PERMIT APPLICATION FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY WATER DIVISION POST OFFICE BOX 8913 LITTLE ROCK, AR 72219

PURPO	SE OF THIS APPLICATION					
	INITIAL PERMIT APPLICATION FOR NEW	FACILITY				
	INITIAL PERMIT APPLICATION FOR EXIST	<u>ΓΙΝΘ</u> FACILITY	DECEIVE			
	MODIFICATION OF EXISTING PERMIT					
	REISSUANCE (RENEWAL) OF EXISTING F	PERMIT	NOV 10-204			
\boxtimes	MODIFICATION AND CONSTRUCTION OF	EXISTING PERMIT	11 11 11			
	CONSTRUCTION PERMIT ONLY		1 78			
SECTIO	ON A - GENERAL INFORMATION					
1.	Facility Name: <u>El Dorado Chemical Comp</u>	oany				
2.	Legal Applicant Name (If the applicant is diff	erent from the above):_	NA			
3.	Operator Name: El Dorado Chemical Comp	oany				
4.	Is the operator identified in number 2 above,	the owner of the facilit	y? Yes ⊠ No □			
5.	NPDES Permit Number (If applicable):	AR0000752				
6.	NPDES General Permit Number (If applicab	le):NA				
7.	NPDES General Storm Water Permit Number	er (If applicable): <u>N/A</u>				
8.	Does your facility hold any other permits that are not listed above? Yes ⊠ No □					
9.	Permit numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation:					
	Permit Name	Permit Number	Held by			
	Air Code Permit	573-AR-7	EDCC			

10.	Give a verbal description (Direction) of landmarks:	the facility with re	spect to known o	r easily identifiable
	The facility is located north of the city of Spur on North West Avenue.	El Dorado, approxi	mately 1 mile west	of State Highway 7
11.	Facility Location: (Attach a map with locat	ion marked; street,	route no. or other	specific identifier)
	Street: 4500 North West Avenue			
	City: El Dorado County: Union	State:_AR	Zip Code: <u>717</u>	30
12.	Facility Mailing Address (Street or Post Of	fice Box):		
	Street: NA	P.O.	Box: <u>P.O. Box 231</u>	
	City: El Dorado	State: AR	Zip: <u>_7</u>	1731-0231
13.	Neighboring states within 20 miles of the p	ermitted facility (Cl	neck all that apply):	
	Oklahoma	e ☐ Louisiana ፟	☑ Texas ☐ M	ississippi□
14.	Type of ownership: Public_⊠ Private [☐ State ☐ Fede	eral 🗌 Other 🔲	
15.	Indicate applicable Standard Industrial Cla	ssification(SIC) Co	des or NAICS code	es for all processes"
	□ Primary 2873 □ Secondary 2	2819 🗆 C	other	
16.	Design Flow: 2 MGD Highest Monthly	Average of the las	t two years flow: <u>N</u>	IA_MGD
17.	Is Outfall equipped with a diffuser? Yes	⊠ No □		
18.	Responsible Official (as described on the I	ast page of this ap	plication):	
	Name: George Hogg		TitlePla	ant Manager
	Address: PO Box 231		Phone Number:_	(870) 863-1400
	City: El Dorado	State:AR	Zip:	71731
19.	Designated Facility Contact (as described	on the last page of	this application):	
	Name: Randall Whitmore	Title	Responsible	Care Manager
	Address: PO Box 231		Phone Number:_	(870) 863-1498
	City: El Dorado	State:AR	Zip:	71731
20.	Name, address and telephone number of	consulting engineer	ring firm (If none, so	o state):
	Name: GBM ^C & ASSOCIATES			
	Address: 219 Brown Lane		Phone Number:	(501) 847-7077
	City: Bryant	State: AR	Zip: <u>_72</u>	2022

