONT.	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
GENERAL MANAGER
TYPED OR PRINTED

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

L. D. Smith (WB)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	07	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 004 N DISCHARGE NUMBER

F - FINAL
STORMWATER RUNOFF

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
86	06	01	86	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED JUL 25 1986 6W-EA

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.8		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	2.4		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	40.7		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L. D. Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	07	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 005 N DISCHARGE NUMBER

F - FINAL
STORMWATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	06	01	86	06	30

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED JUL 25 1986 GW-EA

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT				NO DISCHARGE						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MANAGER

TYPED OR PRINTED

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

L. D. Smith WAB
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	07	23

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

F - FINAL
STORMWATER RUNOFF

JUL 9 1986

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	05	01	86	05	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.6	******	8.3		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU	DAILY	GRAB	
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	2.1		0	DAILY	G
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L	DAILY	GRAB	
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	29.5		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	55 INST MX	MG/L	DAILY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 27 1986 6W-EA

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Init.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
L. D. SMITH REFINERY 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.)*	L. Douglas Smith SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409	962-4421	86	06	23
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 002 N DISCHARGE NUMBER

F - FINAL
NONCONTACT COOLING WATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	05	01	86	05	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.3	******	8.2		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	1.18	2.9		0	2/WEEK	GR
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	8.76	14.8		0	2/WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 27 1986 6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
REFINERY MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	06	23

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER
(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	05	01	86	05	31

MAJOR

RECEIVED JUN 27 1986 6W-EA

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	719.0	1825.8		******	******	******		2	3/WEEK	COMP24
	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.3	******	8.3		0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	484.1	1004.0		******	******	******		0	3/WEEK	COMP24
	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	120.8	271.0		******	******	******		0	3/WEEK	GRAB
	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	192.3	421.0		******	******	******		2	3/WEEK	COMP24
	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1095.0	2174.8		******	******	******		0	3/WEEK	COMP24
	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S) 00745 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.10	1.59		******	******	******		0	3/WEEK	GRAB
	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
REFINERY MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	06	23

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	05	01	TO	86	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.09	0.15		******	******	******		0	3/WEEK	COMP24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	1.53	4.05		******	******	******		0	3/WEEK	COMP24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.94	1.43		******	******	******		0	3/WEEK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.049	2.854		******	******	******		0	CONTINUOUS	RECORDER
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 27 1986 6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
REFINERY MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	06	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 — PERMIT NUMBER
(17-19) 004 N — DISCHARGE NUMBER

F - FINAL
STORMWATER RUNOFF

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	05	01	TO	86	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.7		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU	DAILY GRAB		
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	5.9		0	DAILY	G 3
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L	DAILY GRAB		
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	26.5		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	75 INST MX	MG/L	DAILY GRAB		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 27 1986 6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
REFINERY MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	06	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER
(17-19) 005 N DISCHARGE NUMBER

F - FINAL
STORMWATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	05	01	TO	86	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		NO DISCHARGE								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 27 1986 6W-EA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH
REFINERY MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	06	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

F - FINAL
STORMWATER RUNOFF

MAY 28 1986

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	04	01	TO	86	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT			NO DISCHARGE							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO mat
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

RECEIVED
MAY 20 1986
6W-EA

MICROFILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. Smith
General Manager

TYPED OR PRINTED

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

L D Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	05	14
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 FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER
(17-19) 002 N DISCHARGE NUMBER

F - FINAL
NONCONTACT COOLING WATER

RECEIVED
MAY 20 1986
6W-EA

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	04	01	TO	86	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.2	******	8.4		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	0.9	1.6		0	TWICE/ WEEK	GR
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/ WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	9.5	22.2		0	TWICE/ WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. Smith
General Manager
TYPED OR PRINTED

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

L D Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	05	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

(2-16) TX0004201 — PERMIT NUMBER

(17-19) 003 N — DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MAJOR

Form Approved
OMB No. 2040-0004
Approval expires 9-30-8

RECEIVED
MAY 20 1986
6W-EA

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	04	01	TO	86	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	148.5	498.0		******	******	******		0	THREE/WEEK	COMP 24
00310 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.2		0	DAILY	GR/
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	279.6	754.4		******	******	******		0	THREE/WEEK	COMP 24
00530 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	107.9	294.9		******	******	******		0	THREE/WEEK	GRAB
00556 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	31.3	164.1		******	******	******		0	THREE/WEEK	COMP 24
00610 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	672.2	1187.7		******	******	******		0	THREE/WEEK	COMP 24
00680 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP 24
SULFIDE, TOTAL (AS S)	SAMPLE MEASUREMENT	1.00	1.07		******	******	******		0	THREE/WEEK	GRAB
00745 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. Smith
General Manager

TYPED OR PRINTED

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

L D Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	05	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

RECEIVED
MAY 20 1986
6W-EA

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	04	01	86	04	30

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.09	0.11		******	******	******		0	THREE/ WEEK	COMP 24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	0.61	1.50		******	******	******		0	THREE/ WEEK	COMP 24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1.02	1.84		******	******	******		0	THREE/ WEEK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.420	2.743		******	******	******		0	CONTIN-UOUS	RCORDR.
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. Smith
General Manager

TYPED OR PRINTED

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

L D Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	05	14

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED JAN 22 1987 GW-EA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004 Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

F - FINAL STORMWATER RUNOFF

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	12	01	TO	86	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR FEB 3 1987

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.5	******	8.1		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	5.2		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	17.1		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO matl
3 - DMRs
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.D.SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L Douglas Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
409	962-4421	87	1	14

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

(1) Lane

RECEIVED JAN 22 1987 GW-EA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004 Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	002 N

F - FINAL

NONCONTACT COOLING WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	12	01	TO	86	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.1	******	8.1		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	1.94	5.2		0	2/WEEK	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	11.1	15.8		0	2/WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

L Douglas Smith

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	87	1	14

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED JAN 22 1987 GW-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	12	01	86	12	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	147.2	272.2		******	******	******		0	3/WEEK	COMP 24
	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	8.3		0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	555.1	1884.1		******	******	******		1	3/WEEK	COMP 24
	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	220.6	1871.4		******	******	******		1	3/WEEK	GRAB
	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	18.4	40.8		******	******	******		0	3/WEEK	COMP 24
	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	720.1	1239.5		******	******	******		0	3/WEEK	COMP 24
	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S) 00745 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.11	2.53		******	******	******		0	3/WEEK	GRAB
	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	87	1	14

