



ARKANSAS  
Department of Environmental Quality

May 19, 2008

Mr. Greg Withrow, General Manager  
El Dorado Chemical Corporation  
4500 Northwest Ave.  
El Dorado, AR 71730

RE: Compliance Inspection

AFIN: 70-00040

NPDES Permit No.: AR0000752

Dear Mr. Withrow:

On April 22, 2008 I performed a routine compliance inspection of the El Dorado Chemical Corporation facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following:

1. The facility reported incorrect sample frequency on the January Discharge Monitoring Reports (DMRs) for Outfall 006 and 007. The facility reported one sample/month when the facility actually sampled twice.
2. The facility reported an incorrect Total Dissolved Solids (TDS) monthly average on January DMR for Outfall 006. The facility used an arithmetic average to calculate this average, when the permit requires a flow weighted average be used.
3. The facility reported an incorrect Ammonia Nitrogen monthly average and daily maximum on the January DMR for Outfall 007. This was due to placing the numbers in the wrong locations on the DMR.
4. The facility reported TDS excursions Outfall 006 and 007 on the January 2008 DMR and submitted a Non Compliance Report (NCR) as required. However, the NCR had the incorrect concentrations listed for monthly average and daily maximum for both outfalls.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department at the following address:

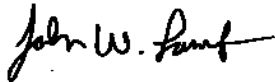
Water Division Enforcement Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

This response should contain detailed documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by June 9, 2008.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at 870-862-0680.

Sincerely,

A handwritten signature in black ink that reads "John W. Lamb". The signature is written in a cursive style with a long horizontal stroke at the end.

John W. Lamb  
District 8 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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Section A: National Data System Coding																													
Transaction Code			NPDES								Yr/Mo/Day				Inspec. Type		Inspector		Fac. Type										
1	N	2	5	3	A	R	0	0	0	0	7	5	2	11	12	0	8	0	4	2	2	17	18	C	19	S	20	2	
Remarks																													
A F I N 7 0 - 0 0 0 4 0 U N I O N C O U N T Y																													
Inspection Work Days				Facility Evaluation Rating				BI		QA		Reserved																	
67				69	70	3	71	N	72	N	73		74	75															80

Section B: Facility Data					
Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>El Dorado Chemical Corporation</b> 4500 Northwest Ave. El Dorado, AR 71730	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>13:35/04/22/08</b></td> <td style="width:50%;">Permit Effective Date <b>01 July 2002</b></td> </tr> <tr> <td>Exit Time/Date <b>16:35/04/22/08</b></td> <td>Permit Expiration Date <b>30 June 2007</b></td> </tr> </table>	Entry Time/Date <b>13:35/04/22/08</b>	Permit Effective Date <b>01 July 2002</b>	Exit Time/Date <b>16:35/04/22/08</b>	Permit Expiration Date <b>30 June 2007</b>
Entry Time/Date <b>13:35/04/22/08</b>	Permit Effective Date <b>01 July 2002</b>				
Exit Time/Date <b>16:35/04/22/08</b>	Permit Expiration Date <b>30 June 2007</b>				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Brent Parker/Environmental Coordinator/870-862-1400</b>	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Greg Withrow, General Manager/870-862-1400</b> El Dorado Chemical Corporation 4500 Northwest Ave. El Dorado, AR 71730	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

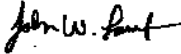
Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
U	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	S	Storm Water		Other:

**Section D: Summary of Findings/Comments (Attach additional sheets if necessary)**

Section B, item 1: The facility records were not consistent to the data submitted on the DMRs. The facility reported incorrect sampling frequency on the January DMR for Outfall 006 and 007. The facility reported a sample frequency of 1/month when the facility actually sampled 2/month (except for Zn). The facility reported incorrect number for Monthly Average for Outfall 006. The facility used an arithmetic mean in calculation of the monthly average and not a flow weighted average.

The facility reported an incorrect Ammonia Nitrogen monthly average and daily maximum on the January 2008 DMR for Outfall 007. The numbers were transposed in the wrong spots on the DMR.

The facility reported TDS excursion in January 2008 for Outfall 006 and Outfall 007 for both daily max and monthly average. The facility also reported a Zinc excursion for Outfall 007. The facility submitted a Non-Compliance Report (NCR) for these excursions. However, the NCR had incorrect concentrations for TDS for monthly average and daily maximum for TDS.

Name(s) and Signature(s) of Inspector(s)  John W. Lamb	Agency/Office/Telephone/Fax Arkansas Department of Environmental Quality 3400 West. Hillsboro, El Dorado, AR 71730 870-862-0680/ Fax 870-862-3509	Date <b>19 May 2008</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NE

## DETAILS:

- |  |  |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:                            | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

S M U NA NEDETAILS: see page 1

- |  |   |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:                         | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:                                  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| f. RESULTS OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| g. DATES AND TIMES OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:                | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:       | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NE

## DETAILS:

- |   |   |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:                             | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:                               | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>parhsall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Analytical-BioAnalytical</u>	
b. LAB ADDRESS: <u>110701 I-30, Little Rock, AR, Doyline La</u>	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Slight	None	None	Lt green	
002,006 007	No discharge						
003	None	None	None	None	None	colorless	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):	

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___	
3. SAMPLES PRESERVED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE: <u>May 23, 2007</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