SECTION B – Facility and Outfall Information

1.	Facility Location:
	Lat: 33° 09' 55" N Long: 92° 24' 40" W Section 6 & 7 Twnshp: 17S
	Range: 15W County: Union Nearest Town: El Dorado
	USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
	What method is used? A Indicate Technical Accuracy 3
	What map datum is used?1 Where is the collection point?1
2.	Outfall/monitoring location:
	Outfall 001:
	Lat: 33° 15' 32" Long: 92° 41' 12" Section: 7
	USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
	What method is used? A Indicate Technical Accuracy 3
	What map datum is used?1
	Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into
	Arkansas River):_See Attachment 1
	Outfall 002:
	Lat: 33° 15' 48" Long: 92° 41' 24" Section: 7
	USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
	What method is used?A
	What map datum is used?1
	Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into
	Arkansas River): See Attachment 1
	Outfall 003:
	Lat: 33° 15' 38" Long: 92° 41' 07" Section: 7
	USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
	What method is used? A Indicate Technical Accuracy 3
	What map datum is used? 1 Where is the collection point?003
	Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into
	Arkansas River): See Attachment 1

Outfall 004:
Lat: 33° 15' 42" Long: 92° 41' 27" Section: 7
USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
What method is used? A Indicate Technical Accuracy 3
What map datum is used? 1 Where is the collection point?004
Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into
Arkansas River): See Attachment 1
Outfall 005:
Lat: 33° 15' 42" Long: 92° 41' 17" Section: 7
USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
What method is used? A Indicate Technical Accuracy 3
What map datum is used? 1 Where is the collection point?005
Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into
Arkansas River): See Attachment 1
Outfall 006:
Lat: 33º 16' 03" Long: 92º 41' 02" Section: 6
USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
What method is used? A Indicate Technical Accuracy 3
What map datum is used? 1 Where is the collection point?006
Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into
Arkansas River): See Attachment 1
Outfall 007:
Lat: 33° 16' 11" Long: 92° 41' 16" Section: 6
USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000
What method is used? A Indicate Technical Accuracy 3
What map datum is used?1 Where is the collection point?007
Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into
Arkansas River): See Attachment 1

	Outrail 010):							
	Lat: <u>33</u>	<u>8° 1</u>	7' 22	<u>"</u> Long:	<u>92°</u>	28'	<u>05"</u> Se	ction: 2	
	USGS Hyd	rologic (Jnit Code:	0804020	1_ What ma	ap scale i	s used? <u>1</u>	:24,000	
	What meth	od is use	ed? <u> </u>		Indicate Te	chnical Ad	ccuracy3	_	
	What map	datum is	used? <u>1</u>	3	Where	is the col	lection point	?0	10
	Name of re	ceiving	stream (i.e	., an unnar	ned tributar	y of Mill C	Creek, then i	nto Mill Cr	eek; thence into
	Arkansas F	River):	See Attac	hment 1					
3.	Are the pro	posed o	r existing t	facility locat	ted above tl	ne 100-ye	ear flood leve	el? ⊠Yes	□No
	If "No", wha	at measi	ıres are (w	vill be) used	to protect	the faciliti	es? <u>1</u>	NA_	
4.			system (ind	clude all co	mponents o	of treatme	nt system ar	nd attach ti	he process flow
	diagram): <u>N</u>	IA							
Section	on C – Wa	ste Ste	o rage ar	nd Dispo	sal Infor	nation	N/A		
1.	Sludge Dis	posal M	ethod (Che	eck as man	y as applica	able):			
	Landfill								
	Landfill Site	e Name_	N/	Ά	ADEQ	Solid Wa	aste Permit N	No	
	Land Appl	Land Application ADEQ State Permit No							
	Method of sludge treatment?								
	What is the estimated amount of sludge generated at the treatment facility?								
	Dry Ton/Ad	re per y	ear		Gallor	s/Acres p	er year		
	List all the	land app	olication sit	tes with the	following in	nformation	ղ:		
	Field Number	New/ Old	Range	Twnshp.	Section	Total Acres	Available Acres	Crop Cover	Loading Rate
	Septic tan	k A	Arkansas E	Department	of Health P	ermit No.			
	Distributio	on and N	Marketing						
	Facility rec	Facility receiving sludge:							
	Name				Addre	ss			
	□Rail		□Pipe						

ATTACHMENT 1

Verbal Description of Discharge Points

Outfall 001

On the east side of the 50-acre impoundment on the southern half of El Dorado Chemical Company's (EDCC) property (4500 North West Avenue, El Dorado, AR 71730).

Outfall 002

A 20-inch pipe on the south side of the 1-acre aeration pond below the influent pipe that discharges to the 50-acre equalization pond, located on the south side of EDCC's manufacturing process area.

