

APPLICATION SUMMARY

UPDATED APPLICATION SUMMARY

El Dorado Chemical Company (EDCC) manufactures ammonium nitrate, ammonia, nitric acid, and sulfuric acid at a facility located in El Dorado, Arkansas. The facility is currently permitted through the Arkansas Department of Energy and Environment – Division of Environmental Quality (DEQ), National Pollutant Discharge Elimination System (NPDES) Permit No. AR0000752. EDCC submitted a complete permit renewal application in March 2022.

Excessive rain events in 2022 lead to a review of current operational practices and the design of Lake Kildeer. It was determined that Lake Kildeer was originally designed and constructed with an earthen emergency overflow structure that was never permitted. The overflow structure has since become overgrown in recent years.

EDCC is amending the current renewal application in order to request the addition of Outfall 009 to the existing permit. EDCC intends to restore the overflow structure to its original design and function. The emergency overflow (Outfall 009) would only be utilized during times of extreme weather events when discharging from Outfalls 010 and 001 cannot maintain appropriate pond levels.

Please note that only those portions of the original application that were changed as a result of the above request is being re-submitted. All sampling data referenced in the revised application is reflective of the original application.

FORM 1



ARKANSAS ENERGY & ENVIRONMENT

NPDES Individual Permit Application **Form 1**

5301 Northshore Drive
North Little Rock, AR 72118-5317

PURPOSE OF THIS APPLICATION (check all that apply)

- INITIAL APPLICATION FOR NEW FACILITY
- INITIAL APPLICATION FOR EXISTING FACILITY
- MODIFICATION OF EXISTING PERMIT
- RENEWAL OF EXISTING PERMIT
- REVOKE AND REISSUE OF EXISTING PERMIT
- CONSTRUCTION PERMIT

SECTION A - GENERAL INFORMATION

A.1. Legal Applicant Name: El Dorado Chemical Company

A.2. Operator Type: Corporation

A.3. Corporation? Yes No → Skip to A.4

State of Incorporation, if not Arkansas: Oklahoma

Attach a Proof/Status of Good Standing from Arkansas Secretary of State and from the state of incorporation, if applicable.

A.4. Facility Name: El Dorado Chemical Company

A.5. Is the applicant identified in A.1, the owner of the facility? Yes → Skip to A.6 No

Owner of the facility:

A.6. Is there an outstanding state construction permit for this facility that needs to be terminated?

Yes No → Skip to A.7

A state construction permit can be terminated by submitting Notice of Completion of Construction for State Construction Permits found through the link below:

<https://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/state-construction-permit-completion-of-construction.pdf>

NPDES Permit Number	AFIN	Facility Name	County
AR0000752	70-00040	El Dorado Chemical	<u>Union - 70</u>

A.7. Indicate below any NPDES permits issued by DEQ to this facility, if applicable. (Check all that apply and list the corresponding permit number for each.)

NPDES permits issued by DEQ		
<input checked="" type="checkbox"/> NPDES Individual Discharge Permit <u>AR0000752</u>	<input type="checkbox"/> NPDES Non-Stormwater General Permit <u>ARG _____</u>	<input checked="" type="checkbox"/> NPDES Industrial Stormwater General Permit <u>ARR001595</u>

A.8. List permit numbers and/or names of any permits issued by DEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Number	Held by
<u>0573-AOP-R24</u>	<u>El Dorado Chemical Company</u>
<u>ARD001700657</u>	<u>El Dorado Chemical Company</u>
<u>AR0050296</u>	<u>City of El Dorado, Lion Oil, LANXESS Corporation, El Dorado Chemical Company</u>
_____	_____

A.9. Is the facility required to file a disclosure statement?

Yes, one has been attached Exempt

The disclosure statement form may be obtained from the DEQ web site at:

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

A.10. Facility Physical Location. Attach a location map.

Street address <u>4500 North West Avenue</u>			
City or town <u>El Dorado</u>	State <u>AR</u>	ZIP code <u>71730</u>	County <u>Union - 70</u>

Front Door (gate) location of the facility.

