



CHEMICAL COMPANY

January 23, 2017

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 December 31, 2016.

Enclosed you will find the Discharge Monitoring Reports ending December 31, 2016.

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

Sincerely,

A handwritten signature in cursive script that reads "David Sartain".


David Sartain

Environmental Coordinator

Enclosures

NON-COMPLIANCE REPORT

Facility Name: EI Dorado Chemical Company
Permit Number: AR0000752 **AFIN:** 70-00040
Month / Year: Dec-16
 Outfall 007

Type of Violation	Permit Limit	Date of Violation	Cause of Violation	Corrective Action or Other Narrative
Outfall 007/Lead Monthly Average (6.6ug/L)	3.8 ug/L Monthly Average	12/3/2016	Unknown	EDCC applies pelletized lime in the area of Outfall 007 in an effort to promote vegetative cover. EDCC has increased the number of BMPs around this outfall to attempt to minimize erosion and decrease sediment in the outfall.
Outfall 007/TDS Monthly Average (300mg/L)	291 mg/L Monthly Average	12/3/2016	Unknown	EDCC applies pelletized lime in the area of Outfall 007 in an effort to promote vegetative cover. EDCC has increased the number of BMPs around this outfall to attempt to minimize erosion and decrease sediment in the outfall.
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.)				 01-11-17 Signature / Date

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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
12/01/2016	12/31/2016

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 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 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	*****	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 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
David Sartain-Env. Coordinator			870-863-1400	1/23/17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). 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 3YEARS FROM THE EFFECTIVE DATE OF THE RENEWAL PERMIT.

70-00040
American Interplex 501-224-5060

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: EL DORADO CHEMICAL CO., INC.
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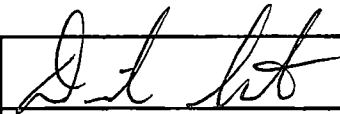
AR0000752	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 717310231
 MAJOR

001- MONTHLY- PROCESS WASTEWATER
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfate, total [as SO4]	SAMPLE MEASUREMENT				*****						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	81 MO AVG	122 DAILY MX	mg/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT				*****						
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	.09 MO AVG	.17 DAILY MX	lb/d	*****	5.58 MO AVG	11.2 DAILY MX	ug/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT				*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.78 MO AVG	3.57 DAILY MX	lb/d	*****	115.62 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 David Sartain Env. Coordinator 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	1/23/17	

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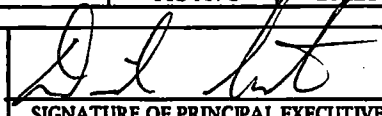
AR0000752	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 717310231
 MAJOR

002- MONTHLY- PROC/STORM OVERFLW
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mg/L		Daily	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	265.7 MO AVG	811.84 DAILY MX	lb/d	*****	12 MO AVG	18 DAILY MX	mg/L		Daily	GRAB
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT				*****						
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	26.3 MO AVG	74.9 DAILY MX	mg/L		Daily	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
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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			870-863-1400		1/23/17
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 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 LIMITATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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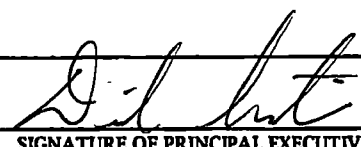
ARO000752	002- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 717310231
MAJOR

002- MONTHLY- PROC/STORM OVERFLW
External Outfall

No Discharge

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

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			870-863-1400	1/23/17
			AREA Code NUMBER	MM/DD/YYYY

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

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American Interplex 501-224-5060

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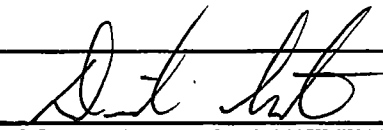
AR0000752	003- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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	*****	*****	*****	6.61	*****	7.77	SU	0	Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.00139	0.00373	MGD	*****	*****	*****	*****	0	Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekly	INSTAN

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David Sartain Env. Coordinator			870-863-1400	1/23/17	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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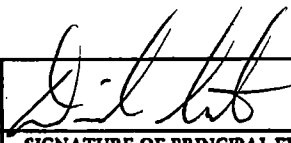
AR0000752	003-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

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	0.043	0.043	lb/d	*****	4	4	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	1	#/100mL	0	Quarterly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Quarterly	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.021	0.021	lb/d	*****	2	2	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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			870-863-1400	1/23/17	
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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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12/01/2016	12/31/2016

