



CHEMICAL COMPANY

September 23, 2014

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

RE: NPDES Permit AR0000752 Discharge Monitoring Report for period ending August 31, 2014.

Enclosed you will find the Discharge Monitoring Reports ending August 31, 2014. The DMR's for Outfall 010-A were entered on the blank DMR forms provided by Amy Schluterman, ADEQ Water Enforcement.

If you have any questions regarding this report, please contact David Sartain at (870) 863-1400.

Sincerely,

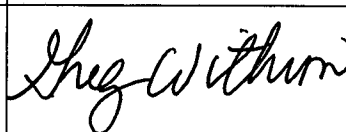
A handwritten signature in cursive script that reads "Greg Withrow".

Greg Withrow  
General Manager

Enclosures

# NON-COMPLIANCE REPORT

**Facility Name:** El Dorado Chemical Company  
**Permit Number:** AR0000752      **AFIN:** 70-00040  
**Month / Year:** Aug-14

Type of Violation	Permit Limit	Date of Violation	Cause of Violation	Corrective Action or Other Narrative
Outfall 006 / Zinc Monthly Average (380 ug/L)	115.62 ug/L Monthly Average	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 / Zinc Daily Max (380 ug/L)	231.99 ug/L Daily Max	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 / Lead Monthly Average (20 ug/L)	3.8 ug/L Monthly Average	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 / Lead Daily Max (20.0 ug/L)	7.62 ug/L Daily Max.	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 / TDS Daily Max (490 mg/L)	436.5 mg/L Daily Max	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 / TDS Monthly Average (490 mg/L)	291 mg/L Monthly Average	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 007 / Zinc Monthly Average (180 ug/L)	115.62 ug/L Monthly Average	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 007 in an effort to promote vegetative cover.
Outfall 007 / TDS Daily Max (600 mg/L)	436.5 mg/L Daily Max	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 007 in an effort to promote vegetative cover.
Outfall 007 / TDS Monthly Average (600 mg/L)	291 mg/L Monthly Average	8/1/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 007 in an effort to promote vegetative cover.
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.)				<div style="text-align: right;">                       Signature / Date 9/23/14                 </div>

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

NAME El Dorado Chemical Co.

ADDRESS P.O. Box 231

El Dorado, AR 717310231

El Dorado Chemical Co.

FACILITY 4500 Northwest Ave

LOCATION El Dorado, AR 71730

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

Form Approved.  
OMB No. 2040-0004

AR0000752  
PERMIT NUMBER

010-A  
DISCHARGE NUMBER

010-MONTHLY-PROCESS WASTEWATER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	08	01	14	08	31

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	1.96	1.96	MGD	-----	-----	-----	-----	0	once/day	tot. meter
	PERMIT REQUIREMENT	Reg. Mon Mo Avg	Reg. Mon Daily Max		-----	-----	-----			once/day	tot. meter
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	36.78	57.23	lb/day	N/A	N/A	N/A	-----	0	once/day	24 hr comp
	PERMIT REQUIREMENT	76.4 mo avg	117.1 daily max		N/A	N/A	N/A			once/day	24 hr comp
Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	212.46	376.32	lb/day	N/A	N/A	N/A	-----	0	once/day	24 hr comp
	PERMIT REQUIREMENT	500.4 mo avg	750.6 daily max		N/A	N/A	N/A			once/day	24 hr comp
Ammonia-Nitrogen (NH3-N)	SAMPLE MEASUREMENT	10.72	21.27	lb/day	N/A	N/A	N/A	-----	0	once/day	24 hr comp
	PERMIT REQUIREMENT	265.2 mo avg	605 daily max		N/A	N/A	N/A			once/day	24 hr comp
Nitrate Nitrogen as N	SAMPLE MEASUREMENT	193.78	228.99	lb/day	N/A	N/A	N/A	-----	0	three/week	24 hr comp
	PERMIT REQUIREMENT	405.02 mo avg	1153.73 daily max		N/A	N/A	N/A			three/week	24 hr comp
Oil and Grease (O&G)	SAMPLE MEASUREMENT	87.52	127.54	lb/day	N/A	N/A	N/A	-----	0	two/week	grab
	PERMIT REQUIREMENT	mo avg	daily max		N/A	N/A	N/A			two/week	grab
Dissolved Oxygen (DO)	SAMPLE MEASUREMENT	N/A	N/A	-----	7.12	N/A	N/A	mg/L	0	once/day	grab
	PERMIT REQUIREMENT	N/A	N/A		Report minimum	N/A	N/A			once/day	grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Greg Withrow-General Manager  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

