



August 21, 2015

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 July 31, 2015.

Enclosed you will find the Discharge Monitoring Reports ending July 31, 2015. The DMR's for Outfall 010-A were entered on the blank DMR forms provided by Amy Schluterman, ADEQ Water Enforcement.

Enclosed also is the addition of the description NA=NODI Code 9 provided by Layne Pemberton on three of the pages where the designation N/A has been used in the past reports.

If you have any questions regarding this report, please contact Edward L Pearson at (870) 863-1400.

Sincerely,

A handwritten signature in cursive script that reads "Edward L Pearson".

Edward L Pearson

Environmental Technician

Enclosures

NON-COMPLIANCE REPORT

Facility Name: El Dorado Chemical Company

Permit Number: AR0000752

AFIN:

70-00040

Month / Year: Jul-15

Type of Violation	Permit Limit	Date of Violation	Cause of Violation	Corrective Action or Other Narrative
Outfall 003/ Ammonia Nitrogen Daily Max(13 mg/l)	7.5 mg/L /Daily Max	7/7/2015	Unknown	Outfall was sampled an additional six times during the month of July and all of the subsequent samples were below 4 mg/L.
Outfall 006/Zinc Monthly Average (590 ug/L)	115.62 ug/L Monthly Average	7/4/2015	Unknown	EDCC has applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 /Zinc Daily Max (590 ug/L)	231.99 ug/L Daily Max	7/4/2015	Unknown	EDCC has applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 / Lead Monthly Average (34 ug/L)	3.8 ug/L Monthly Average	7/4/2015	Unknown	EDCC has applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 006 / Lead Daily Max. (34 ug/L)	7.62 ug/L Daily Max.	7/4/2015	Unknown	EDCC has applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 007 / TDS Monthly Average (360 mg/L)	291 mg/L Monthly Average	7/4/2015	Unknown	EDCC has applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
<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>Shirley Withrow</i> 8/24/15</p> <p>Signature / Date</p>

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: Kelly Olivier/Greg Withrow


AR0000752	010-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 717310231
MAJOR

010-MONTHLY-PROCESS/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	*****	*****	*****	6.81	*****	7.73	SU	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	164.33	308.15	lb/d	*****	10.11	19	mg/L	0	Three per Week	COMP24
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	72.76	110.66	lb/d	*****	4.47	6.70	mg/L	0	Three per Week	COMP24
	PERMIT REQUIREMENT	265.7 MO AVG	811.84 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	COMP24
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	264.70	313.93	lb/d	*****	16.07	19	mg/L	0	Three per Week	COMP24
	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.95	1.99	MGD	*****	*****	*****	*****	0	Continuous	Recorder
	PERMIT REQUIREMENT	Req. Mon. MO AVG	2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
00810 1 0 Effluent Gross	SAMPLE MEASUREMENT	264.70	313.93	lb/d	*****	16.07	19	mg/L	0	Three per Week	COMP24
	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Three per Week	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	1.95	1.99	MGD	*****	*****	*****	*****	0	Continuous	Recorder
	PERMIT REQUIREMENT	Req. Mon. MO AVG	2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
00820 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.95	1.99	MGD	*****	*****	*****	*****	0	Continuous	Recorder
	PERMIT REQUIREMENT	Req. Mon. MO AVG	2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.95	1.99	MGD	*****	*****	*****	*****	0	Continuous	Recorder
	PERMIT REQUIREMENT	Req. Mon. MO AVG	2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.95	1.99	MGD	*****	*****	*****	*****	0	Continuous	Recorder
	PERMIT REQUIREMENT	Req. Mon. MO AVG	2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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	8/21/2015	
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 06/01/04. 70-00040

American Interplex 501-224-5060

PERMITTEE NAME/ADDRESS (provide 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

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

Form Approved
OMB No. 2040-0004

AR0000752
PERMIT NUMBER


010-A
DISCHARGE NUMBER

30-MONTHLY-PROCESS WASTEWATER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2015	07	01	2015	07	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				
Flow	SAMPLE MEASUREMENT	1.95	1.99	MGD	-----	-----	-----	-----	0	once/day	tot. meter	
	PERMIT REQUIREMENT	Reg. Mo. Avg	Reg. Mon Daily Max		-----	-----	-----	-----		once/day	tot. meter	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	33.43	52.67	lb/day	N/A	N/A	N/A	-----	0	once/day	24 hr comp	
	PERMIT REQUIREMENT	166.8 mo avg	1153.73 daily max		N/A	N/A	N/A	-----		once/day	24 hr comp	
Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	164.33	308.15	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	72.76	110.66	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	264.70	313.93	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	79.48	82.66	lb/day	N/A	N/A	N/A	-----	0	two/week	grab	
	PERMIT REQUIREMENT	166.8 mo avg	250.2 daily max		N/A	N/A	N/A	-----		two/week	grab	
Dissolved Oxygen (DO)	SAMPLE MEASUREMENT	N/A	N/A	-----	6.00	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	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE SYSTEM DESIGN CHIEF TO ASSESS THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE 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	2015	08	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