Latitude:	<u>33°</u>	<u>15'</u>	<u>58.75'</u>
Longitude:	<u>92°</u>	<u>40'</u>	<u>58.75''</u>

A.11. Mailing Address for permit, DMR, and invoices (Street or Post Office Box):

Street Address <u>4500 North West Ave</u>		P.O. Box _____	
City or town <u>El Dorado</u>	State <u>AR</u>	ZIP code <u>71730</u>	

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A.12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

- Louisiana Mississippi Missouri
 Oklahoma Tennessee Texas

A.13. Standard Industrial Classification (SIC) code and North America Industrial Classification System (NAICS) code for primary process and secondary process if applicable.

Primary SIC <u>2873</u>	Primary NAICS <u>325311</u>
Secondary SIC <input checked="" type="checkbox"/> N/A	Secondary NAICS <input checked="" type="checkbox"/> N/A

A.14. Responsible Official (as described on the last page of this application):

Name (First and Last) <u>Derek Turner</u>	Title <u>General Manager</u>
E-mail Address <u>dturner@lsbindustries.com</u>	Phone Number <u>870-863-1400</u>

A.15. Cognizant Official (Duly Authorized Representative as described on the last page of this application):

Name (First and Last) <u>Charles McDowell</u>	Title <u>Environmental Leader</u>
E-mail Address <u>cmcdowell@lsbindustries.com</u>	Phone Number <u>870-863-1400</u>

A.16. Did a consulting firm prepare this application?

- Yes No → Skip to A.17

Contact Name (First and Last) <u>Amanda Gallagher</u>	Title <u>Environmental Engineer</u>
Company Name <u>Alliance Technical Group</u>	
E-mail Address <u>amanda.gallagher@alliancetg.com</u>	Phone Number <u>501-847-7077</u>
Street Address <u>219 Brown Lane</u>	
City or town <u>Bryant</u>	State <u>AR</u>
	ZIP Code <u>72022</u>

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A.17. Wastewater Operator Information

Name (First and Last)	License Number	Municipal Wastewater Operator	Industrial Wastewater Operator
<u>Eddie Pearson</u>	<u>011898</u>	Class <u>I</u>	Basic
<u>_____</u>	<u>_____</u>	Class Choose an item.	Choose an item.
<u>_____</u>	<u>_____</u>	Class Choose an item.	Choose an item.
<u>_____</u>	<u>_____</u>	Class Choose an item.	Choose an item.

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SECTION B - OUTFALL INFORMATION

B.1. Outfall Information (If more than two outfalls, attach additional pages)

Outfall 001								
Design Flow N/A MGD				Highest Monthly Average flow over the last two years 4.42 MGD (January 2023)				
End-of-Pipe Location:	Latitude:	<u>33</u> °	<u>15</u> '	<u>33.8</u> " N	Longitude:	<u>92</u> °	<u>41</u> '	<u>14.2</u> " W
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>33</u> °	<u>15</u> '	<u>33.8</u> " N	Longitude:	<u>92</u> °	<u>41</u> '	<u>14.2</u> " W
Name of Receiving Stream								
<u>An unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek, and thence to the Ouachita River in Segment 2D of the Ouachita River Basin</u>								
Treatment system (Include all components of the treatment system and attach a process flow diagram):								
pH neutralization, aeration pond, & equalization pond								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.								
<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input checked="" type="checkbox"/> Both								
An automatic sampler is utilized to collect composite samples at Outfall 001.								
How is flow measured and where (relative to the process flow diagram)?								
Totalizing meter								
Is the outfall equipped with a diffuser?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe?								
<u>24</u> inches								