Outfall 003

East of Outfall 005, southeast of EDCC's manufacturing process area, on the east edge of a power line clearing/easement.

Outfall 004:

South of the ammonia spheres and "A" Street, west of the 1-acre aeration pond.

Outfall 005:

The southeast side of the plant, south of the production parking lot.

Outfall 006:

Northeast of the plant, north of fire hydrant #11, and north of the intersection of the main railroad into the plant and the railroad spur.

Outfall 007:

Off of "D" Street at the northeast corner of the process area, immediately downstream of the convergence of multiple pipes at a concrete structure used to divert flow in the ditch from the west direction to the north direction.

Outfall 010:

Approximately 14 miles east of EDCC, along the Ouachita River, in the NE $\frac{1}{4}$ of the NW $\frac{1}{4}$ of Section 31, T16S, R13W.

Trace of the Effluent Flow

Outfall 001:

From the 50-acre equalization pond, to a valved 24-inch pipe into an unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence into Smackover Creek in Segment 2D of the Ouachita River Basin.

Outfall 002:

From the 1-acre aeration treatment pond through two 12-inch pipes into a 20-inch pipe into an unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence into Smackover Creek in Segment 2D of the Ouachita River Basin.

Outfall 003:

The Imhoff treatment system discharges into an unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence into Smackover Creek in Segment 2D of the Ouachita River Basin.

Outfall 004:

From a 30-inch pipe leading to an unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence into Smackover Creek, thence Ouachita River.

Outfall 005:

From an unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek in Segment 2D of the Ouachita River Basin.

Outfall 006:

From an unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek in Segment 2D of the Ouachita River Basin.

Outfall 007:

From an unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek in Segment 2D of the Ouachita River Basin.

Outfall 010:

Via pipeline directly to the Ouachita River in Segment 2D of the Ouachita River Basin.

Subsurface Disposal (Lagooning)				
Location of lagoon	How old is the lagoon?			
Surface area of lagoonAcre Depth_	Ft Does lagoon have liner?	□No		
Incineration				
Location of incinerator				
Other (Provide complete description)				

SECTION D – Water Supply See Attachment 2

Water S	Sources (check as many as are applicable):	
	Private Well	
	Distance from discharge point:	☐Within 50 miles
	Municipal Water Utility (Specify City)	
	Distance from discharge point:	☐ Within 50 miles
	Surface Water Name of Surface Water Source:	
	Distance from discharge point:	☐ Within 50 miles
	Other (Specify):	
	Distance from discharge point: Within 5 miles	☐ Within 50 miles