American Interplex 501-224-5060

NA=NODI Code 9

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 717310231

AR0000752 PERMIT NUMBER
 010-A DISCHARGE NUMBER


010-MONTHLY-PROCESS WASTEWATER

FACILITY El Dorado Chemical Co.
 LOCATION 4500 Northwest Ave
 El Dorado, AR 71730

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2015	07	01	TO	2015	07	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				
Total Dissolved Solids (TDS)	SAMPLE MEASUREMENT	N/A	N/A	-----	N/A	251.11	280	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	49.89	58	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	19	20	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	0.003	0.003	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	0.116	0.116	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	0.076	0.076	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		<small>I CERTIFY UNDER PENALTY OF LAW THAT THE DATA 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. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPROVEMENT FOR KNOWING VIOLATIONS.</small>						TELEPHONE		DATE		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR
Greg Withrow-General Manager				870	863-1400	2015	08	21				

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

American Interplex 501-224-5060

NA=NODI Code 9

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
 FROM 2015 07 01 TO 2015 07 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			
Lead, Total Recoverable	SAMPLE MEASUREMENT	0.008	0.008	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			once/month	24 hr comp
Nickel, Total Recoverable	SAMPLE MEASUREMENT	0.165	0.165	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			once/month	24 hr comp
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			once/month	24 hr comp
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			once/month	24 hr comp
Zinc, Total Recoverable	SAMPLE MEASUREMENT	0.231	0.231	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			once/month	24 hr comp
Chromium (III), Total Recoverable	SAMPLE MEASUREMENT	0.116	0.116	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			once/month	24 hr comp
Cyanide, Total Recoverable	SAMPLE MEASUREMENT	0.165	0.165	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			once/month	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 by my employee or agent, or by a contractor or consultant, under my direct supervision and that I am a duly licensed professional engineer, geologist, or other professional person qualified by my state to perform the services on this document. I am not providing these services to the public for the purpose of obtaining a fee, and I am not providing these services to the public for the purpose of obtaining a fee, and I am not providing these services to the public for the purpose of obtaining a fee.

Greg Withrow
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 870 863-1400
 DATE 2015 08 21
 AREA CODE NUMBER YEAR MO DAY

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

American Interplex 501-224-5060

NA=NODI Code 9

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 LOCATION 4500 Northwest Ave
 El Dorado, AR 71730

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2015	07	01	TO	2015	07	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			
Total Phosphorus	SAMPLE MEASUREMENT	-----	-----		-----	0.04	0.08	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	-----	-----		-----	10.93	15.88	col/100ml	0	Daily	Grab
	PERMIT REQUIREMENT	-----	-----		-----	Report mo avg	Report daily max			Daily	Grab
pH	SAMPLE MEASUREMENT	-----	-----		6.81	-----	7.73	SU	0	Daily	Grab
	PERMIT REQUIREMENT	-----	-----		6 minimum	-----	9 maximum			Daily	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 OBTAIN AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING 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 2015 08 21
 AREA CODE NUMBER YEAR MO DAY

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: Kelly Olivier/Greg Withrow

AR0000752	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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	*****	*****	*****	*****	*****	86 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	462 MO AVG	692 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				*****						
00620 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	8/21/2015
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). 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
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: Kelly Olivier/Greg Withrow


AF0000752	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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	*****	5.68 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	*****	115.62 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	Recorder (auto)
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 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	8/21/2015
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). 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

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: Kelly Olivier/Greg Withrow


AR0000752	TX1-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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 Static 7 Day 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 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		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			870-863-1400	8/21/2015	

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 06/01/04.

70-00040

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

AR0000752	TX1-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

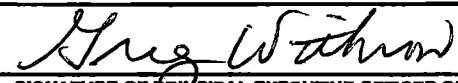
DMR Mailing ZIP CODE: 717310231
MAJOR

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

No Discharge

ATTN: Kelly Olivier/Greg Withrow

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	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
TPP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Greg Withrow-General Manager				870-863-1400	8/21/2015
TYPED OR PRINTED		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 06/01/04.

70-00040

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: Kelly Olivier/Greg Withrow


AF000752	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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				*****						
00810 1 0 Effluent Gross	PERMIT REQUIREMENT	285.7 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	*****	*****	*****	*****						
00945 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 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	8/21/2015	
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. 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

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: Kelly Olivier/Greg Withrow

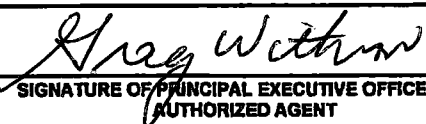
AR0000752	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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	*****	*****	*****	*****						
01084 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

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Greg Withrow-General Manager TYPED OR PRINTED			870-863-1400	8/21/2015
			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 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

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

AR0000752	TX2-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 717310231
MAJOR

002-MONTHLY-ACUTE TOXICITY
External Outfall

No Discharge

ATTN: Kelly Olivier/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	*****	*****	*****		*****	*****				
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	8/21/2015
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 #15. ACUTE BIOMONITORING REPLACES CHRONIC BIOMONITORING VIA PERMIT MODIFICATION EFFECTIVE 08/01/04.