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	*****	*****	*****	6.80	*****	7.18	SU	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	36	49	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	*****	*****	*****	*****	14.5	17	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	*****	*****	*****	*****	220	220	ug/L	0	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	*****	*****	*****	*****	0.30	0.30	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	*****	*****	*****	*****	6.60	6.60	ug/L	0	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 David Sartain Env. Coordinator 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	1/23/17
			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
 American Interplex 501-224-5060

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

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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

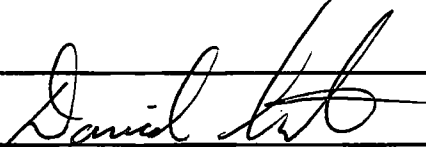
AR0000752	006- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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	0.2874	0.5752	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	*****	*****	*****	*****	200	200	mg/L	0	Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	291 MO AVG	436.5 DAILY MX	mg/L		Monthly	GRAB

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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. 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

DISCHARGE MONITORING REPORT (DMR)

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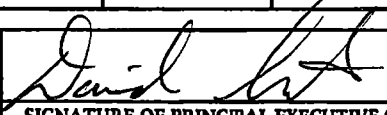
AR0000752	007- A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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	*****	*****	*****	6.60	*****	7.06	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	250	410	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	5	mL/L	0	Weekly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	15 DAILY MX	mL/L		Weekly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.25	3.6	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	*****	*****	*****	*****	55	55	ug/L	0	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	115.62 MO AVG	231.99 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.60	6.60	ug/L	0	Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3.8 MO AVG	7.62 DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.3025	0.6075	MGD	*****	*****	*****	*****	0	Daily	Estima
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA

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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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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 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

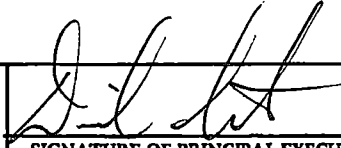
AR0000752	007- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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			
70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	300	300	mg/L	0	Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	291 MO AVG	436.5 DAILY MX	mg/L		Monthly	GRAB

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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. 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)

OMB No. 2040-0004

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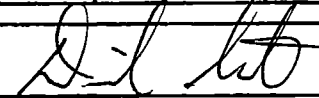
AR0000752	010- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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			
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.60	*****	*****	mg/L	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	mg/L		Daily	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.92	*****	7.76	SU	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	153.96	332.41	lb/d	*****	*****	*****	*****	0	Daily	COMP24
	PERMIT REQUIREMENT	500.4 MO AVG	750.6 DAILY MX	lb/d	*****	*****	*****	*****		Daily	COMP24
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	83.10	83.12	lb/d	*****	*****	*****	*****	0	Twice per Week	GRAB
	PERMIT REQUIREMENT	166.8 MO AVG	250.2 DAILY MX	lb/d	*****	*****	*****	*****		Twice per Week	GRAB
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	72.21	114.69	lb/d	*****	*****	*****	*****	0	Daily	COMP24
	PERMIT REQUIREMENT	265.2 MO AVG	605 DAILY MX	lb/d	*****	*****	*****	*****		Daily	COMP24
Nitrogen, nitrate total [as N] 00620 1 0 Effluent Gross	SAMPLE MEASUREMENT	204.96	315.82	lb/d	*****	*****	*****	*****	0	Three per Week	COMP24
	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	*****	*****	*****		Three per Week	COMP24
Phosphorus, total [as P] 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.06	0.11	mg/L	0	Daily	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Daily	COMP24

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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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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: Kelly Olivier/Greg Withrow

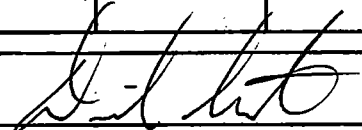
AR0000752	010- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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			
Chloride [as Cl]	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.44	39	mg/L	0	Twice per Week	GRAB
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	*****	*****	*****	*****	90.11	99	mg/L	0	Twice per Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	0.033	0.033	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	.66 MO AVG	1.32 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Chromium, hexavalent [as Cr]	SAMPLE MEASUREMENT	0.116	0.116	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	.96 MO AVG	1.93 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	0.166	0.166	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	14.23 MO AVG	28.55 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Silver total recoverable	SAMPLE MEASUREMENT	0.003	0.003	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	.08 MO AVG	.16 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	0.20	0.20	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	7.35 MO AVG	14.75 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24

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American Interplex 501-224-5060

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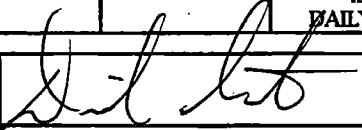
AR0000752	010- A
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12/01/2016	12/31/2016