*Greg Withrow*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 870 863-1400  
DATE 14 09 23  
AREA CODE NUMBER YEAR MO DAY

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

American Interplex 501-224-5060

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

NAME El Dorado Chemical Co.

ADDRESS P.O. Box 231

El Dorado, AR 717310231

FACILITY El Dorado Chemical Co.

LOCATION 4500 Northwest Ave

El Dorado, AR 71730

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

AR0000752  
PERMIT NUMBER

010-A  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004

010-MONTHLY-PROCESS WASTEWATER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	08	01	14	08	31

FROM

TO

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Dissolved Solids (TDS)	SAMPLE MEASUREMENT	N/A	N/A	-----	N/A	238.75	310.0	mg/L	0	two/week	grab
	PERMIT REQUIREMENT	N/A	N/A		N/A	Report mo avg	Report daily max			two/week	grab
Sulfates	SAMPLE MEASUREMENT	N/A	N/A	-----	N/A	36.75	40.0	mg/L	0	two/week	grab
	PERMIT REQUIREMENT	N/A	N/A		N/A	Report mo avg	Report daily max			two/week	grab
Chlorides	SAMPLE MEASUREMENT	N/A	N/A	-----	N/A	17.75	18.0	mg/L	0	two/week	grab
	PERMIT REQUIREMENT	N/A	N/A		N/A	Report mo avg	Report daily max			two/week	grab
Mercury, Total Recoverable	SAMPLE MEASUREMENT	N/A	N/A	-----	N/A	0.005	0.005	ug/L	0	once/month	24 hr comp
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	<0.2 ug/l			once/month	24 hr comp
Cadmium, Total Recoverable	SAMPLE MEASUREMENT	0.002	0.002	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr comp
	PERMIT REQUIREMENT	0.22 mo avg	0.45 daily max		N/A	N/A	N/A			once/month	24 hr comp
Hexavalent Chromium, Dissolved	SAMPLE MEASUREMENT	0.114	0.114	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr comp
	PERMIT REQUIREMENT	0.96 mo avg	1.93 daily max		N/A	N/A	N/A			once/month	24 hr comp
Copper, Total Recoverable	SAMPLE MEASUREMENT	0.10	0.10	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr comp
	PERMIT REQUIREMENT	0.82 mo avg	1.65 daily max		N/A	N/A	N/A			once/month	24 hr comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Greg Withrow-General Manager  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

*Greg Withrow*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 870 | 863-1400  
DATE 14 | 09 | 23  
AREA CODE NUMBER YEAR MO DAY

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

American Interplex 501-224-5060

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME El Dorado Chemical Co.

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

Form Approved.  
 OMB No. 2040-0004

ADDRESS P.O. Box 231  
 El Dorado, AR 717310213  
 El Dorado Chemical Co.