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED JAN 22 1987 SW-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	12	01	86	12	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.09	0.11		******	******	******		0	3/WEEK	COMP 24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	1.47	4.84		******	******	******		0	3/WEEK	COMP 24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.99	1.49		******	******	******		0	3/WEEK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.060	3.004		******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L. Douglas Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	87	1	14

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

RECEIVED JAN 22 1987 SW-EA

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	004 N

F - FINAL
STORMWATER RUNOFF

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	12	01	86	12	31

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.1		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	5.2		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	21.0		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L. D. SMITH/GENERAL MANAGER
TYPED OR PRINTED

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

L. Douglas Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	87	1	14

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

RECEIVED JAN 22 1987 6W-EA

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
TX0004201	005 N

F - FINAL
STORMWATER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	12	01	86	12	31

MAJOR

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT		NO DISCHARGE								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	87	1	14

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	001 N

F - FINAL
STORMWATER RUNOFF

MAJOR

RECEIVED DEC 29 1986 GW-EA

JAN 13 1987

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	11	01	TO	86	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.9		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	1.6		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	24		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CPAS
Date Filed
Clerk's Inits.

MICROFILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith Kms

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	12	23

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

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 002 N DISCHARGE NUMBER

F - FINAL
NONCONTACT COOLING WATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	11	01	TO	86	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED DEC 29 1986 SW-EA

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.7	******	8.6		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	1.03	2.1		0	2/WK	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	2.1	14.7		0	2/WK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
409	962-4421	86	12	23

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	11	01	TO	86	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED DEC 29 1986 6W-EA

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	541.2	1386.4		******	******	******		0	3/WK	COMP24
	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	8.3		0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	502.3	962.9		******	******	******		0	3/WK	COMP24
	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	110.6	419.7		******	******	******		0	3/WK	GRAB
	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	105.8	236.9		******	******	******		0	3/WK	COMP24
	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	769.2	1577.6		******	******	******		0	3/WK	COMP24
	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S) 00745 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.16	2.33		******	******	******		0	3/WK	GRAB
	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
409	962-4421	86	12	23

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

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	003 N

M - INTERIM
TREATED PROCESS WW & SW

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	11	01	TO	86	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED DEC 29 1986 SW-EA

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.085	0.12		******	******	******		0	3/WK	COMP24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	1.20	1.81		******	******	******		0	3/WK	COMP24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1.51	2.66		******	******	******		0	3/WK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	********		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.178	2.822		******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MON ONLY 30DA AVG	MON ONLY DAILY MX	MGD	******	******	******	********		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	12	23

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: TX0004201

(17-19) DISCHARGE NUMBER: 004 N

F - FINAL
STORMWATER RUNOFF

MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	11	01	TO	86	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

RECEIVED DEC 29 1986 EPA

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.8		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	3.1		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	30.0		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith Gms

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 005 N DISCHARGE NUMBER

F - FINAL
STORMWATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	11	01	TO	86	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

RECEIVED DEC 29 1986 6W-EA

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT				NO DISCHARGE						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH/GENERAL MANAGER

TYPED OR PRINTED

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

L D Smith KMS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	12	23

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

MICROFILMED

CORRECTED

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

NAME EJ OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

DEC 31 1986

F - FINAL

STORMWATER RUNOFF

RECEIVED

DEC 30 1986

GW-EA

MAJOR

NOTE: Read instructions before completing this form.

PERMIT NUMBER (1-14)	DISCHARGE NUMBER (17-19)
TX0004201	004 N

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	01	TO	86	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.0	******	10.8			DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	3.3		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	28.8		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MGR.

TYPED OR PRINTED

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

L D Smith
pres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	11	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

DEC 31 1986

Save

RECEIVED
DEC 29 1986
6W-EA

Fina Oil and Chemical Company
Post Office Box 849
Port Arthur, Texas 77640

December 23, 1986

Mr. Terry D. Lane
Enforcement Branch (6W-EAT)
U. S. Environmental Protection Agency
Region VI
1201 Elm Street
Dallas, Texas 75270

Dear Mr. Lane:

Re: NPDES PERMIT NO. TX0004201

Attached, you will find a corrected copy of the Discharge Monitoring Report for October, 1986, covering Outfall 004. Please excuse the omission of the minimum pH in the original report.

Sincerely,

Michael P. Pitre
Environmental Specialist

MPP:cf

Attachment

cc: Mr. L. Soward

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CHAS
Date Filed
Clerk's Initls.

MICROFILMED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME FINA OIL & CHEMICAL COMPANY
ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY
LOCATION
ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER
(17-19) 001 N DISCHARGE NUMBER

F - FINAL
STORMWATER GUNDER

RECEIVED
DEC 8 1986

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	01	TO	86	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOV 28 1986

NOTE: Read instructions before completing this form.

6W-EA

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.5	******	8.1		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***** *****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	8.9		0	DAILY	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***** *****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	39.2		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***** *****	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO Mat'l
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
8 - Date Filed
9 - Clerk's Inits.
1/8/87

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: L. D. SMITH, GENERAL MGR

TYPED OR PRINTED

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

L D Smith
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 409, NUMBER 962-4421

DATE: YEAR 86, MO 11, DAY 25

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

(2-16) TX0004201 PERMIT NUMBER

(17-19) 002 N DISCHARGE NUMBER

F - FINAL
NONCONTACT COOLING WATER

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
86	10	01	86	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR

RECEIVED NOV 28 1986 6W-EA

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.8	******	8.3		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	1.12	2.4		0	2/7	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	7.97	11.8		0	2/7	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. SMITH
GENERAL MGR.

