

4500 NORTH WEST AVE. • P. O. BOX 231 • EL DORADO, AR 71731 • (870) 863-1400

EL DORADO

CHEMICAL COMPANY

October 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 September 30, 2014.

Enclosed you will find the Discharge Monitoring Reports ending September 30, 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,

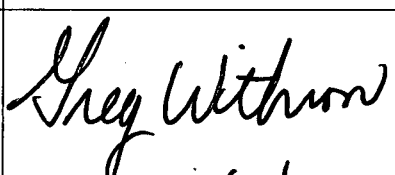


Greg Withrow
General Manager

Enclosures

NON-COMPLIANCE REPORT

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

Type of Violation	Permit Limit	Date of Violation	Cause of Violation	Corrective Action or Other Narrative
Outfall 006 / Zinc Monthly Average (560 ug/L)	115.62 ug/L Monthly Average	9/2/2014	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 (560 ug/L)	231.99 ug/L Daily Max	9/2/2014	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 (99.0 ug/L)	3.8 ug/L Monthly Average	9/2/2014	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 (99.0 ug/L)	7.62 ug/L Daily Max.	9/2/2014	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 (1200 mg/L)	436.5 mg/L Daily Max	9/2/2014	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 (1200 mg/L)	291 mg/L Monthly Average	9/2/2014	Unknown	EDCC has land applied pelletized lime in the area of outfall 006 in an effort to promote vegetative cover.
Outfall 007 / Lead Monthly Average (4.4 ug/L)	3.8 ug/L Monthly Average	9/2/2014	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 (150 ug/L)	115.62 ug/L Monthly Average	9/2/2014	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 (1000 mg/L)	436.5 mg/L Daily Max	9/2/2014	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 (1000 mg/L)	291 mg/L Monthly Average	9/2/2014	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.)				 Signature / Date 10/20/14

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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	*****	*****	*****				
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		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 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	10/23/2014
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

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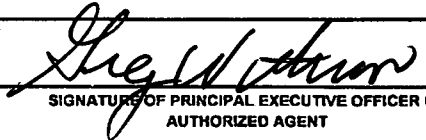
AR0000752	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	61 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	*****	115.62 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	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

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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
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 717310231

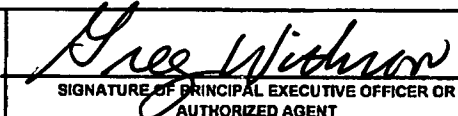
MAJOR

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	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	*****	28.3 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

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TYPED OR PRINTED			870-863-1400	10/23/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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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 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)
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AR0000752	002-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 717310231

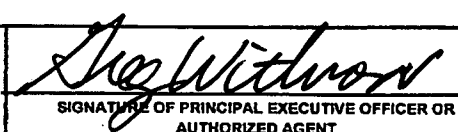
MAJOR

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 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	115.62 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01114 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.62 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01119 10 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 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
70295 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	500 MO AVG	750 DAILY MX	mg/L		Monthly	GRAB

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Greg Withrow - General Manager			870-863-1400	10/23/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
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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)
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PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	6.2	*****	6.5	SU	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.033	0.034	MGD	*****	*****	*****	*****	0	Weekly	INSTAN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekly	INSTAN

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Greg Withrow - General Manager			870-863-1400	10/23/2014	
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AR0000752	003-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 717310231
MAJOR

003-CALENDAR 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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.967	0.967		*****	4.0	4.0	mg/L	0	Quarterly	Grab
	PERMIT REQUIREMENT	2.1 MO AVG	3.3 DAILY MX	lb/d	*****	15 MO AVG	23 DAILY MX	mg/L		Quarterly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.0	1.0	mg/L	0	Quarterly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Quarterly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.484	0.484		*****	2.0	2.0	mg/L	0	Quarterly	Grab
	PERMIT REQUIREMENT	1.4 MO AVG	2.1 DAILY MX	lb/d	*****	10 MO AVG	15 DAILY MX	mg/L		Quarterly	GRAB

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

CALENDAR QUARTERS: (JAN-MAR), (APR-JUN), (JUL-SEP) & (OCT-NOV). PERMIT APPEALED 06/27/02. COMPLY WITH THE CONDITIONS OF THE EXISTING PERMIT WHICH CORRESPOND TO THE CONDITIONS BEING STAYED UNTIL THE PERMIT MODIFICATION BECOMES EFFECTIVE 06/01/04. 70-00040

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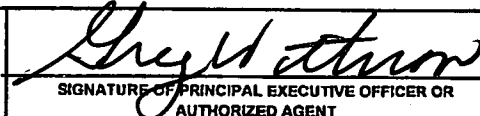
AR0000752	006-A
PERMIT NUMBER	DISCHARGE NUMBER
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09/01/2014	09/30/2014

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	*****	*****	*****	6.96	*****	6.96	SU	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1000	1000	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	*****	*****	*****	*****	5.0	5.0	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	*****	*****	*****	*****	16.0	16.0	mg/L	0	Weekly	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
00610 1 0 Effluent Gross Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	560	560	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	*****	*****	*****	*****	1.2	1.2	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	*****	*****	*****	*****	99	99	ug/L	2	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.82 DAILY MX	ug/L		Monthly	COMP24
01114 1 0 Effluent Gross		*****	*****	*****	*****						

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 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
TYPED OR PRINTED			870-863-1400	10/23/2014	
			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. 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