AR0000752  
 PERMIT NUMBER

010-A  
 DISCHARGE NUMBER

010-MONTHLY-PROCESS WASTEWATER

FACILITY 4500 Northwest Ave  
 LOCATION El Dorado, AR 71730

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	08	1	14	08	31

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, Total Recoverable	SAMPLE MEASUREMENT	0.016	0.016	lb/day	N/A	N/A	N/A	----	0	once/month	24 hr. comp
	PERMIT REQUIREMENT	0.40 mo avg	0.80 mo avg		N/A	N/A	N/A				
Nickel, Total Recoverable	SAMPLE MEASUREMENT	0.164	0.164	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr. comp
	PERMIT REQUIREMENT	14.23 mo avg	28.55 daily max		N/A	N/A	N/A				
Selenium, Total Recoverable	SAMPLE MEASUREMENT	0.033	0.033	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr. comp
	PERMIT REQUIREMENT	0.66 mo avg	1.32 daily max		N/A	N/A	N/A				
Silver, Total Recoverable	SAMPLE MEASUREMENT	0.003	0.003	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr. comp
	PERMIT REQUIREMENT	0.08 mo avg	0.16 daily max		N/A	N/A	N/A				
Zinc, Total Recoverable	SAMPLE MEASUREMENT	0.491	0.491	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr. comp
	PERMIT REQUIREMENT	7.35 mo avg	14.75 daily max		N/A	N/A	N/A				
Chromium (III), Total Recoverable	SAMPLE MEASUREMENT	0.114	0.114	lb/day	N/A	N/A	N/A	-----	0	once/month	24 hr. comp
	PERMIT REQUIREMENT	39.52 mo avg	79.29 daily max		N/A	N/A	N/A				
Cyanide, Total Recoverable	SAMPLE MEASUREMENT	0.164	0.164	lb/day	N/A	N/A	N/A	-----	0	once/month	grab
	PERMIT REQUIREMENT	0.68 mo avg	1.37 daily max		N/A	N/A	N/A				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Greg Withrow-General  
 Manager  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

*Greg Withrow*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 870 863-1400  
 DATE 14 09 23  
 AREA CODE NUMBER YEAR MO DAY

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

American Interplex 501-224-5060

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME El Dorado Chemical Co.

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

Form Approved.  
 OMB No. 2040-0004

ADDRESS P.O. Box 231  
 El Dorado, AR 71730  
 El Dorado Chemical Co.

AR0000752  
 PERMIT NUMBER

010-A  
 DISCHARGE NUMBER

010-MONTHLY-PROCESS WASTEWATER

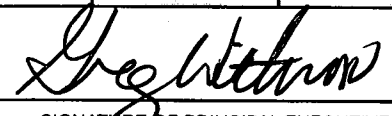
FACILITY 4500 Northwest Ave  
 LOCATION El Dorado, AR 71730

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	08	01		14	08	31

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Phosphorus	SAMPLE MEASUREMENT	-----	-----		-----	0.092	0.140	mg/L	0	Daily	24 hr composite
	PERMIT REQUIREMENT	-----	-----			Report mo avg	Report Daily Max			Daily	24 hr comp
Fecal Coliform Bacteria (FCB)	SAMPLE MEASUREMENT	-----	-----		-----	2.53	4.43	col/100ml	0	Daily	Grab
	PERMIT REQUIREMENT	-----	-----		-----	Report mo avg	Report daily max			Daily	Grab
pH	SAMPLE MEASUREMENT	-----	-----		6.99	-----	8.94	SU	0	Daily	Grab
	PERMIT REQUIREMENT	-----	-----		6 minimum	-----	9 maximum			Daily	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Greg Withrow-General Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		TELEPHONE		DATE		
			870   863-1400	14   09   23	AREA CODE	NUMBER	YEAR

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

American Interplex 501-224-5060

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW

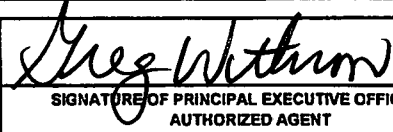
AR000752	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