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Outfall 002								
Design Flow N/A MGD				Highest Monthly Average flow over the last two years 0.25 MGD (December 2023)				
End-of-Pipe Location:	Latitude:	<u>33°</u>	<u>15'</u>	<u>45.3" N</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>20.3" W</u>
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>33°</u>	<u>15'</u>	<u>45.3" N</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>20.3" W</u>
Name of Receiving Stream								
<u>An unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek, and thence to the Ouachita River in Segment 2D of the Ouachita River Basin</u>								
Treatment system (Include all components of the treatment system and attach a process flow diagram):								
pH neutralization and aeration pond								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.								
<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input checked="" type="checkbox"/> Both								
A portable automatic sampler is used to collect samples at the outfall.								
How is flow measured and where (relative to the process flow diagram)?								
Weir								
Is the outfall equipped with a diffuser?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe?								
<u>N/A</u> inches								

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Outfall 003								
Design Flow 0.0017 MGD					Highest Monthly Average flow over the last two years 0.1303 MGD			
End-of-Pipe Location:	Latitude:	<u>33°</u>	<u>15'</u>	<u>40.66'</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>9.67" W</u>
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>33°</u>	<u>15'</u>	<u>40.66'</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>9.67" W</u>
Name of Receiving Stream								
<u>An unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek, and thence to the Ouachita River in Segment 2D of the Ouachita River Basin</u>								
Treatment system (Include all components of the treatment system and attach a process flow diagram):								
Imhoff tank and sand filter								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.								
<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input checked="" type="checkbox"/> Both								
A portable automatic sampler is used to collect samples at the outfall.								
How is flow measured and where?								
Weir								
Is the outfall equipped with a diffuser?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe?								
<u>N/A</u> inches								

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Outfall 006								
Design Flow N/A MGD					Highest Monthly Average flow over the last two years 0.368 MGD			
End-of-Pipe Location:	Latitude:	<u>33°</u>	<u>16'</u>	<u>03'</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>02''</u> W
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>33°</u>	<u>16'</u>	<u>1.01'</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>3.02''</u> W
Name of Receiving Stream								
<u>An unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek, and thence to the Ouachita River in Segment 2D of the Ouachita River Basin.</u>								
Treatment system (Include all components of the treatment system and attach a process flow diagram):								
None								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.								
<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input checked="" type="checkbox"/> Both								
Grab samples are collected at the Outfall.								
How is flow measured and where?								
Parshall flume with totalizing meter.								
Is the outfall equipped with a diffuser?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe?								
<u>N/A</u> inches								

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Outfall 007								
Design Flow N/A MGD					Highest Monthly Average flow over the last two years 0.364 MGD			
End-of-Pipe Location:	Latitude:	<u>33°</u>	<u>16'</u>	<u>11'</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>16'' W</u>
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>33°</u>	<u>16'</u>	<u>6.27'</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>15.88'' W</u>
Name of Receiving Stream								
<u>An unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek, and thence to the Ouachita River in Segment 2D of the Ouachita River Basin.</u>								
Treatment system (Include all components of the treatment system and attach a process flow diagram):								
None								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.								
<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input checked="" type="checkbox"/> Both								
Grab samples are collected at the Outfall.								
How is flow measured and where?								
Parshall flume with totalizing meter.								
Is the outfall equipped with a diffuser?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe?								
<u>N/A</u> inches								

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Outfall 009 Lake Kildeer Emergency Overflow								
Design Flow N/A MGD				Highest Monthly Average flow over the last two years N/A MGD (New Outfall)				
End-of-Pipe Location:	Latitude:	<u>33°</u>	<u>15'</u>	<u>18.2" N</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>27.3" W</u>
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>33°</u>	<u>15'</u>	<u>18.2" N</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>27.3" W</u>
Name of Receiving Stream								
<u>An unnamed tributary of Flat Creek, thence to Flat Creek, thence to Haynes Creek, thence to Smackover Creek, and thence to the Ouachita River in Segment 2D of the Ouachita River Basin</u>								
Treatment system (Include all components of the treatment system and attach a process flow diagram):								
pH neutralization, aeration pond, & equalization pond								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.								
<input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Both								
This is a new outfall location and sample type is unknown. Samples will be collected at overflow structure.								
How is flow measured and where (relative to the process flow diagram)? Estimated.								
Is the outfall equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe? <u>N/A</u> inches								