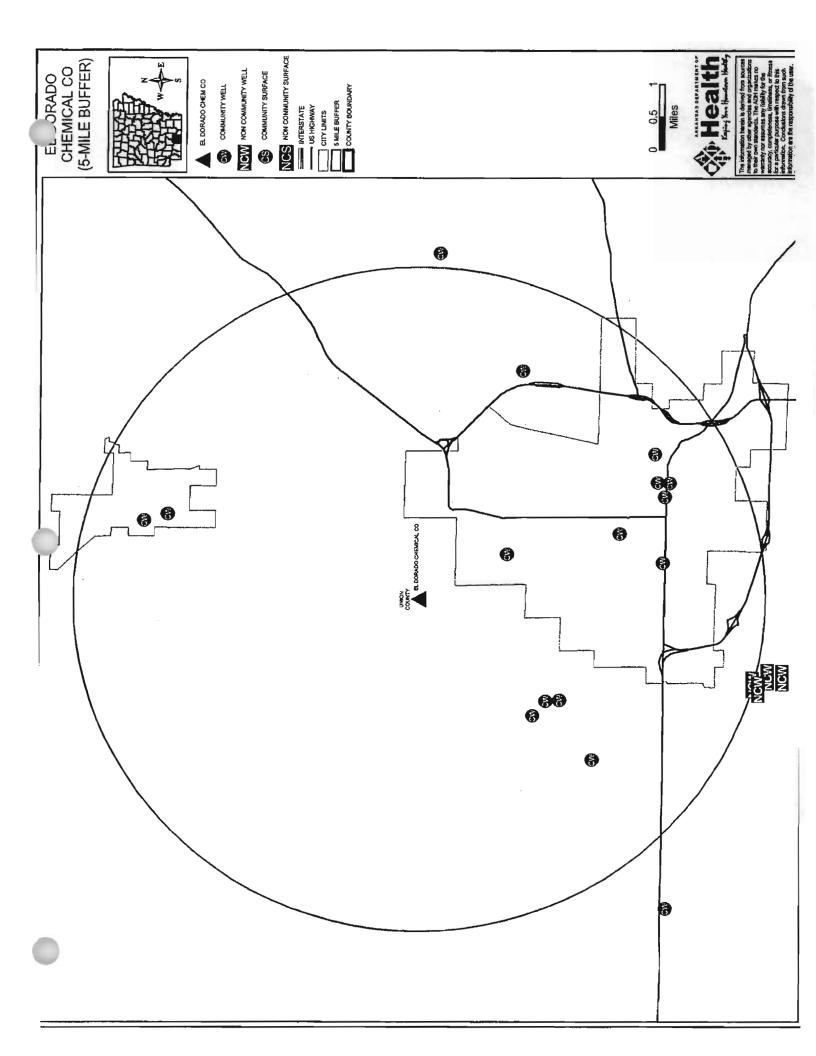
SECTION E – Financial Assurance

Act 336 of 1995 provides for financial assurance requirements for permitting common sewage systems. Arkansas Code 8-5-703 (1)(1)-The Department of Pollution Control and Ecology shall not permit or register any common sewage system serving two (2) or more occupied lots, residences, businesses, or other discernible occupied unity without the applicant first demonstrating to the department its financial ability to cover the costs of operating and maintaining the system for a period of five (5) years.

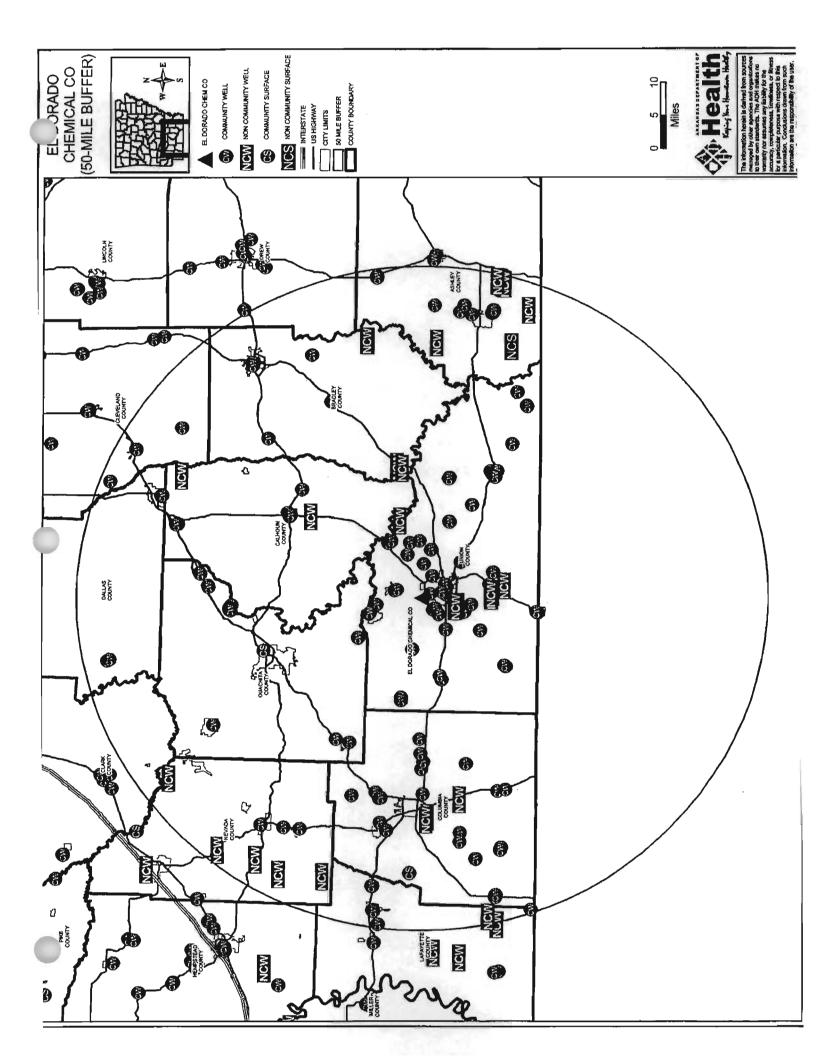
Please provide <u>financial assurance</u> in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department (Arkansas Code 8-5-703(a)(2)):