001-MONTHLY-PROCESS WASTEWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	88 INST MAX	deg F		Three Per Week	INSITU
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 INST MIN	*****	*****	mg/L		Three Per Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	482 MO AVG	892 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Three Per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	265.7 MO AVG	811.84 DAILY MX	lb/d	*****	12 MO AVG	18 DAILY MX	mg/L		Three Per Week	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT				*****						
00820 1 0 Effluent Gross	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	28.3 MO AVG	74.9 DAILY MX	mg/L		Three Per Week	COMP24
Chloride [as Cl]	SAMPLE MEASUREMENT				*****						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	38 MO AVG	57 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). D.O. MUST BE EQUAL OR EXCEED THE PERMIT LIMIT AT ALL TIMES (INSTANTANEOUS MINIMUM). PERMIT APPEAL 06/27/97. CAO 02-059 LIMITS APPLY FOR 3 YEARS FROM THE EFFECTIVE DATE OF THE RENEWAL PERMIT. 70-00040

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

Form Approved  
OMB No. 2040-0040

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW


AR0000752	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

001-MONTHLY-PROCESS WASTEWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfate, total [as SO4]	SAMPLE MEASUREMENT				*****						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	81 MO AVG	122 DAILY MX	mg/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT				*****						
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	.09 MO AVG	.17 DAILY MX	lb/d	*****	5.58 MO AVG	11.2 DAILY MX	ug/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT				*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.78 MO AVG	3.57 DAILY MX	lb/d	*****	115.82 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.38 DAILY MX	lb/d	*****	12.2 MO AVG	24.48 DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Solids, total dissolved	SAMPLE MEASUREMENT				*****						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	237 MO AVG	356 DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
Greg Withrow - General Manager			870-863-1400	09/23/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). D.O. MUST BE EQUAL OR EXCEED THE PERMIT LIMIT AT ALL TIMES (INSTANTANEOUS MINIMUM). PERMIT APPEAL 08/27/97. CAO 02-059 LIMITS APPLY FOR 3 YEARS FROM THE EFFECTIVE DATE OF THE RENEWAL PERMIT. 70-00040



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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW


AR0000752	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

002-MONTHLY-PROC/STORM OVERFLW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mg/L		Daily	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	265.7 MO AVG	811.84 DAILY MX	lb/d	*****	12 MO AVG	18 DAILY MX	mg/L		Daily	GRAB
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT				*****						
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	26.3 MO AVG	74.9 DAILY MX	mg/L		Daily	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00845 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	250 MO AVG	375 DAILY MX	mg/L		Monthly	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5.58 MO AVG	11.2 DAILY MX	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 06/27/02. COMPLY WITH CONDITIONS OF EXISTING PERMIT WHICH CORRESPOND TO CONDITIONS BEING STAYED UNTIL PERMIT MOD EFFECTIVE 06/01/04. SAMPLES ARE TO BE TAKEN WITHIN 24 HOURS OF THE 1ST DISCHARGE. SEE CAO 02-059. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW

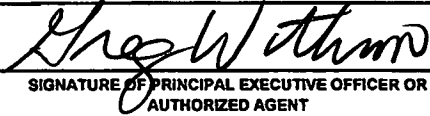
AR0000752	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

002-MONTHLY-PROC/STORM OVERFLW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	115.62 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.62 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	12.2 MO AVG	24.48 DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	500 MO AVG	750 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 06/27/02. COMPLY WITH CONDITIONS OF EXISTING PERMIT WHICH CORRESPOND TO CONDITIONS BEING STAYED UNTIL PERMIT MOD EFFECTIVE 08/01/04. SAMPLES ARE TO BE TAKEN WITHIN 24 HOURS OF THE 1ST DISCHARGE. SEE CAO 02-059. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW


AR0000752	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

003-MONTHLY-TRTD DOMESTIC WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	SU	0	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.029	0.031		*****	*****	*****	*****	0	Weekly	INSTA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekly	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Greg Withrow - General Manager			870-863-1400	09/23/2014	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 06/27/02. COMPLY WITH THE CONDITIONS OF THE EXISTING PERMIT WHICH CORRESPOND TO THE CONDITIONS BEING STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW


AR000752	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

006-MONTHLY-CONT STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.15	*****	6.95	SU	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	196	320	mg/L	0	Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	5.0	mg/L	0	Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.5	38.0	mg/L	0	Weekly	Grab
00810 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	380.0	380.0	ug/L	2	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	115.62 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.67	0.67	ug/L	0	Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2.03 MO AVG	4.08 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.0	20.0	ug/L	2	Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.62 DAILY MX	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 08/27/02. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04. SAMPLES ARE TO BE TAKEN WITHIN 24 HOURS OF THE 1ST DISCHARGE. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW


AR0000752	008-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

008-MONTHLY-CONT STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.59	1.03	MGD	*****	*****	*****	*****	0	Daily	Estima
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	490.0	490.0	mg/L	2	Monthly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	291 MO AVG	438.5 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PERMIT APPEALED 08/27/02. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04. SAMPLES ARE TO BE TAKEN WITHIN 24 HOURS OF THE 1ST DISCHARGE. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW

AR0000752	007-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231


MAJOR

007-MONTHLY-CONT STORMWATER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.56	*****	6.96	SU	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	101.0	170.0	mg/L	0	Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	5.0	mg/L	0	Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mL/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.45	11.0	mg/L	0	Weekly	Grab
00810 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	180.00	180.00	ug/L	1	Monthly	Comp24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	115.62 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.30	1.30	ug/L	0	Monthly	Comp24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.62 DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.74	1.30	MGD	*****	*****	*****	*****	0	Daily	ESTIMA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.		TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 06/27/02. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.  
ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231  
FACILITY: EL DORADO CHEMICAL CO., INC.  
LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730  
ATTN: DAVID SARTAIN/GREG WITHROW


AR0000752	007-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

007-MONTHLY-CONT STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	600	600	mg/L	2	Monthly	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	291 MO AVG	438.5 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 08/27/02. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW

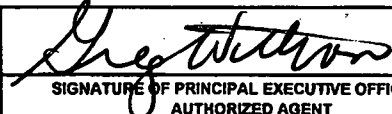
AR0000752	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

010+ 001 + 002-MONTHLY-OUTFALL SUM  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N] 00610 S 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	265.7 MO AVG	811.84 DAILY MX	lb/d	*****	12 MO AVG	18 DAILY MX	mg/L		Daily	CALCTD
Nitrogen, nitrate total [as N] 00620 S 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	26.3 MO AVG	74.9 DAILY MX	mg/L		Daily	CALCTD
Flow, in conduit or thru treatment plant 50050 S 0 See Comments	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	09/23/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

OUTFALL SUM: WHEN OUTFALL 002 HAS A DISCHARGE, REPORT THE COMBINATION OF PARAMETERS FROM OUTFALLS 001 & 002. SEE PART III, CONDITION #8. REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEAL 09/27/97 STAYS PERMIT UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04. 70-00040



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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW

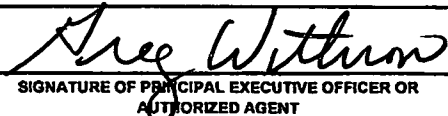
AR0000752	TX1-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

001-MONTHLY-W.E.T. REPORT  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
22414 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	100 7 DA MIN	*****	*****	%		Monthly	COMP24
Whole effluent toxicity	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
22414 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	100 DLYAVMIN	*****	*****	%		Monthly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0/fail=1		Monthly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0/fail=1		Monthly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0/fail=1		Monthly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
Greg Withrow - General Manager			870-863-1400	09/23/2014	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

(PASS=0 FAIL=1) REPORT "1" IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION; OTHERWISE, REPORT "0".SEE PART III, CONDITION #3. PERMITAPPEALED 06/27/02. ENTIRE PERMIT CONTESTED. SEE TX1Q FOR REPORTINGUNDER STAY UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04.