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Outfall 010								
Design Flow N/A MGD				Highest Monthly Average flow over the last two years 1.98 MGD				
End-of-Pipe Location:	Latitude:	<u>33°</u>	<u>15'</u>	<u>32.6" N</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>14.4" W</u>
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>33°</u>	<u>15'</u>	<u>32.6" N</u>	Longitude:	<u>92°</u>	<u>41'</u>	<u>14.4" W</u>
Name of Receiving Stream								
Via joint pipeline to the Ouachita River. Approximately 13.9 miles east of EDCC, on the Ouachita River								
Treatment system (Include all components of the treatment system and attach a process flow diagram):								
pH neutralization, aeration pond, & equalization pond								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.								
<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input checked="" type="checkbox"/> Both								
An automatic sampler is utilized to collect composite samples at Outfall 010 prior to discharge to the Joint Pipeline.								
How is flow measured and where (relative to the process flow diagram)?								
Totalizing meter								
Is the outfall equipped with a diffuser?								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe?								
<u>N/A</u> inches								

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B.2. Describe how influent is collected and conveyed to the treatment system.

Series of ditches and piping.

B.3. Are you a publicly owned treatment works?

Yes No → Skip to B.4

If “Yes”, complete the table below:

Pollutant	Maximum Daily Influent		Average Daily Influent		
	Value	Units	Value	Units	Number of Samples*
CBOD ₅ /BOD ₅					
TSS					
How and where were the influent samples collected? Include a narrative description of where samples are collected relative to the treatment system.					

<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Both					

* At a minimum, influent testing data must be based on at least three samples taken within 4.5 years prior to the date of the permit application. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application

Attach the laboratory report for the CBOD₅/BOD₅ and TSS tests.

B.4. Attach a process flow diagram.

B.5. Attach a topographic map extending at least one mile beyond the property boundary with the discharge location(s) marked with this application.

B.6. Is the proposed or existing facility located above the 100-year flood level?

Yes No

If “No”, what measures are (or will be) used to protect the facility? _____

Has a FEMA map been submitted with a previous application?

Yes No

If “No”, a FEMA map must be submitted with this application as an attachment.

B.7. Population served for Municipal or Domestic Sewer Systems: N/A

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B.8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, how many? _____ Total Horsepower (hp)? _____

If No, check all that apply.

- Portable generator is available.
- The WWTP does not require power to operate.
- Operations at the facility will cease if power is not available.
- The WWTP has sufficient capacity to hold influent until power is restored.
- Other, please explain. _____

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SECTION C - WASTE STORAGE AND DISPOSAL INFORMATION

C.1. Are solids/sludge produced at this facility?

Yes No → Skip to Section D

C.2. Do solids/sludge remain in treatment lagoon(s)?

Yes No → Skip to C.3

How many lagoon(s)? _____ How old is the lagoon(s)? _____

Has sludge depth been measured? Yes No

If yes, when was it measured (MM/YYYY)? _____ Average sludge depth? _____ ft.

If no, when will it be measured? _____

Has sludge ever been removed? Yes No

If yes, when was it removed (MM/YYYY)? _____

C.3. Are solids/sludge disposed at a landfill?

Yes No → Skip to C.4

Is the Landfill located in Arkansas? Yes No

If Yes, what is the DEQ solid waste permit issued to the landfill? Permit No. _____

If No, which state? State: _____

Provide the solid waste permit Permit No. _____

C.4. Are solids/sludge disposed by land application?

Yes No → Skip to C.5

Is the land application site located in Arkansas? Yes No

If Yes, what is the DEQ state permit issued to the land application site? _____

If No, what state and their state permit? State: _____ Permit No. _____

C.5. Are solids/sludge disposed by septic tank?

Yes No → Skip to C.6

Arkansas Department of Health Permit No. _____

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C.6. Are solids/sludge distributed and marketed?