TYPED OR PRINTED

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

L D Smith
Kmd

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	11	25

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849
PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) TX0004201 PERMIT NUMBER

(17-19) 004 N DISCHARGE NUMBER

F - FINAL
STORMWATER RUNOFF

RECEIVED
MAY 20 1986
6W-LA

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
86	04	01	86	04	30

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		8.4	******	8.5		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	1.2		0	DAILY	GI
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******	18.6		0	DAILY	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	75 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. Smith
General Manager

TYPED OR PRINTED

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

L D Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	86	05	14

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

MICROFILMED

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

NAME FINA OIL & CHEMICAL COMPANY

ADDRESS P.O. BOX 849

PORT ARTHUR TX 77640

FACILITY

LOCATION

ATTN: JAMES MAHON, ENV. COORD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
TX0004201	005 N

F - FINAL

STORMWATER

RECEIVED

MAY 20 1986

6W-EA

MAJOR

NOTE: Read instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	04	01	TO	86	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 INST MX	MG/L		DAILY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******		******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	55 INST MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT			NO DISCHARGE							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L. D. Smith
General Manager

TYPED OR PRINTED

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

L D Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	86	05	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL AND CHEMICAL COMPANY
ADDRE MICHAEL P. PITRE ENVIR. SPECIALIST
P O BOX 849
PORT ARTHUR TX 77640
FACILITY FINA OIL AND CHEMICAL COMPANY (REFINERY)
LOCATION PORT ARTHUR, TEXAS 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: TX0004201
(17-19) DISCHARGE NUMBER: 003 N

M - INTERIM LIMITS
TREATED PROCESS WW & SW

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	03	01	TO	86	04	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	149.1	355.2		******	******	******	******	0	3/Week	Comp24
00310 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
PH	SAMPLE MEASUREMENT	******	******	******	7.2	******	8.7		0	Daily	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	109.1	440.3		******	******	******	******	0	Three/Week	Comp24
00530 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	45.9	152.9		******	******	******	******	0	Three/Week	Grab
00556 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	42.1	225.2		******	******	******	******	0	Three/Week	Comp24
00610 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	583.4	1488.6		******	******	******	******	0	Three/Week	Comp24
00680 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S)	SAMPLE MEASUREMENT	1.13	2.55		******	******	******	******	0	Three/Week	Grab
00745 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Refinery Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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

TELEPHONE		DATE		
409	962-4421	86	04	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL AND CHEMICAL COMPANY
ADDRESS MICHAEL P. PITRE ENVR. SPECIALIST
P O BOX 849
PORT ARTHUR TX 77640
FACILITY FINA OIL AND CHEMICAL COMPANY (REFINERY)
LOCATION PORT ARTHUR, TEXAS 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: TX0004201

(17-19) DISCHARGE NUMBER: 005 N

F — FINAL LIMITS
STORMWATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	03	01	TO	86	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/DISCH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/DISCH	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	25 DAILY MX	MG/L		ONCE/DISCH	GRAB
	SAMPLE MEASUREMENT			NO DISCHARGE							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Refinery Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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

TELEPHONE		DATE		
409	962-4421	86	04	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL AND CHEMICAL COMPANY
ADDRESS MICHAEL P. PITRE ENVIR. SPECIALIST
P O BOX 849
PORT ARTHUR TX 77640
FACILITY FINA OIL AND CHEMICAL COMPANY (REFINERY)
LOCATION PORT ARTHUR, TEXAS 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-28-84

(2-16) TX0004201 PERMIT NUMBER

(17-19) 004 N DISCHARGE NUMBER

F - FINAL LIMITS
STORMWATER RUNOFF

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	03	01	TO	86	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.1	******	7.4		0	Once/ Dischg	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ DISCHG	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******	10.3		0	Once/ Dischg	Grab
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	57.5		0	Once/ Dischg	Grab
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	75 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
K. M. Suiter
Refinery Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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

TELEPHONE: AREA CODE 409 NUMBER 962-4421

DATE: YEAR 86 MO 04 DAY 21

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

MICROFILMED

PAGE 1 OF 1

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

NAME FINA OIL AND CHEMICAL COMPANY
ADDRESS MICHAEL P. PITRE ENVIR. SPECIALIST
P O BOX 649
PORT ARTHUR TX 77640
FACILITY FINA OIL AND CHEMICAL COMPANY (REFINERY)
LOCATION PORT ARTHUR, TEXAS 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: TX0004201
(17-19) DISCHARGE NUMBER: 003 N

M - INTERIM LIMITS
TREATED PROCESS WW & SW

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	03	01	TO	86	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A		******	******	******	******		N/A	N/A
	PERMIT REQUIREMENT	0.44 (840801-840831)	1.0	LBS/DY	****** (PERIOD: 840801-840831)	******	******	******		THREE/WEEK	COMP24
CHROMIUM, HEXAVALENT (AS CR) 01032 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.08	0.12		******	******	******	******	0	Three/Week	C 24
	PERMIT REQUIREMENT	0.6 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR) 01034 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.60	1.69		******	******	******	******	0	Three/Week	Comp24
	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE 32730 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.73	1.54		******	******	******	******	0	Three/Week	Grab
	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.808	2.784		******	******	******	******	0	Continuous	Recordr
	PERMIT REQUIREMENT	****** 30DA AVG	****** DAILY MX	MGD	******	******	******	******		CONTINUOUS	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Refinery Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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

TELEPHONE		DATE		
409	962-4421	86	04	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

RECEIVED APR 25 1984

MICROFILMED

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

NAME FINA OIL AND CHEMICAL COMPANY
ADDRES MICHAEL P. PITRE ENVIR. SPECIALIST
P O BOX 849
PORT ARTHUR TX 77640
FACILITY FINA OIL AND CHEMICAL COMPANY (REFINERY)
LOCATIOI PORT ARTHUR, TEXAS 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

F - FINAL LIMITS
STORMWATER RUNOFF

RECEIVED APR 25 1986 SWDA

MAY 1 1986

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	03	01	TO	86	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.3	******	8.2		0	Once/ Disch	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ DISCHG	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******	23.2		1	Once/ Dischg	G
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	26.9		0	Once/ Dischg	Grab
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	55 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Mo. Sum. Log
5 - NCR
6 - Correspondence
7 - Case Filed
Black's Files

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
K. M. Suiter Refinery 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 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	409	962-4421	86	04	21
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME FINA OIL AND CHEMICAL COMPANY
ADDRES MICHAEL P. PITRE ENVIR. SPECIALIST
P O BOX 849
PORT ARTHUR TX 77640
FACILITY FINA OIL AND CHEMICAL COMPANY (REFINERY)
LOCATION PORT ARTHUR, TEXAS 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 PERMIT NUMBER

(17-19) 002 N DISCHARGE NUMBER

F - FINAL LIMITS
NONCONTACT COOLING WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	03	01	TO	86	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	7.2	******	8.9	SU	0	Daily	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM			DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	0.83	2.2	MG/L	0	2/Week	G
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	10 DAILY AV	15 DAILY MX			TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	17.33	29.9	MG/L	0	2/Week	Grab
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	55 DAILY AV	75 DAILY MX			TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Refinery Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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

TELEPHONE		DATE		
409	962-4421	86	04	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