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			
Cadmium, total recoverable 01113 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.003	0.003	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	.22 MO AVG	.45 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Lead, total recoverable 01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.015	0.015	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	.4 MO AVG	.8 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Copper, total recoverable 01119 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.081	0.081	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	.82 MO AVG	1.65 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.99	1.99	MGD	*****	*****	*****	*****	0	Daily	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. MO AVG	2 DAILY MX	MGD	*****	*****	*****	*****		Daily	TOTALZ
Chromium III 51058 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.116	0.116	lb/d	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	39.52 MO AVG	79.29 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	COMP24
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	364.44	380	mg/L	0	Twice per Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Week	GRAB
Mercury, total recoverable 71901 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.01	ug/L	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	COMP24

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American Interplex 501-224-5060

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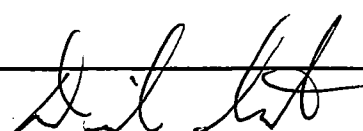
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 MAJOR

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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.17	21.31	#/100mL	0	Daily	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA GEO	Req. Mon. 7 DA GEO	#/100mL		Daily	GRAB
Cyanide, total recoverable	SAMPLE MEASUREMENT	0.166	0.166	lb/d	*****	*****	*****	*****	0	Monthly	GRAB
78248 1 0 Effluent Gross	PERMIT REQUIREMENT	.68 MO AVG	1.37 DAILY MX	lb/d	*****	*****	*****	*****		Monthly	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	39.40	66.49	lb/d	*****	*****	*****	*****	0	Daily	COMP24
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	166.8 MO AVG	250.2 DAILY MX	lb/d	*****	*****	*****	*****		Daily	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	
David Sartain Env. Coordinator			870-863-1400	1/23/17	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEALED 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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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

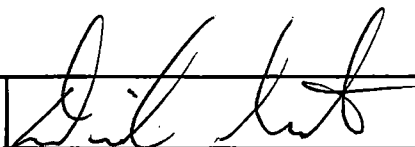
AR0000752	SUM- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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] 00610 S O See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	265.7 MO AVG	811.84 DAILY MX	lb/d	*****	12 MO AVG	18 DAILY MX	mg/L		Daily	CALCTD
Nitrogen, nitrate total [as N] 00620 S O See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	405.02 MO AVG	1153.73 DAILY MX	lb/d	*****	26.3 MO AVG	74.9 DAILY MX	mg/L		Daily	CALCTD
Flow, in conduit or thru treatment plant 50050 S O See Comments	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain Env. Coordinator TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			870-863-1400	1/23/17	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

OUTFALL SUM: WHEN OUTFALL 002 HAS A DISCHARGE, REPORT THE COMBINATION OF PARAMETERS FROM OUTFALLS 001 & 002. SEE PART III, CONDITION #8. REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PERMIT APPEAL 06/27/97 STAYS PERMIT UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70-00040

American Interplex 501-224-5060

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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

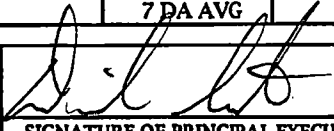
AR0000752	TX1-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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 O See Comments	PERMIT REQUIREMENT	*****	*****	*****	100 7 DA MIN	*****	*****	%		Monthly	COMP24
Whole effluent toxicity	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
22414 U O See Comments	PERMIT REQUIREMENT	*****	*****	*****	100 DLYAVMIN	*****	*****	%		Monthly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TGP3B 1 O Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass= 0; fail= 1		Monthly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TGP6C 1 O 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 O 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 O 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 O Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain Env. Coordinator TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			870-863-1400	1/23/17	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

(PASS=0 FAIL=1) REPORT "1" IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION; OTHERWISE, REPORT "0".SEE PART III, CONDITION #3. PERMIT APPEALED 06/27/02. ENTIRE PERMIT CONTESTED. SEE TX1Q FOR REPORTING UNDER STAY UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70-00040

American Interplex 501-224-5060

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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

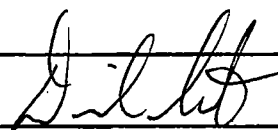
AR0000752	TX1- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 717310231
MAJOR

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
NOEC Sub- Lethal Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
NOEC Sub- Lethal Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain Env. Coordinator 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	1/23/17	
			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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 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

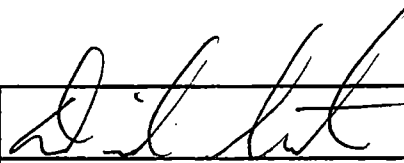
AR0000752	TX2- B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 717310231
 MAJOR