Yes No → Skip to C.7

Company Name receiving solids/sludge		
E-mail Address		Phone Number
Street Address		
City or town	State	ZIP Code
Distributed by (check all that applies)		
<input type="checkbox"/> Pipe		
<input type="checkbox"/> Rail		
<input type="checkbox"/> Truck		
<input type="checkbox"/> Other _____		

C.7. Are solids/sludge disposed by sludge storage lagoon? (Lagoon for which the sole purpose is storing sludge):

Yes No → Skip to C.8

How many lagoon(s)? _____ How old is the lagoon(s)? _____ years

Total surface area of lagoon(s)? _____ acre

Has sludge depth been measured? Yes No

If yes, when was it measured (MM/YYYY)? _____ Average depth? _____ ft.

If no, when will it be measured? _____

Has sludge ever been removed? Yes No

If yes, when was it removed (MM/YYY)? _____

Does lagoon(s) have a liner? Yes No

C.8. Are solids/sludge disposed by incineration?

Yes No → Skip to C.9

Company Name	
E-mail Address	Phone Number

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Street Address		
_____	_____	_____
City or town	State	ZIP Code
_____	_____	_____

C.9. Are solids/sludge disposed by **Other** method? (Provide complete description)

Septic tanks are pumped as needed by a license septic tank hauler. Solids are removed from Lake Lee and Lake Kildeer as needed basis and disposed of in a DEQ permitted facility.

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SECTION D - WATER SUPPLY

D.1. Are there any water supply sources which are downstream of the outfall location, i.e., those which could be affected by the discharge from this facility?

Yes No → Skip to Section E

D.2. Is the water supply source subsurface water?

Yes No → Skip to D.3

Private Well?

Yes No

Distance from discharge point: Within 5 miles Within 50 miles

Municipal Water Utility?

Yes No

City or town See Water Supply Sources Attachment

Distance from discharge point: Within 5 miles Within 50 miles

D.3. Is the water supply source surface water

Yes No → Skip to D.4

Distance from discharge point: Within 5 miles Within 50 miles

D.4. **Other** (Provide complete description)

See Water Supply Sources Attachment

Distance from discharge point: Within 5 miles Within 50 miles

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SECTION E - TRUST FUND REQUIREMENTS

E.1. Is the facility considered a “nonmunicipal domestic sewage treatment works” (NDSTW) as defined in [Ark. Code Ann. 8-4-203\(b\)](#)?

Yes No

If “yes”, a completed NDSTW trust fund form must be submitted. The trust fund form may be obtained from the DEQ web site at:

<http://www.adeg.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

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SECTION F - INDUSTRIAL ACTIVITY

F.1. Is this facility subject to an effluent limit guideline?

Yes No → Skip to Section G

F.2. 40 CFR reference for applicable effluent limit guidelines⁴¹⁸

List all applicable Subpart(s) B, D, E

F.3. Description of all operations at this facility including primary products or services (attach additional sheets if necessary):

EDCC produces ammonia, ammonium nitrate, nitric acid, and sulfuric acid.

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SECTION G - MODIFICATION AND CONSTRUCTION INFORMATION

G.1. Was “Modification of existing permit” or “Construction permit” checked off on **Purpose of this Application?** (Above Section A - General Information)

Yes No → Skip to Section H

G.2. List proposed changes at the facility.

G.3. If this application is for a State Construction permit, please note that, in accordance with Rule 6.202, plans and specifications and design calculations must be stamped and signed by a **Registered Professional Engineer in the State of Arkansas**. The basic design criteria for wastewater treatment plants in the State of Arkansas should be based on the latest edition of the “Recommended Standards for Sewage Works,” published by the Great Lakes-Upper Mississippi Board of State Sanitary Engineers known as 10 States Standards, with few modifications. Exception to the criteria will only be approved by DEQ when fully justified. A comprehensive list of exceptions to 10 State Standards is listed in Rule 6.202(B) and can be viewed here: https://www.adeg.state.ar.us/regs/files/reg06_final_150918.pdf

Checklist	
<input type="checkbox"/>	Professional Engineer registered in the State of Arkansas
<input type="checkbox"/>	Design calculations signed and stamped, attached
<input type="checkbox"/>	Plans and drawing signed and stamped, attached
<input type="checkbox"/>	Specifications meet the 10 States Standards, except for those that are fully justified attached

G.4. In the case of construction, will the construction disturb one acre or more?