MICROFILMED

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

NAME AMERICAN PETROFINA COMPANY

ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640

FACILITY AMERICAN PETROFINA CO OF TEXAS

LOCATION PORT ARTHUR TX 77640

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

(1) Terry Lane

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

F - FINAL LIMITS
STORMWATER RUNOFF

TL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.4	******	8.5	SU	0	ONCE/DISCHG	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM			ONCE/DISCHG	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******	5	MG/L	0	ONCE/DISCHG.	G
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX			ONCE/DISCHG	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	114	MG/L	4	ONCE/DISCHG	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	55 DAILY MX			ONCE/DISCHG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. SUITER
PLANT MANAGER

TYPED OR PRINTED

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

K M Suiter

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	03	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

9 APR ENT'D

SEE ATTACHED COVERLETTER

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(1) Terry Lane

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 — PERMIT NUMBER
(17-19) 002 N — DISCHARGE NUMBER

F - FINAL LIMITS
NONCONTACT COOLING WATER

RECEIVED MAR 20 1985 6W-EQ

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.3	******	8.6	SU	0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM			DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	1	2	MG/L	0	TWICE/WEEK	G
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	10 DAILY AV	15 DAILY MX			TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	34	60	MG/L	0	TWICE/WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	55 DAILY AV	75 DAILY MX			TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
K. M. SUITER
PLANT MANAGER
TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	03	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

9 APR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(1) Terry Lane

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM LIMITS
TREATED PROCESS WW & SW

RECEIVED MAR 20 1985 6W-EA

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	446	1008	LBS/DY	******	******	******	******	0	THREE/WEEK	COMP 24
	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	******	5.7	******	8.5	SU	1	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM			DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	672	1467	LBS/DY	******	******	******	******	0	THREE/WEEK	COMP 24
	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	83	209	LBS/DY	******	******	******	******	0	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX		******	******	******	******		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1429	2214	LBS/DY	******	******	******	******	14	FIFTEEN MONTH	COMP24
	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1702	3150	LBS/DY	******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S) 00745 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.9	5.3	LBS/DY	******	******	******	******	0	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX		******	******	******	******		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. SUITER
PLANT MANAGER

TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	03	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

9 APR ENT'D

SEE ATTACHED COVER LETTER

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

NAME AMERICAN PETROFINA COMPANY

ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640

FACILITY AMERICAN PETROFINA CO OF TEXAS

LOCATION PORT ARTHUR TX 77640

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

(1) Terry Lard

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 — PERMIT NUMBER

(17-19) 003 N — DISCHARGE NUMBER

M - INTERIM LIMITS
TREATED PROCESS WW & SW

RECEIVED
MAR 29 1985
SW-EA

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NOT APPLICABLE			******	******	******	******			
	PERMIT REQUIREMENT	0.44 (840801-840831)	1.0	LBS/DY	******	****** (PERIOD: 840801-840831)	******	******		THREE/WEEK	COMP24
CHROMIUM, HEXAVALENT (AS CR) 01032 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	1.6		******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR) 01034 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3	4		******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE 32730 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	8		******	******	******	******	0	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.24	2.65		******	******	******	******	-	CONTINUOUS	RCORDR
	PERMIT REQUIREMENT	****** 30DA AVG	****** DAILY MX	MGD	******	******	******	******		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. SUITER
PLANT MANAGER

TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	03	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

9 APR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) TX0004201 — PERMIT NUMBER
(17-19) 004 N — DISCHARGE NUMBER

F - FINAL LIMITS
STORMWATER RUNOFF

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED 6W-EA

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	02	01	TO	85	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.8		0	ONCE/ DISCHG	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ DISCHG	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******	4		0	ONCE/ DISCHG.	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	61		0	ONCE/ DISCHG	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	75 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
K. M. SUITER 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.)*	K. M. Suiter SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409	962-4421	85	03	15
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

9 APR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) PERMIT NUMBER: TX0004201
(17-19) DISCHARGE NUMBER: 005 N

F — FINAL LIMITS
STORMWATER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED MAR 20 1985 6W-EA

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
85	02	01	85	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/DISCHG	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/DISCHG	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	55 DAILY MX	MG/L		ONCE/DISCHG	GRAB
	SAMPLE MEASUREMENT	NO DISCHARGE FOR MONTH OF FEBRUARY, 1985									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. SUITER
PLANT MANAGER

TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
409	962-4421	85	03	15

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

9 APR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 PERMIT NUMBER
(17-19) 001 N DISCHARGE NUMBER

F - FINAL LIMITS
STORMWATER RUNOFF

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.6	******	9.3		1	ONCE/ DISCH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ DISCHG	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******	4		0	ONCE/ DISCH	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	166		6	ONCE/ DISCH.	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	55 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
K. M. Suiter 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.*)	K M Suiter SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409 962-4421 AREA CODE NUMBER	85 02 25 YEAR MO DAY		
TYPED OR PRINTED						

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

13 MAR ENT'D

SEE ATTACHED COVER LETTER

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) TX0004201 — PERMIT NUMBER
(17-19) 002 N — DISCHARGE NUMBER

F - FINAL LIMITS
NONCONTACT COOLING WATER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

6W-EA

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.9	SU	0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM			DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	1	3	MG/L	0	TWICE/WEEK	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	10 DAILY AV	15 DAILY MX			TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	33	54	MG/L	0	TWICE/WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	55 DAILY AV	75 DAILY MX			TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
K. M. Suiter
Plant Manager
TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	02	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM LIMITS
TREATED PROCESS WW & SW

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

6W EA

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	260	578	LBS/DY	******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	******	6.6	******	8.3	SU	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM			DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	255	673	LBS/DY	******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	47	127	LBS/DY	******	******	******	******	0	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX		******	******	******	******		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	566	1218	LBS/DY	******	******	******	******	13	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	960	2536	LBS/DY	******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX		******	******	******	******		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S) 00745 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.9	5.8	LBS/DY	******	******	******	******	0	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX		******	******	******	******		THREE/WEEK	GRAB

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
K. M. Suiter 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.*)	K. M. Suiter SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409	962-4421	85	01	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

SEE ATTACHED COVER LETTER

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) PERMIT NUMBER: TX0004201
(17-19) DISCHARGE NUMBER: 003 N