- A. By obtaining insurance;
- B. By passing a financial test;
- C. By obtaining a letter of credit;
- D. By obtaining a surety bond;
- E. By obtaining a trust fund or escrow account;
- F. Through the use of a combination of insurance, financial test, letter of credit, surety bond, trust fund, or escrow account.



WELL ID	SYSTEM NAME	SITE NAME	SOURCE TYPE
550501	EL DORADO WATERWORKS	WELL #13 (LION OIL)	W
550101	EL DORADO WATERWORKS	WELL #10A	W
550102	EL DORADO WATERWORKS	WELL #11	W
550103	EL DORADO WATERWORKS	WELL #12	W
550104	EL DORADO WATERWORKS	WELL #15	W
550201	EL DORADO WATERWORKS	WELL #17	W
550202	EL DORADO WATERWORKS	WELL #18	W
550203	EL DORADO WATERWORKS	WELL #19	W
550204	EL DORADO WATERWORKS	WELL #20	W
550301	EL DORADO WATERWORKS	WELL #16	W
550401	EL DORADO WATERWORKS	WELL #14	W
554101	NORPHLET WATERWORKS	WELL #2	W
554201	NORPHLET WATERWORKS	WELL #3	w
N0091103	GREAT LAKES CHEM CO CENTRAL	WELL #6	W
550601	EL DORADO WATERWORKS	WELL 21	W
5.05			
A	LL WELLS WITHIN 5 MILES OF E	L DORADO CHEMICAL	
	107		
	<u> </u>		
	<u></u>		
<u>.</u>			
			0,722 (8)
			_
	<u> </u>		



WELL ID	SYSTEM NAME	SITE NAME	SOURCE TYPE
N0074101	ASHLEY MINERAL SPRINGS	ASHLEY MINERAL SPRINGS INTAKE	
109101	MAGNOLIA WATERWORKS	LAKE COLUMBIA INTAKE	LAKE
404101	CAMDEN WATERWORKS	OUACHITA RIVER INTAKE	RIVER
			10 20
	SURFACE SOURCE	ES WITHIN 50 MILES OF	
	EL DORADO CHEM		
		- NII - S.	
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SECTION F - Industrial Activity

1.					d by EPA (<u>http://www.</u> an Water Act (CWA) a		
		YES⊠_ (Answ	er questic	ons 2 and 3)	NO 🗆		
2.	Wha	t Part of 40 CFR?	418				
3.	Wha	t Subpart(s)?	B, D, E				
4.	Give	a brief description of a	all operati	ons at this fa	cility including primary	products or service	es (attach
	addi	tional sheets if necess	ary):	produces	ammonium nitrate, nitr	ic acid, and sulfurio	c acid
5.	Prod	uction: (projected for	new facil	ities)	-		
					Produc		
(Pro	nd Na	oduct(s) Manufactured	Í		lbs/da		
		n Nitrate, Agricultural	Grade	_	Average Daily 2,221,3		
		n Nitrate, Industrial Gr			1,253,2		
		, 57%		1,419,400			
		, 63%		691,720			
		, 98%		529,320			
		cid, 93%		525,520			
Sulfi	uric A	cid, 98%		46,200			
Facilit	ties th	G - Wastewater at checked "Yes" in o to question 2.		Ū	mation B are considered Ca	itegorical Industria	l Users and
1.	type from	of discharge (batch, c	ontinuous hematic (s, or both), fo (reference Fi	ge wastewater discha or each plant process. igure 1) that correspo arge.]	Include the refere	nce number
Nun	nber	Process Description		age Flow GPD)	Maximum Flow (GPD)	Type of Disc (batch, continuo	
							_
		tch discharge occurs o			[New facilities may est Average disch	imate.] arge per batch:	(GPD)
	Time	of batch discharges_		(days of w	eek)	at(hours	of day)
	Flow	rate:			nute Percent of total	•	**

Answer questions 2, 3, and 4 only if you are subject to Categorical Pretreatment Standards.