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

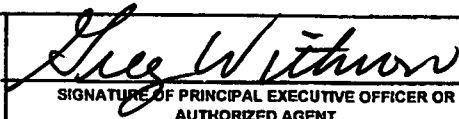
AR0000752	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.04	2.04		*****	*****	*****	*****	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	*****	*****	*****	*****	1200	1200		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.		TELEPHONE	DATE
Greg Withrow - General Manager			870-863-1400	10/23/2014
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 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
09/01/2014	09/30/2014

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	*****	*****	*****	6.94	*****	6.94	SU	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	81	81	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	mL/L	0	Weekly	Grab
00558 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mL/L		Weekly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.3	2.3	mg/L	0	Weekly	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	150	150	ug/L	1	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	116.82 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.4	4.4	ug/L	1	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	0.18	0.18	*****	*****	*****	*****	*****	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 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	10/23/2014	
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. 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
09/01/2014	09/30/2014

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 70295 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1000	1000	mg/L	2	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	10/23/2014	
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. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL 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-MONTHLY-PROCESS WASTEWATER

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

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			
Flow	SAMPLE MEASUREMENT	1.85	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	38.34	70.31	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	294.94	507.25	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	8.17	29.45	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	168.69	261.78	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	75.90	81.82	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	-----	7.39	N/A	N/A	mg/L	0	once/day	grab
	PERMIT REQUIREMENT	N/A	N/A	Report minimum	N/A	N/A	N/A	mg/L		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 10 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)

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	09	01	TO	14	09	30

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	246.67	320	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	39	45	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	18.89	21	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	0.0050	0.0050	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	0.115	0.115	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	0.087	0.087	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

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Greg Withrow
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 870 863-1400
DATE 14 10 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 LOCATION 4500 Northwest Ave
 El Dorado, AR 71730

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	09	1		14	09	30

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			
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	0.589	0.589	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	0.115	0.115	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

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Greg Withrow
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 870 | 863-1400
 DATE 14 | 10 | 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 71730
 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

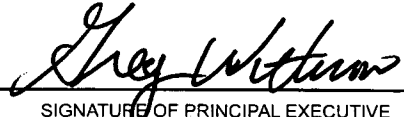
010-MONTHLY-PROCESS WASTEWATER

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

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	-----	-----		-----	0.150	0.111	mg/L	0	Daily	24 hr composite
	PERMIT REQUIREMENT	-----	-----			Report mo avg	Report Daily Max			Daily	24 hr comp Grab
Fecal Coliform Bacteria (FCB)	SAMPLE MEASUREMENT	-----	-----		-----	3.46	7.86	col/100ml	0	Daily	Grab
	PERMIT REQUIREMENT	-----	-----		-----	Report mo avg	Report daily max			Daily	Grab
pH	SAMPLE MEASUREMENT	-----	-----		6.0	-----	7.7	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	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 870 863-1400	DATE			
			14	10	23	
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

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

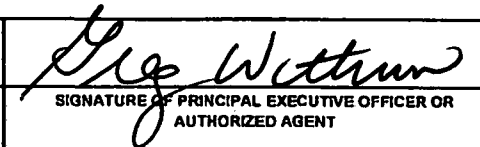
AR0000752	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 717310231
MAJOR

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] 00810 S 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	285.7 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	10/23/2014
TYPED OR PRINTED			AREA Code	NUMBER

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 08/27/97 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
09/01/2014	09/30/2014

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 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	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	
TYPED OR PRINTED			870-863-1400	10/23/2014	
			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

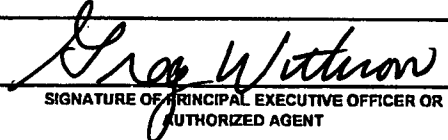
AR0000752	TX1-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	*****		*****				
	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
TPP6C 10 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
TQP3B 10 Effluent Gross	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	10/23/2014	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

(PASS=0 FAIL=1) REPORT "1" IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION; OTHERWISE, REPORT "0". SEE PART III, CONDITION #3. PERMIT APPEALED 06/27/02. ENTIRE PERMIT CONTESTED. SEE TX1Q FOR REPORTING UNDER STAY 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	TX2-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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 TEM3D 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela TEM6C 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex TOM3D 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas TOM6C 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex TQM3D 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales TQM6C 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	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	
TYPED OR PRINTED			870-863-1400	10/23/2014	
			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
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ATTN: DAVID SARTAIN/GREG WITHROW

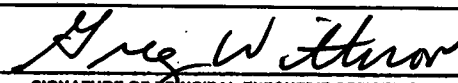
AR0000752	TX6-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	1	*****	*****		0	Monthly	COMP24
TEM3D 1 0 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	*****	*****		0	Monthly	COMP24
TEM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	pass=0/fail=1		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	56.0	*****	*****		0	Monthly	COMP24
TOM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	75.0	*****	*****		0	Monthly	COMP24
TOM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	20.53	*****	*****		0	Monthly	COMP24
TQM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	10.15	*****	*****		0	Monthly	COMP24
TQM6C 1 0 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	10/23/2014
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
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ATTN: DAVID SARTAIN/GREG WITHROW

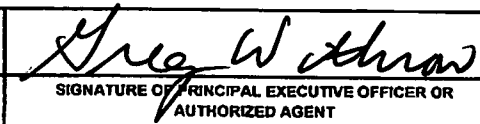
AR0000752	TX7-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****		0	Monthly	COMP24
TEM3D 1 0 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	Monthly	COMP24
TEM6C 1 0 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 1 0 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 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	19.1	*****	*****		0	Monthly	COMP24
TOM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	*****		0	Monthly	COMP24
TOM6C 1 0 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.		TELEPHONE		DATE
Greg Withrow - General Manager			870-863-1400		10/23/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

(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