M - INTERIM LIMITS
TREATED PROCESS WW & SW

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED
FEB 28 1985
6W-EA

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NOT APPLICABLE			******	******	******	******			
	PERMIT REQUIREMENT	0.44 (840801-840831)	1.0	LBS/DY	******	****** (PERIOD: 840801-840831)	******	******		THREE/WEEK	COMP24
CHROMIUM, HEXAVALENT (AS CR) 01032 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.2	0.4		******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	0.8 DAILY AV	1.6 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR) 01034 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2	7		******	******	******	******	0	THREE/WEEK	COMP24
	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE 32730 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.4	5.9		******	******	******	******	0	THREE/WEEK	GRAB
	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.11	2.71		******	******	******	******		CONTINUOUS	RCRDR
	PERMIT REQUIREMENT	****** 30DA AVG	****** DAILY MX	MGD	******	******	******	******		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
K. M. Suiter 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.*)	K M Suiter SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409 (AREA CODE)	962-4421 (NUMBER)	85 (YEAR)	02 (MO)	25 (DAY)
TYPED OR PRINTED						

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

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) TX0004201 PERMIT NUMBER

(17-19) 004 N DISCHARGE NUMBER

F - FINAL LIMITS
STORMWATER RUNOFF

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.2		0	ONCE/ DISCH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ DISCH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******	2		0	ONCE/ DISCH	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/ DISCH	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	45		0	ONCE/ DISCH	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	75 DAILY MX	MG/L		ONCE/ DISCH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Plant Manager

TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	02	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) PERMIT NUMBER: TX0004201
(17-19) DISCHARGE NUMBER: 005 N

F — FINAL LIMITS
STORMWATER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/DISCH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/DISCH	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	55 DAILY MX	MG/L		ONCE/DISCH	GRAB
	SAMPLE MEASUREMENT	NO DISCHARGE FOR MONTH OF JANUARY, 1985									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Plant Manager

TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	01	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

13 MAR ENT'D

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
09/86	10/28/86	004	no violation				none	tdl		11/19/86	
DMR	(11/14/86)	005	no discharge				"	"		"	
continued											
10/86	11/28/86	001	no violation				none	tdl		12/08/86	
DMR	(12/08/86)	002	"	"			"	"		"	
"	"	003	BOD_5 max	1475.4 lbs	1460 lbs		see NCR	"		"	
"	"	"	O&G max	537.2 lbs	490 lbs		"	"		"	
"	"	004	pH min	not	6.0 su		WE-11	"	12/08/86	12/15/86	DMR recd 12/29/86
"	"	"	pH max	10.8 su	9.0 su		see NCR	"		12/08/86	
"	"	005	no discharge				none	"		"	
12/01/86	12/10/86	003	O&G max	1871.4 lbs	490 lbs		letter	Ramesh		12/29/86	
NCR	(12/11/86)										
10/86	12/29/86	004	no further violation				none	tdl		12/31/86	
DMR	(12/31/86)										
revision											

MICROFILMED

1

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
10/03/86 NCR	10/14/86	003	BOD_5 max	1475.4 lbs	1460 lbs		letter	Ramesh		12/29/86	
							* telecon	Burrell		10/21/86	samples not
							letter	..		10/27/86	collected at
											001 for 07 & 08/86
10/19/86 NCR	10/28/86	004	pH max	10.8 su	6.0 su		letter	Ramesh		12/29/86	
10/29/86 NCR	11/05/86	003	O&G max	537.2 lbs	490 lbs		letter	Ramesh		12/29/86	
09/86	10/28/86	001	no violation				none	tdl		11/19/86	
DMR	(11/14/86)	002	pH min	3.2 su	6.0 su		see NCR	..		..	
..	..	003	BOD_5 avg	2931.7 lbs	810 lbs	11/19/86	WE-11	Ramesh	12/19/86	12/29/86	URAC
..	..	..	BOD_5 max	4534.9 lbs	1460 lbs		see NCR	tdl		11/19/86	
..	..	..	TSS max	1754.7 lbs	1620 lbs		..	..		..	
..	..	..	O&G max	699.3 lbs	490 lbs		..	..		..	
..	..	..	NH_3-N avg	303.9 lbs	195 lbs		letter	Ramesh		12/29/86	
continued	..	..	NH_3-N max	547.8 lbs	390 lbs		see NCR	tdl		11/19/86	

NPDES VIOLATION SUMMARY

(✓) Major
( ) Minor
( ) 92-500

(✓) Non-Municipal
( ) Municipal
( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
09/03/86	09/18/86	003	BOD_5 max	1726.2 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
09/04/86	..	..	..	3254.9 lbs	..		..	..	..	..	
09/05/86	..	..	..	4534.9 lbs	..		letter	Ramesh		12/29/86	
09/09/86	..	..	NH_3-N max	492.2 lbs	390 lbs		WE-17	tdl	08/12/87	09/02/87	
NCR											
09/10/86	09/22/86	003	BOD_5 max	3753.2 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
09/11/86	..	..	..	3226.4 lbs	..		..	..	..	..	
09/12/86	..	..	..	2872.3 lbs	..		..	tdl	..	..	
NCR											
08/86	09/26/86	001	no data reported				WE-11	tdl	10/03/87	10/17/86	DMR N/A *
DMR	(10/01/86)	002	no violation				none	tdl			
..	..	003	..	..			..	..			
..	..	004	..	..			..	..			
..	..	005	no discharge				..	..			
09/24/86	10/06/86	003	BOD_5 max	2644.3 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
NCR											

1 - Permit/CD
2 - AO & AO mod
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Initials

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major
( ) Minor
( ) 92-500

(✓) Non-Municipal
( ) Municipal
( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
07/86	08/26/86	001	no data reported			09/16/86	WE-11	tdl	10/03/86	10/17/86	DMR N/A *
DMR	(09/03/86)	002	no violation				none	tdl		09/16/86	
"	"	003	"	"			"	"		"	
"	"	004	"	"			"	"		"	
"	"	005	no discharge				"	"		"	
09/02/86 NCR	09/10/86	003	NH_3-N max	461.6 lbs	390 lbs		WE-17	tdl	08/12/87	09/02/87	
09/05/86	09/12/86	003	O&G max	699.3 lbs	490 lbs		letter	Ramesh		12/29/86	
09/04/86	"	"	TSS max	1754.7 lbs	1620 lbs		letter	Ramesh		12/29/86	
NCR	"	"	NH_3-N max	547.8 lbs	390 lbs		"	"		"	
09/06/86 NCR	09/12/86	002	pH min	3.2 (su)	(6.0 su)		letter	Ramesh		12/29/86	

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Viol. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

tdl

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major
( ) Minor
( ) 92-500

(✓) Non-Municipal
( ) Municipal
( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
05/20/86 NCR	06/02/86	(003)	BOD_5 max	1663.4 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
06/05/86 Letter	06/10/86	re:	"Upsets"			06/30/86	none	Burrell		09/11/86	
05/86 DMR	06/27/86	001	no violation				none	tdl		08/06/86	
	(07/09/86)	002	"	"			"	"		"	
"	"	003	BOD_5 max	1825.8 lbs	1460 lbs		see NCR	"		"	
"	"	"	NH_3-N max	421.0 lbs	390 lbs		"	"		"	
"	"	004	no violation				none	"		"	
"	"	005	no discharge				"	"		"	
06/86 DMR	07/25/86	001	no violation			tdl	none	tdl		08/06/86	
	(07/30/86)	002	"	"			"	"		"	
"	"	003	"	"			"	"		"	
"	"	004	"	"			"	"		"	
"	"	005	no discharge				"	"		"	

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Summ. Ltr.
5 - NCR
6 - Correspondance
7 - CRAS
Date Filed
Clerk's Inits.