 For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

Nun	nber	Regulated Process	Average Flow (MGD)	(GPD)	(batch, contin	
See	Form	2C, Section II, as previo		(=, =)	(44.1577) 52771117	
_						
Nun	nber	Unregulated	Average Flow	Maximum Flow		
		Process	(MGD)	(GPD)	(batch, contin	uous, none)
				-		
				11-2211		
			-			
Nun	nber	Dilution	Average Flow	Maximum Flow	Type of Di	scharge
		(e.g., cooling water)	(MGD)	(GPD)	(batch, contin	
	161	4-llil		N1 6	-414-1	
	it ba	tch discharge occurs or	will occur, indicate: [New facilities may e	estimate.]	
	Num	ber of batch discharges	· ner dav	Average disc	charge per batch:	(GPD)
	ITGII	iber of bater disoriarges	per day	Average dis-	charge per baton	(Oi D)
	Time	of batch discharges			at	
		_	(days of we	eek)	(hour	s of day)
	Flow	rate:	gallons/mir	nute Percent of tota	al discharge:	
3.	Do v	ou have, or plan to have	automatic sampling	a equipment or cont	inuous wastewater f	low metering
		pment at this facility?	o, automatio camping	, equipment or cont	madad madamator i	iow motoring
		,				
	Curr	ent: Flow Metering	Yes	No 🗌	N/A	
		Sampling Equipme	ent Yes	No 🔲	N/A 🔲	
	Plan	ned: Flow Metering	Yes ⊠ ent Yes ⊠	No 🗆	N/A 🔲	
		Sampling Equipme	ent Yes ⊠	No 🗆	N/A 🗌	
	lf so	, please indicate the pre	sent or future location	of this equipment	on the sewer schem	atic and
	11 00	, picase indicate the pre	sent of latare location	r or and equipment	on the seven senem	atio arid
	desc	ribe the equipment belo	w:Outfall 010			
4.	Are	any process changes	or expansions plan	ned during the ne	ext three years that	could alter
		ewater volumes or char		ned daning the ne	one thoo yours that	dodia altor
	Yes	☐ No	(If no, skip	question 5.)		
				•		
5.	Brie	fly describe these chang	es and their effects o	n the wastewater vo	olume and character	istics.

SECTION H – Technical Information

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment/disposal system.

1.	Describe the process for wastewater treatment. Include the types of control equipment to be installed along with their methods of operation and control efficiency.
	There are no proposed changes to the existing treatment system at this time.

- 2. One set of construction plans and specifications, approved by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:
 - The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
 - b. Specifications and a complete design calculations.
 - c. All treated wastewater discharges should have a flow-measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow-measuring device should be provided both before and after treatment.
- 3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I – Signatory Requirements

The information contained in this form must be certified by a <u>responsible official</u> as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation: a principal officer of at least the level of vice president

Partnership: a general partner Sole proprietorship: the proprietor

Municipal, state, federal, or other public facility: principal executive officer or ranking elected official

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. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested.

for the substance tested.	the EPA approved test method having the lowest detection limit
Signature of responsible official:	0798 1/099 Date: 11-5-04
Printed name of responsible official:	George Hogg
Official title of responsible official: Plant M	ManagerTelephone Number_(870) 863-1400
to act as a duly authorized representative authorized representative is designated in	cant certifies that the named individual is qualified as print below under the provisions of 40CFR 122.22(b). (NOTE: If no duly this section, the Department considers the applicant to be the y reports, etc., signed by the applicant will be accepted by the
Cognizant Official (Duly Authorized Repre	sentative)
	required by the permit, or other information requested by the (or person authorized by the applicant) or by a duly authorized aduly authorized representative only if:
(2) the authorization specifies either	g by the applicant (or person authorized by the applicant): an individual or a position having responsibility for the overall or activity responsibility, or an individual or position having overall atters for the company.
	ollowing person as a cognizant official, or duly authorized including Discharge Monitoring Reports (DMRs) required by the the Director.
George Hogg	
NAME (first, last)	
Plant Manger	(870) 863-1400
TITLE	TELEPHONE