002- MONTHLY- ACUTE TOXICITY
 External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain Env. Coordinator TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			870-863-1400	1/23/17	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

(PASS= 0/FAIL= 1) 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 06/01/04. 70- 00040

American Interplex 501-224-5060

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 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

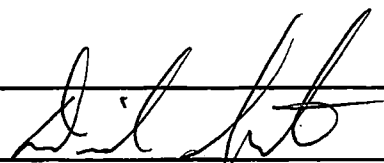
AR0000752	TX6-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 717310231
 MAJOR

006- MONTHLY- ACUTE TOXICITY
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****	*****	0	Monthly	COMP24
TEM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	*****	0	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	*****	*****	*****	0	Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	100.0	*****	*****	*****	0	Monthly	COMP24
TOM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	*****	0	Monthly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100.0	*****	*****	*****	0	Monthly	COMP24
TOM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	*****	0	Monthly	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	31.89	*****	*****	*****	0	Monthly	COMP24
TQM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	*****	0	Monthly	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	6.82	*****	*****	*****	0	Monthly	COMP24
TQM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	*****	0	Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain-Env. Coordinator 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	1/23/17	
			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 #4. ACUTE BIOMONITORING REPLACES CHRONIC BIOMONITORING VIA PERMIT MODIFICATION EFFECTIVE 06/01/04.

70-00040

Bio-Analytical Laboratories 318-745-2772

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 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

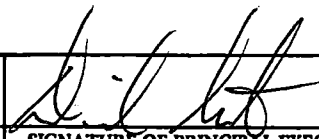
AR0000752	TX7- B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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
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	*****	*****	pass=0 fail=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	*****	*****	*****	100.0	*****	*****	%	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	*****	*****	*****	100.0	*****	*****	%	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	*****	*****	*****	28.17	*****	*****	%	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	*****	*****	*****	6.06	*****	*****	%	0	Monthly	COMP24
TQM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	*****	*****	%		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain-Env. Coordinator 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	1/23/17	
			AREA Code	NUMBER	MM/DD/YYYY

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

(PASS=1/FAIL=0) IF THE NOEC VALUE IS LESS THAN THE CRITICAL DILUTION, REPORT "1"; OTHERWISE, REPORT "0". SEE PART III, CONDITION #4. ACUTE BIOMONITORING REPLACES CHRONIC BIOMONITORING VIA PERMIT MODIFICATION EFFECTIVE 06/01/04.

70-00040

Bio-Analytical Laboratories 318-745-2772

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

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 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

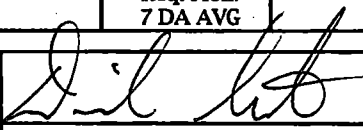
AR0000752	TXA-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 717310231
 MAJOR

010- QUARTERLY- 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			
Pass/Fail Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****	pass=0 fail=1	0	Quarterly	COMP24
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0; fail=1		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****	pass=0 fail=1	0	Quarterly	COMP24
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0; fail=1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****	pass=0 fail=1	0	Quarterly	COMP24
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0; fail=1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****	pass=0 fail=1	0	Quarterly	COMP24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	pass=0; fail=1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	*****	%	0	Quarterly	COMP24
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	*****	%	0	Quarterly	COMP24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Quarterly	COMP24
NOEC Sub- Lethal Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	*****	%	0	Quarterly	COMP24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain-Env. Coordinator	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	1/23/17	
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 #4. PERMIT APPEALED 06/27/02. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70- 00040

American Interplex 501-224-5060

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
PERMIT NUMBER

TXA-Q
DISCHARGE NUMBER

MONITORING PERIOD
 MM/DD/YYYY
 10/01/2016

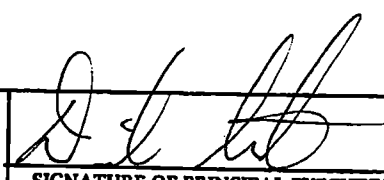
MM/DD/YYYY
 12/31/2016

DMR Mailing ZIP CODE: 717310231
MAJOR

010- QUARTERLY- 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 Sub- Lethal Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	*****	%	0	Quarterly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Quarterly	COMP24
TPP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.5	*****	%	0	Quarterly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.1	*****	%	0	Quarterly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 7 DA AVG	*****	%		Quarterly	COMP24
TQP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****		*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Sartain-Env. Coordinator 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	1/23/17	
			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 #4. PERMIT APPEALED 06/27/02. ENTIRE PERMIT CONTESTED. PERMIT STAYED UNTIL PERMIT MODIFICATION EFFECTIVE 06/01/04. 70- 00040

American Interplex 501-224-5060