MICRO-FILMED

NPDES VIOLATION SUMMARY

(✓) Major
( ) Minor
( ) 92-500

(✓) Non-Municipal
( ) Municipal
( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
03/86	04/25/86	001	O&G max	23.2 mg/l	15 mg/l		see NCR	tdl		05/16/86	
DMR	(05/01/86)	002	no violation				none	"		"	
"	"	003	"	"				"		"	
"	"	004	"	"				"		"	
"	"	005	no discharge					"		"	
05/06/86	05/22/86	(003)	BOD_5 max	1825.8 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
05/13/86	"	(")	NH_3-N max	407.1 lbs	390 lbs		"	"	"	"	
NCR											
05/15/86	05/27/86	(003)	NH_3-N max	421 lbs	390 lbs		WE-17	tdl	08/12/87	09/02/87	
NCR											
04/86	05/20/86	001	no discharge				none	tdl		06/30/86	
DMR	(05/28/86)	002	no violation				"	"		"	
"	"	003	"	"			"	"		"	
"	"	004	"	"			"	"		"	
"	"	005	no discharge				"	"		"	

1 Permit/CD
2 AO & AO mail
3 DMR's
~~tdl~~ 4 Vio. Sum. Log
5 NCR
6 Correspondence
7 CRAS
Date Filed
Clerk's Inits.

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major
( ) Minor
( ) 92-500

(✓) Non-Municipal
( ) Municipal
( ) Federal

NPDES No. TX0004201

NAME & LOCATION American Petrofina Company of Texas Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
01/86	02/21/86	001	no violation				none	tdl		03/12/86	Not in file
DMR	"	002	"	"			"	"		"	" " "
"	"	003	"	"			"	"		"	" " "
"	"	004	"	"			"	"		"	" " "
"	"	005	no discharge					"		"	" " "
02/23/86 NCR	03/03/86	003	NH_3-N max	668.4 lbs	(390 lbs)		WE-17	tdl	08/12/87	09/02/87	
02/25/86 NCR	03/06/86	003	NH_3-N max	667.1 lbs	(390 lbs)		WE-17	tdl	08/12/87	09/02/87	
03/13/86 NCR	03/26/86	001	O&G max	23.2 mg/l	(15 mg/l)		WE-17	tdl	08/12/87	09/02/87	
02/86	03/28/86	001	no violation				none	tdl		04/08/86	Not in file
DMR	"	002	"	"			"	"		"	" " "
"	"	003	NH_3-N max	668.4 lbs	390 lbs		see NCR	"		"	" " "
"	"	004	no violation				none	"		"	" " "
"	"	005	no discharge				"	"		"	" " "

1 - Permit/CD
2 - AO & CO mail
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

MICROFILMED

Noncompliance Reports

MICROFILMED

L ①

TL

FINA

AMERICAN PETROFINA COMPANY OF TEXAS

POST OFFICE BOX 849 PORT ARTHUR, TEXAS 77640

TX-4201

July 10, 1985

Mr. Charles E. Nemir
Executive Director
Texas Department of Water Resources
Self-Reporting Section
P. O. Box 13087, Austin, Texas 78711

Dear Sir:

Re: Industrial Wastewater Permit No. 00491

Pursuant to Part II, A, 2 of the above-referenced permit, American Petrofina Company of Texas, Port Arthur Refinery hereby advises you of the noncompliant condition detailed below.

Location of Noncompliance: Outfall 003

Time and Date Observed: 10:00 a.m.; July 5, 1985

Description of Noncompliance:
7-4-85; Ammonia Nitrogen of 1,140 lb/day
7-7-85; Ammonia Nitrogen of 432 lb/day
7-9-85; Ammonia Nitrogen of 493 lb/day
Maximum permitted Ammonia Nitrogen of 390 lb/day.

Duration of Noncompliance: Three days.

Steps Taken to Eliminate Noncompliant Discharge and to Prevent Recurrence: Fina is continuing analytical and engineering work to develop and implement appropriate corrective actions.

Sincerely,

Burt L. St. Cyr
Environmental Specialist

BLS:am
cc: Mr. H. Boudreaux
Mr. T. Giesberg

FILMED

RECEIVED
JUL 15 1985
GWPA

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) TX0004201 PERMIT NUMBER
(17-19) 002 N DISCHARGE NUMBER

F - FINAL LIMITS
NONCONTACT COOLING WATER

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

6W-EA

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.9		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	1	3		0	TWICE/WEEK	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	10 DAILY AV	15 DAILY MX	MG/L		TWICE/WEEK	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	33	54		0	TWICE/WEEK	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	55 DAILY AV	75 DAILY MX	MG/L		TWICE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
K. M. Suiter 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.*)	K M Suiter SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409	962-4421	85	02	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) TX0004201 PERMIT NUMBER

(17-19) 003 N DISCHARGE NUMBER

M - INTERIM LIMITS
TREATED PROCESS WW & SW

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

OWEA

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	260	578		******	******	******	******	0	THREE/WEEK	COMP24
00310 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	810 DAILY AV	1460 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
	SAMPLE MEASUREMENT	******	******	******	6.6	******	8.3		0	DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	255	673		******	******	******	******	0	THREE/WEEK	COMP24
00530 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	970 DAILY AV	1620 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	47	127		******	******	******	******	0	THREE/WEEK	GRAB
00556 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	325 DAILY AV	490 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	566	1218		******	******	******	******	13	THREE/WEEK	COMP24
00610 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	195 DAILY AV	390 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	960	2536		******	******	******	******	0	THREE/WEEK	COMP24
00680 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2270 DAILY AV	4540 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
SULFIDE, TOTAL (AS S)	SAMPLE MEASUREMENT	1.9	5.8		******	******	******	******	0	THREE/WEEK	GRAB
00745 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.9 DAILY AV	9.8 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB

ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
K. M. Suiter 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.*)	K M Suiter SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409	962-4421	85	01	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

SEE ATTACHED COVER LETTER

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) PERMIT NUMBER: TX0004201
(17-19) DISCHARGE NUMBER: 003 N

M - INTERIM LIMITS
TREATED PROCESS WW & SW

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED
FEB 28 1985
6W-EA

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	NOT APPLICABLE			******	******	******	******			
01032 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.44 (840801-840831)	1.0	LBS/DY	****** (PERIOD: 840801-840831)	******	******	******		THREE/WEEK	COMP24
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	0.2	0.4		******	******	******	******	0	THREE/WEEK	COMP24
01032 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.5 DAILY AV	1.0 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	2	7		******	******	******	******	0	THREE/WEEK	COMP24
01034 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11 DAILY AV	22 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	COMP24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1.4	5.9		******	******	******	******	0	THREE/WEEK	GRAB
32730 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.0 DAILY AV	14.0 DAILY MX	LBS/DY	******	******	******	******		THREE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.11	2.71		******	******	******	******		CONTINUOUS	RCRDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****** 30DA AVG	****** DAILY MX	MGD	******	******	******	******		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
K. M. Suiter 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.*)	K M Suiter SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	409	962-4421	85	02	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

(2-16) PERMIT NUMBER: TX0004201

(17-19) DISCHARGE NUMBER: 004 N

F - FINAL LIMITS
STORMWATER RUNOFF

Form Approved
OMB No. 2040-0004
Expires 2-29-84

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.2		0	ONCE/DISCH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/DISCH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******	2		0	ONCE/DISCH	GRAB
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/DISCH	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******	45		0	ONCE/DISCH	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	75 DAILY MX	MG/L		ONCE/DISCH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Plant Manager

TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	02	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

13 MAR ENT'D

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

NAME AMERICAN PETROFINA COMPANY
ADDRESS BURT L ST CYR ENV CNTRL SPEC
P O BOX 849
PORT ARTHUR TX 77640
FACILITY AMERICAN PETROFINA CO OF TEXAS
LOCATION PORT ARTHUR TX 77640

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: TX0004201
(17-19) DISCHARGE NUMBER: 005 N

F — FINAL LIMITS
STORMWATER

RECEIVED
FEB 28 1985

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/DISCH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	******	******	******					
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/DISCH	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	55 DAILY MX	MG/L		ONCE/DISCH	GRAB
	SAMPLE MEASUREMENT	NO DISCHARGE FOR MONTH OF JANUARY, 1985									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

FILMED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

K. M. Suiter
Plant Manager

TYPED OR PRINTED

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

K M Suiter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
409	962-4421	85	01	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

13 MAR ENT'D

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
09/86	10/28/86	004	no violation				none	tdl		11/19/86	
DMR	(11/14/86)	005	no discharge				"	"		"	
continued											
10/86	11/28/86	001	no violation				none	tdl		12/08/86	
DMR	(12/08/86)	002	"	"			"	"		"	
"	"	003	BOD_5 max	1475.4 lbs	1460 lbs		see NCR	"		"	
"	"	"	O&G max	537.2 lbs	490 lbs		"	"		"	
"	"	004	pH min	not	6.0 su		WE-11	"	12/08/86	12/15/86	DMR recd 12/29/86
"	"	"	pH max	10.8 su	9.0 su		see NCR	"		12/08/86	
"	"	005	no discharge				none	"		"	
12/01/86	12/10/86	003	O&G max	1871.4 lbs	490 lbs		letter	Ramesh		12/29/86	
NCR	(12/11/86)										
10/86	12/29/86	004	no further violation				none	tdl		12/31/86	
DMR	(12/31/86)										
revision											

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
10/03/86 NCR	10/14/86	003	BOD_5 max	1475.4 lbs	1460 lbs		letter	Ramesh		12/29/86	
							* telecon	Burrell		10/21/86	samples not
							letter	..		10/27/86	collected at
											001 for 07 & 08/86
10/19/86 NCR	10/28/86	004	pH max	10.8 su	6.0 su		letter	Ramesh		12/29/86	
10/29/86 NCR	11/05/86	003	O&G max	537.2 lbs	490 lbs		letter	Ramesh		12/29/86	
09/86	10/28/86	001	no violation				none	~~tdl~~		11/19/86	
DMR	(11/14/86)	002	pH min	3.2 su	6.0 su		see NCR	..		..	
..	..	003	BOD_5 avg	2931.7 lbs	810 lbs	11/19/86	WE-11	Ramesh	12/19/86	12/29/86	URAC
..	..	..	BOD_5 max	4534.9 lbs	1460 lbs		see NCR	~~tdl~~		11/19/86	
..	..	..	TSS max	1754.7 lbs	1620 lbs		..	..		..	
..	..	..	O&G max	699.3 lbs	490 lbs		..	..		..	
..	..	..	NH_3-N avg	303.9 lbs	195 lbs		letter	Ramesh		12/29/86	
Continued	..	..	NH_3-N max	547.8 lbs	390 lbs		see NCR	~~tdl~~		11/19/86	

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
09/03/86	09/18/86	003	BOD_5 max	1726.2 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
09/04/86	"	"	"	3254.9 lbs	"		"	"	"	"	
09/05/86	"	"	"	4534.9 lbs	"		letter	Ramesh		12/29/86	
09/09/86	"	"	NH_3-N max	492.2 lbs	390 lbs		WE-17	tdl	08/12/87	09/02/87	
NCR											
09/10/86	09/22/86	003	BOD_5 max	3753.2 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
09/11/86	"	"	"	3226.4 lbs	"		"	"	"	"	
09/12/86	"	"	"	2872.3 lbs	"		"	tdl			
NCR											
08/86	09/26/86	001	no data reported				WE-11	tdl	10/03/87	10/17/86	DMR N/A *
DMR	(10/01/86)	002	no violation				none	tdl			
"	"	003	"	"			"	"			
"	"	004	"	"			"	"			
"	"	005	no discharge				"	"			
09/24/86	10/06/86	003	BOD_5 max	2644.3 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
NCR											