70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW


AR0000752	TX1-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

001-MONTHLY-W.E.T. REPORT  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TOP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TQP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TQP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
Greg Withrow - General Manager			870-863-1400	09/23/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

(PASS=0 FAIL=1) REPORT "1" IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION; OTHERWISE, REPORT "0". SEE PART III, CONDITION.#3. PERMIT APPEALED 08/27/02. ENTIRE PERMIT CONTESTED. SEE TX1Q FOR REPORTING UNDER STAY UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04.

70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.

ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231

FACILITY: EL DORADO CHEMICAL CO., INC.

LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

ATTN: DAVID SARTAIN/GREG WITHROW

AR0000752	TX2-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231

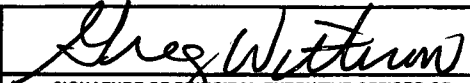
MAJOR

002-MONTHLY-ACUTE TOXICITY

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	*****	*****	*****							
TEM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	*****	*****	*****							
TEM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****							
TOM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****							
TOM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****							
TQM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****							
TQM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Greg Withrow - General Manager			870-863-1400	09/23/2014	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

(PASS=0/FAIL=1) IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION, REPORT "1"; OTHERWISE, REPORT "0". SEE PART III, CONDITION #15. ACUTE BIOMONITORING REPLACES CHRONIC BIOMONITORING VIA PERMIT MODIFICATION EFFECTIVE 08/01/04. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.  
ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231  
FACILITY: EL DORADO CHEMICAL CO., INC.  
LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730  
ATTN: DAVID SARTAIN/GREG WITHROW

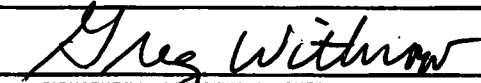
AR0000752	TX6-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 717310231  
MAJOR

006-MONTHLY-ACUTE TOXICITY  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****	0	0	Monthly	Comp24
TEM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****	0	0	Monthly	Comp24
TEM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%	0	Monthly	Comp24
TOM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%	0	Monthly	Comp24
TOM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	15.82	*****	*****	%	0	Monthly	Comp24
TQM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	6.06	*****	*****	%	0	Monthly	Comp24
TQM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Greg Withrow - General Manager			870-863-1400	09/23/2014	
TYPED OR PRINTED				AREA Code	NUMBER

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

(PASS=0/FAIL=1) IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION, REPORT "1"; OTHERWISE, REPORT "0". SEE PART III, CONDITION #4. ACUTE BIOMONITORING REPLACES CHRONIC BIOMONITORING VIA PERMIT MODIFICATION EFFECTIVE 08/01/04. 70-00040

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

Form Approved  
OMB No. 2040-0004

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

NAME: EL DORADO CHEMICAL CO.  
ADDRESS: P.O. BOX 231  
EL DORADO, AR 717310231  
FACILITY: EL DORADO CHEMICAL CO., INC.  
LOCATION: 4500 NORTHWEST AV  
EL DORADO, AR 71730

AR0000752	TX7-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

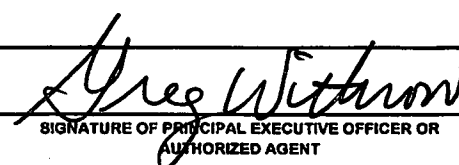
DMR Mailing ZIP CODE: 717310231  
MAJOR

007-MONTHLY-ACUTE TOXICITY  
External Outfall

No Discharge

ATTN: DAVID SARTAIN/GREG WITHROW

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	*****	1	0	Monthly	Comp24
TEM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	*****	1	0	Monthly	Comp24
TEM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	45.0	*****	*****	%	0	Monthly	Comp24
TOM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	45.0	*****	*****	%	0	Monthly	Comp24
TOM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	6.06	*****	*****	%	0	Monthly	Comp24
TQM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	*****	%	0	Monthly	Comp24
TQM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Greg Withrow - General Manager			870-863-1400	09/23/2014	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

(PASS=1/FAIL=0) IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION, REPORT "1"; OTHERWISE, REPORT "0". SEE PART III, CONDITION #4. ACUTE BIOMONITORING REPLACES CHRONIC BIOMONITORING VIA PERMIT MODIFICATION EFFECTIVE 08/01/04. 70-00040

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

NAME El Dorado Chemical Co

ADDRESS P.O. Box 231

El Dorado, AR 717310231

El Dorado Chemical Co.