## FLOW CALCULATION SHEET

Date: **22 April 2008**      Time: **14:12**

Head in Inches: **8.3**      Feet: **0.69**

Type & Size of Primary Flow Measurement Device:  
**12" Parshall Flume**

Name & Model of Secondary Flow Measurement Device:  
**Isco 4210 Ultra Sonic**

Date of last Calibration of Secondary Flow Device: **December 2007**

Recorded Flow at Date & Time Listed Above: **1.48 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1.470 MGD**  
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	1.48	-	1.47	X 100	
	1.47				

% Error =		X 100	

% Error =		X 100	

% Error =	<b>0.68</b>	%	

Comments:

**DMR Calculation Check**

**Reporting Period:** From 2008 Jan 01 To 2008 Jan 31  
Year Month Day Year Month Day

**Parameter Checked:** TDS Outfall  
006

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>		<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>		<b>700</b>		<b>740</b>
<b>Calculated Value:</b>		<b>714</b>		<b>740</b>
<b>Permit Value:</b>		<b>291</b>		<b>436.5</b>

**If calculated value does not equal reported value, explain:** Not equal.

**The facility was using a arithmetic average not a Flow weighted average.**

	<b>Conc</b>	<b>x</b>	<b>Flow</b>		<b>= Weighted factor</b>
<b>Sample 1</b>	<b>660 mg/L</b>	<b>x</b>	<b>0.073</b>	<b>=</b>	<b>48.18</b>
<b>Sample 2</b>	<b>740 mg/L</b>	<b>x</b>	<b>0.1512</b>	<b>=</b>	<b>111.89</b>
<b>Sum of flow = 0.2242</b>		<b>Sum of factor</b>		<b>=</b>	<b>160.07</b>

**160.07/0.2242 = 713.96 rounded to 714 mg/L**





CHEMICAL COMPANY

May 27, 2008

Arkansas Department of Environmental Quality  
NPDES Enforcement Section  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

RE: NPDES Permit AR0000752 Discharge Monitoring Report for period ending January 31, 2008

Enclosed you will find the corrected Discharge Monitoring Report forms for period ending January 31, 2008. On April 22, 2008, John Lamb with the ADEQ performed a routine inspection at the El Dorado Chemical company facility. His inspection revealed the following:

1. The facility reported incorrect sample frequency on the January 08 DMR for outfalls 006 and 007.

**Corrective Action Taken:** The January 2008 DMR has been corrected to demonstrate compliance with the accurate sampling frequency.

2. The facility reported an incorrect Total Dissolved Solid monthly average on the January DMR for outfall 006. The facility used an arithmetic average to calculate the average, when the permit requires a flow weighted average be used.

**Corrective Action Taken:** The Total Dissolved Solid averages were recalculated using a flow weighted average calculation and corrected the January 08 DMR. EDCC has also put a policy in place to insure that these averages are calculated according to flow in the future.

3. The facility reported an incorrect Ammonia Nitrogen monthly average and daily maximum on the January 2008 DMR for Outfall 007. This was due to placing the numbers in the wrong locations on the DMR.

**Corrective Action Taken:** The January 08 DMR has been corrected and is being submitted with this correspondence.



**CHEMICAL COMPANY**

4. The facility reported TDS excursions on Outfall 006 and 007 in the January 2008 DMR and submitted a Non Compliance Report (NCR) as required. However, the NCR had the incorrect concentrations listed for monthly average and daily maximum for both outfalls.

**Corrective Action Taken:** The January 08 DMR has been corrected and is being submitted with this correspondence.

If you have any questions regarding this report, please contact David Sartain at (870) 863-1484.

Sincerely,

A handwritten signature in cursive script that reads "David Sartain". The ink is black and the signature is written in a fluid, connected style.

David Sartain  
Environmental Technician

Enclosures

# NON-COMPLIANCE REPORT

Facility Name: El Dorado Chemical Company

Permit Number: AR0000752

AFIN:

70-00040

Month / Year: Jan-08

Type of Violation	Permit Limit	Date of Violation	Cause of Violation	Corrective Action or Other Narrative
Outfall 006/ TDS Monthly Average and Daily Max Limit (714 mg/L avg. and 740 mg/L max)	291 mg/L Monthly Average and 436.5 mg/L Daily Max	01/01/08 - 01/31/08	EDCC has determined that the cause of the high levels was the old limestone that was in the ditch lines leading to outfalls 006 and 007. This limestone was put into place several years ago. We had the limestone tested by an independent lab and it tested positive for metals.	EDCC started August 20, 2007, removing the old limestone from the ditch lines and placing it in another area of the plant so the stormwater outfalls will not be affected by it. We are re-lining both outfalls 006 and 007 ditches with a granite based rock. We will continue to monitor this outfalls very close.
Outfall 007/ Zinc Monthly Average (230 ug/L)	115.62 ug/L Monthly Average	01/01/08 - 01/31/08		
Outfall 007/ TDS Monthly Average and Daily Max Limit (910 mg/L max. and 779 mg/L avg.)	291 mg/L Monthly Average and 436.5 mg/L Daily Max	01/01/08 - 01/31/08		
<p>I CERTIFY THAT UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C 1001 AND 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)</p>				<p style="text-align: center;"><i>David Astair</i> 5-27-08</p> <p>Signature / Date</p>