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Data Filed
Clerk's Initials

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
07/86	08/26/86	001	no data reported			09/16/86	WE-11	tdl	10/03/86	10/17/86	DMR N/A *
DMR	(09/03/86)	002	no violation				none	tdl		09/16/86	
"	"	003	"	"			"	"		"	
"	"	004	"	"			"	"		"	
"	"	005	no discharge				"	"		"	
09/02/86 NCR	09/10/86	003	NH_3-N max	461.6 lbs	390 lbs		WE-17	tdl	08/12/87	09/02/87	
09/05/86	09/12/86	003	O&G max	699.3 lbs	490 lbs		letter	Ramesh		12/29/86	
09/04/86	"	"	TSS max	1754.7 lbs	1620 lbs		letter	Ramesh		12/29/86	
NCR	"	"	NH_3-N max	547.8 lbs	390 lbs		"	"		"	
09/06/86 NCR	09/12/86	002	pH min	3.2 (su)	(6.0 su)		letter	Ramesh		12/29/86	

1 - Permit/CD
2 - AO & AO mod
3 - DMR's
tdl 4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Initials

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Sina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
05/20/86 NCR	06/02/86	(003)	BOD_5 max	1663.4 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
06/05/86 Letter	06/10/86	re:	"Upsets"			06/30/86	none	Burrell		09/11/86	
05/86 DMR	06/27/86 (07/09/86)	001	no violation				none	tdl		08/06/86	
..	..	002	..	..			..	..		..	
..	..	003	BOD_5 max	1825.8 lbs	1460 lbs		see NCR	..		..	
..	..	..	NH_3-N max	421.0 lbs	390 lbs		..	..		..	
..	..	004	no violation				none	..		..	
..	..	005	no discharge				..	..		..	
06/86 DMR	07/25/86 (07/30/86)	001	no violation			tdl	none	tdl		08/06/86	
		002	..	..			..	..		..	
..	..	003	..	..			..	..		..	
..	..	004	..	..			..	..		..	
..	..	005	no discharge				..	..		..	

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Summary
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major ( ) Minor ( ) 92-500

(✓) Non-Municipal ( ) Municipal ( ) Federal

NPDES No. TX0004201

NAME & LOCATION Fina Oil and Chemical Company Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
03/86	04/25/86	001	O&G max	23.2 mg/l	15 mg/l		see NCR	tdl		05/16/86	
DMR	(05/01/86)	002	no violation				none	"		"	
"	"	003	"	"				"		"	
"	"	004	"	"	~~tdl~~			"		"	
"	"	005	no discharge					"		"	
05/06/86	05/22/86	(003)	BOD_5 max	1825.8 lbs	1460 lbs		WE-17	tdl	08/12/87	09/02/87	
05/13/86	"	(")	NH_3-N max	407.1 lbs	390 lbs		"	"	"	"	
NCR											
05/15/86	05/27/86	(003)	NH_3-N max	421 lbs	390 lbs		WE-17	tdl	08/12/87	09/02/87	
NCR											
04/86	05/20/86	001	no discharge				none	tdl		06/30/86	
DMR	(05/28/86)	002	no violation				"	"		"	
"	"	003	"	"			"	"		"	
"	"	004	"	"			"	"		"	
"	"	005	no discharge				"	"		"	

1 Permit/CD
2 AO & AO mail
3 DMR's
4 Vio. Sum. Log
5 NCR
6 Correspondence
7 CRAS
Date Filed
Clerk's Inits.

MICROFILMED

NPDES VIOLATION SUMMARY

(✓) Major
( ) Minor
( ) 92-500

(✓) Non-Municipal
( ) Municipal
( ) Federal

NPDES No. TX0004201

NAME & LOCATION American Petrofina Company of Texas Port Arthur Refinery

Viol. Date & Doc. Type	Rec'd 6W-EA	TYPE OF VIOLATION: OUTFALL	PARAMETER	REPORTED	PERMIT LIMITS	DATE to 6W-EC	ACTION TAKEN	Originator	Letter Drafted	Action Cmpltd	AO 85-1005 (06/25/85) COMMENTS
01/86	02/21/86	001	no violation				none	tdl		03/12/86	Not in file
DMR	"	002	"	"			"	"		"	" " "
"	"	003	"	"			"	"		"	" " "
"	"	004	"	"			"	"		"	" " "
"	"	005	no discharge				"	"		"	" " "
02/23/86 NCR	03/03/86	003	NH_3-N max	668.4 lbs	(390 lbs)		WE-17	tdl	08/12/87	09/02/87	
02/25/86 NCR	03/06/86	003	NH_3-N max	667.1 lbs	(390 lbs)		WE-17	tdl	08/12/87	09/02/87	
03/13/86 NCR	03/26/86	001	O&G max	23.2 mg/l	(15 mg/l)		WE-17	tdl	08/12/87	09/02/87	
02/86	03/28/86	001	no violation				none	tdl		04/08/86	Not in file
DMR	"	002	"	"			"	"		"	" " "
"	"	003	NH_3-N max	668.4 lbs	390 lbs		see NCR	"		"	" " "
"	"	004	no violation				none	"		"	" " "
"	"	005	no discharge				"	"		"	" " "

1 - Permit/CD
2 - AO & AO mod
3 - DMR
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

MICROFILMED

Noncompliance Reports

MICROFILMED

L ①

72

FINA

AMERICAN PETROFINA COMPANY OF TEXAS

POST OFFICE BOX 849 PORT ARTHUR, TEXAS 77640

TX-4201

July 10, 1985

Mr. Charles E. Nemir
Executive Director
Texas Department of Water Resources
Self-Reporting Section
P. O. Box 13087, Austin, Texas 78711

Dear Sir:

Re: Industrial Wastewater Permit No. 00491

Pursuant to Part II, A, 2 of the above-referenced permit, American Petrofina Company of Texas, Port Arthur Refinery hereby advises you of the noncompliant condition detailed below.

Location of Noncompliance: Outfall 003

Time and Date Observed: 10:00 a.m.; July 5, 1985

Description of Noncompliance:
7-4-85; Ammonia Nitrogen of 1,140 lb/day
7-7-85; Ammonia Nitrogen of 432 lb/day
7-9-85; Ammonia Nitrogen of 493 lb/day
Maximum permitted Ammonia Nitrogen of 390 lb/day.

Duration of Noncompliance: Three days.

Steps Taken to Eliminate Noncompliant Discharge and to Prevent Recurrence: Fina is continuing analytical and engineering work to develop and implement appropriate corrective actions.

Sincerely,

Burt L. St. Cyr
Environmental Specialist

BLS:am
cc: Mr. H. Boudreaux
Mr. T. Giesberg

FILMED

RECEIVED
JUL 15 1985
6WQEA