70-00040

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: Kelly Olivier/Greg Withrow

AR0000752	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 717310231
MAJOR

001 + 002-MONTHLY-OUTFALL SUM
Sum

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] 00810 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] 00820 S 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	28.3 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 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		8/21/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

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 06/27/97 STAYS PERMIT UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04.

70-00040
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: Kelly Olivier/Greg Withrow

AR0000752	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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	*****	*****	*****	6.24	*****	6.55	SU	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.00489	0.00672	MGD	*****	*****	*****	*****	0	Weekly	INSTAN
	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.	TELEPHONE		DATE
Greg Withrow-General Manager		870-863-1400		8/21/2015
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. COMPLY WITH THE CONDITIONS OF THE EXISTING PERMIT WHICH CORRESPOND TO THE CONDITIONS BEING STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70-00040

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: Kelly Olivier/Greg Withrow


AR0000752	003-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	07/31/2015

DMR Mailing ZIP CODE: 717310231
MAJOR

003-SEASONAL QTR-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			
Nitrogen, ammonia total [as N] 00810 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.176	0.729	lb/d	*****	4.171	13	mg/L	1	Quarterly	Grab
	PERMIT REQUIREMENT	.7 MO AVG	1.1 DAILY MX	lb/d	*****	5 MO AVG	7.5 DAILY MX	mg/L		Quarterly	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	8/21/2015
TYPED OR PRINTED			AREA Code	NUMBER

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

SEASONAL QUARTERS: (MAY-JUL), (AUG-OCT), (NOV-JAN) & (FEB-APR). PERMIT APPEALED 08/27/02. COMPLY WITH THE CONDITIONS OF THE EXISTING PERMIT WHICH CORRESPOND TO THE CONDITIONS BEING STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70-00040

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: Kelly Olivier/Greg Withrow


AR000752	008-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.71	*****	7.09	SU	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	450	450	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
00530 1 0 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mg/L		Weekly	GRAB
00556 1 0 Effluent Gross Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
00810 1 0 Effluent Gross Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	590	590	ug/L	2	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	115.62 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
01094 1 0 Effluent Gross Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.65	0.65	ug/L	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	2.03 MO AVG	4.08 DAILY MX	ug/L		Monthly	COMP24
01113 1 0 Effluent Gross Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	34	34	ug/L	2	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.62 DAILY MX	ug/L		Monthly	COMP24
01114 1 0 Effluent Gross											

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 persons 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	
			870-863-1400	8/21/2015	
			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

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: Kelly Olivier/Greg Withrow

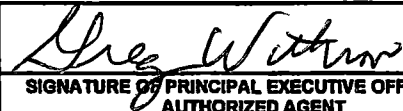
AR000752	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.96	1.66	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	*****	*****	*****	*****	290	290	mg/L	0	Monthly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	291 MO AVG	436.5 DAILY MX	mg/L		Monthly	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			870-863-1400	8/21/2015
			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 06/01/04. SAMPLES ARE TO BE TAKEN WITHIN 24 HOURS OF THE 1ST DISCHARGE. 70-00040

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: Kelly Olivier/Greg Withrow


AR0000752	TX6-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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	*****	*****	*****	1	*****	*****	pass=0 fail=1	1	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****	pass=0 fail=1	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Statio Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	0.0%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
TOM3D 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	100.0%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	27.54%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	6.06%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
TQM3D 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	%		Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	%		Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****	%		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	8/21/2015
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 06/01/04.

70-00040

Bio Analytical Laboratories 318-745-2772

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: Kelly Olivier/Greg Withrow

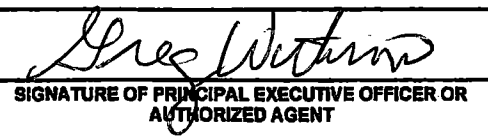
AR0000752	007-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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	*****	*****	*****	6.22	*****	6.86	SU	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	33	33	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mL/L		Weekly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.30	2.30	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	89	89	ug/L	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	115.62 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	ug/L	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.62 DAILY MX	ug/L		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.33	0.61	MGD	*****	*****	*****	*****	0	Daily	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
01094 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

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	8/21/2015
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. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 08/01/04. 70-00040

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: Kelly Olivier/Greg Withrow

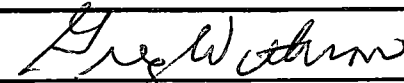
AR0000752	007-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	360	360	mg/L	1	Monthly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	291 MO AVG	436.5 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	8/21/2015
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. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70-00040

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: Kelly Olivier/Greg Withrow

AR0000752	TX7-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015


DMR Mailing ZIP CODE: 717310231
MAJOR

007-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	*****	*****	pass=0 fail=1	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****	pass=0 fail=1	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	100.0%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100.0%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	26.28%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	12.12%	*****	*****	%	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24

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		DATE
			870-863-1400	8/21/2015	AREA Code

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 06/01/04. 70-00040

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