ATTACHMENT 1

<u>EPA - REGION 6</u> NPDES PERMIT CERTIFICATION CHECKLIST

In accordance with the MOA established between the State of ______ and the United States Environmental Protection Agency, Region 6, the state submits the following draft National Pollutant Discharge Elimination System (NPDES) permit for Agency review.

Major [x]	Minor []	POTW []	Private Domestic []	non-POTW []
(Do NOT complete checklist for General Permits)				
Facility NameEl Dorado Chemical Company				
SIC Code_2873Typefertilizer manufacturing				
Federal Permit NoAR0000752State Permit No				
Segment No	_2D_ Basin	Ouachita	Receiving Water_U	J nnamed tributary
Permit Action: New [] Renewal/Reissuance w/changes [x] Renewal/Reissuance w/no changes in permit & WQS [] Modification/Amendment [], type: If this is a permit modification, proceed directly to No. 25.				

Answer the following with Yes, No, or N/A:

- 1. Does this facility discharge to a 303(d) listed waterbody segment? _yes_
- 2. If so, does the facility discharge any of the pollutant(s) of concern identified in the 303(d) listing? yes___
- 3. Is this a new facility or an expansion of an existing facility? no____
- 4. For an existing facility, is any limits have been removed or are less stringent than those in the previous permit, is it in accordance with the anti-backsliding regulations? _yes_
- 5. Is this permit consistent with the approved WQMP? __yes
- 6. Does the facility discharge to a waterbody segment which has a finalized TMDL? _yes_
- 7. If so, does the permit implement the TMDL consistent with the WLAs? _no explained in Fact Sheet
- 8. Does the fact sheet document the rationale for the inclusion/omission of permit conditions for each 303(d) listed pollutant of concern or TMDL pollutant? _yes_
- 9. Does this permit include provisions for effluent trading? _no___
- 10. In Texas, has a priority watershed of critical concern been identified by the U.S. Fish and Wildlife Service for this segment? _N/A_
- 11. In Arkansas, if this facility used chlorine for disinfection of the effluent, does the permit contain TRC limits? __N/A

- 12. Does this permit authorize ammonia discharges > 4.0 mg/l at the edge of the mixing zone? _yes_
- 13. Does this permit require testing for Whole Effluent Toxicity in accordance wit the state's standard practices and implementation plan? __yes
- 14. If this facility has completed and implemented a Toxicity Reduction Evaluation (TRE), has any subsequent toxicity been identified? ____N/A
- 15. Does this permit include a bypasses of any treatment unit or authorize overflows in the system? __no_
- 16. If a POTW is \geq 5 MGD, does it have an approved Pretreatment Program? _N/A_
- 17. Since the last permit issuance, has the POTW had a new Pretreatment Program approved or a Pretreatment Program modification approved? _N/A_
- 18. Does this permit contain authorization for wet weather related peak-flow discharges? _no
- 19. Are there known or potential interstate water issues associated with this permit? _yes_
- 20. Does this permit contain specific issues on which EPA and the state are not in agreement regarding the permitting approach? _no__
- 21. Does this permit propose to grant a variance request (*WQS*, *FDF*, *etc.*) or does it incorporate a proposed or final approval of a variance request? _no___
- 22. Is this facility subject to a national effluent limitations guideline? __yes If yes, specify _40 CFR 418, Subparts D and E
- 23. Does this permit contain "first-time" implementation of a new federal guideline, policy, regulation, etc.? ______ If yes, specify: _______
- 24. Is there known or potential third-party interest/environmental concern regarding this permit action? yes___
- 25. Does this permit incorporate any exceptions to the standards or regulations? _no___
- 26. If this is a permit modification/amendment, briefly describe the changes _____

Based on a review of the data and other information submitted by the permit applicant, and the draft permit and other administrative records generated by the Department/Commission and/or made available to the Department/Commission, the information provided on this checklist is accurate and complete, to the best of my knowledge.

Name __Loretta Reiber, P.E.____

Title ____Engineer, PE._____

Signature _____

Date _____06/26/2008_____