FACILITY 4500 Northwest Ave

LOCATION El Dorado, AR 71730

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

AR0000752  
PERMIT NUMBER

010-A  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004

010-QUARTERLY-W.E.T. Report

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	14	09	30

FROM

TO

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity 22414 T O	SAMPLE MEASUREMENT	-----	-----	-----	100%	-----	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT				Report	-----	-----			Quarterly	COMP 24
Whole effluent 22414 U O	SAMPLE MEASUREMENT	-----	-----	-----	100%	-----	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----	-----	Report	-----	-----			Quarterly	COMP 24
TGP3B	SAMPLE MEASUREMENT	-----	-----	-----	-----	0	-----	pass=0/fail=1	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24
TGP6C	SAMPLE MEASUREMENT	-----	-----	-----	-----	0	-----	pass=0/fail=1	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24
TLP3B	SAMPLE MEASUREMENT	-----	-----	-----	-----	0	-----	pass=0/fail=1	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24
TLP6C	SAMPLE MEASUREMENT	-----	-----	-----	-----	0	-----	pass=0/fail=1	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24
TOP3B	SAMPLE MEASUREMENT	-----	-----	-----	-----	2.1%	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Greg Withrow-General Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

*Greg Withrow*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

870 863-1400

AREA CODE

NUMBER

DATE

14 09 23

YEAR MO DAY

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

American Interplex 501-224-5060

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

NAME El Dorado Chemical Co

ADDRESS P.O. Box 231

El Dorado, AR 717310231

El Dorado Chemical Co.

FACILITY 4500 Northwest Ave

LOCATION El Dorado, AR 71730

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

Form Approved.  
OMB No. 2040-0004

AR0000752  
PERMIT NUMBER

010-A  
DISCHARGE NUMBER

010-QUARTERLY-W.E.T. Report

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	14	09	30

FROM

TO

Check here if No Discharge

NOTE: Read Instructions before completing this form

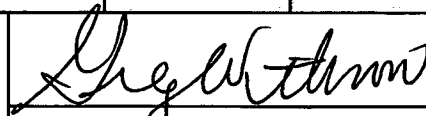
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
TOP6C	SAMPLE MEASUREMENT	-----	-----	-----	2.1%	-----	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT				Report	-----	-----			Quarterly	COMP 24
TPP3B	SAMPLE MEASUREMENT	-----	-----	-----	2.1%	-----	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----		Report	-----	-----			Quarterly	COMP 24
TPP6C	SAMPLE MEASUREMENT	-----	-----	-----	-----	2.1%	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----		-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24
TQP3B	SAMPLE MEASUREMENT	-----	-----	-----	-----	8.28	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----		-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24
TQP6C	SAMPLE MEASUREMENT	-----	-----	-----	-----	12.2	-----	%	0	Quarterly	COMP 24
	PERMIT REQUIREMENT	-----	-----		-----	Req. Mon 7 DA AVG	-----			Quarterly	COMP 24
	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	-----				
	PERMIT REQUIREMENT	-----	-----		-----	-----	-----				
	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	-----				
	PERMIT REQUIREMENT	-----	-----		-----	-----	-----				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Greg Withrow-General Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

870 863-1400

AREA CODE

NUMBER

DATE

14 09 23

YEAR MO DAY

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

American Interplex 501-224-5060