Yes No → Skip to Section H

If the area disturbed is more than one acre up to, but not including, five acres, the facility is automatically covered under the Construction Stormwater General Permit ARR150000 and must comply with the terms and conditions of that permit.

If the area disturbed is five acres or more, a Construction Stormwater General Permit ARR150000 must be obtained by submitting a Notice of Intent and a Stormwater Pollution Prevention Plan to DEQ. The application information can be found here:

<https://www.adeg.state.ar.us/water/permits/npdes/stormwater/>

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SECTION H: CHECKLIST AND SIGNATORY REQUIREMENTS

H.1. Mark the sections of Form 1 below that have been completed and are being submitted as part of the application. For each section, specify any attachments that will be enclosed. Note that not all applicants are required to provide all attachments.

Form 1 Section	Attachments
<input checked="" type="checkbox"/> Section A – General Information	<input checked="" type="checkbox"/> w/Proof of Good Standing from Arkansas Secretary of State <input checked="" type="checkbox"/> w/Proof of Good Standing from State of Incorporation <input checked="" type="checkbox"/> w/Notice of Completion of Construction for State Construction Permits <input checked="" type="checkbox"/> w/Disclosure Statement <input checked="" type="checkbox"/> w/location map
<input checked="" type="checkbox"/> Section B – Outfall Information	<input checked="" type="checkbox"/> w/additional outfall information <input checked="" type="checkbox"/> w/topographic map extending at least one mile beyond the property boundary with the discharge location marked <input type="checkbox"/> w/FEMA flood plain map <input checked="" type="checkbox"/> w/process flow diagram
<input checked="" type="checkbox"/> Section C – Waste Storage and Disposal Information	
<input checked="" type="checkbox"/> Section D – Water Supply	
<input checked="" type="checkbox"/> Section E – Trust Fund Requirements	<input type="checkbox"/> w/Nonmunicipal Domestic Sewage Treatment Works Trust Fund Certification form
<input checked="" type="checkbox"/> Section F – Industrial Activity	
<input checked="" type="checkbox"/> Section G – Modification and Construction Information	<input type="checkbox"/> w/design calculations <input type="checkbox"/> w/design specifications <input type="checkbox"/> w/plans and drawing

H.2. Is an EPA Form necessary?

Purpose of this application	EPA Form needed?
<input type="checkbox"/> Initial Application for New Facility	Yes, see lists below
<input type="checkbox"/> Initial Application for Existing Facility	Yes, see lists below
<input type="checkbox"/> Modification of Existing Permit	No
<input checked="" type="checkbox"/> Renewal of Existing Permit	Yes, see lists below
<input type="checkbox"/> Revoke and Reissue of Existing Permit	Yes, see lists below
<input type="checkbox"/> Construction Permit	No

Check all boxes that are applicable

- EPA Form 2A – Municipal Dischargers
- EPA Form 2B – Concentrated Animal Feeding Operations
- EPA Form 2C – Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
- EPA Form 2D – New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
- EPA Form 2E – Facilities Which Do Not Discharge Process Wastewater (i.e. domestic, non-contact cooling water, etc)
- EPA Form 2F – Application for Permit to Discharge Stormwater Dischargers Associated with Industrial Activity


NPDES Permit Number	AFIN	Facility Name	County
AR0000752	70-00040	El Dorado Chemical	<u>Union - 70</u>

H.3. Cognizant Official (Duly Authorized Representative)

40 C.F.R. 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

- (1) The authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Print name (First and Last)	Official title	
<u>Charles McDowell</u>	<u>Environmental Leader</u>	
Signature	Date signed	Telephone number
	<u>7 March 2023</u>	<u>870-863-1400</u>

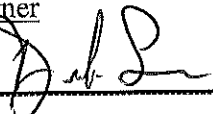
H.4. Responsible Official

“By my signature below, I certify that I met the requirement to be the signatory as defined in 40 C.F.R. § 122.22.”

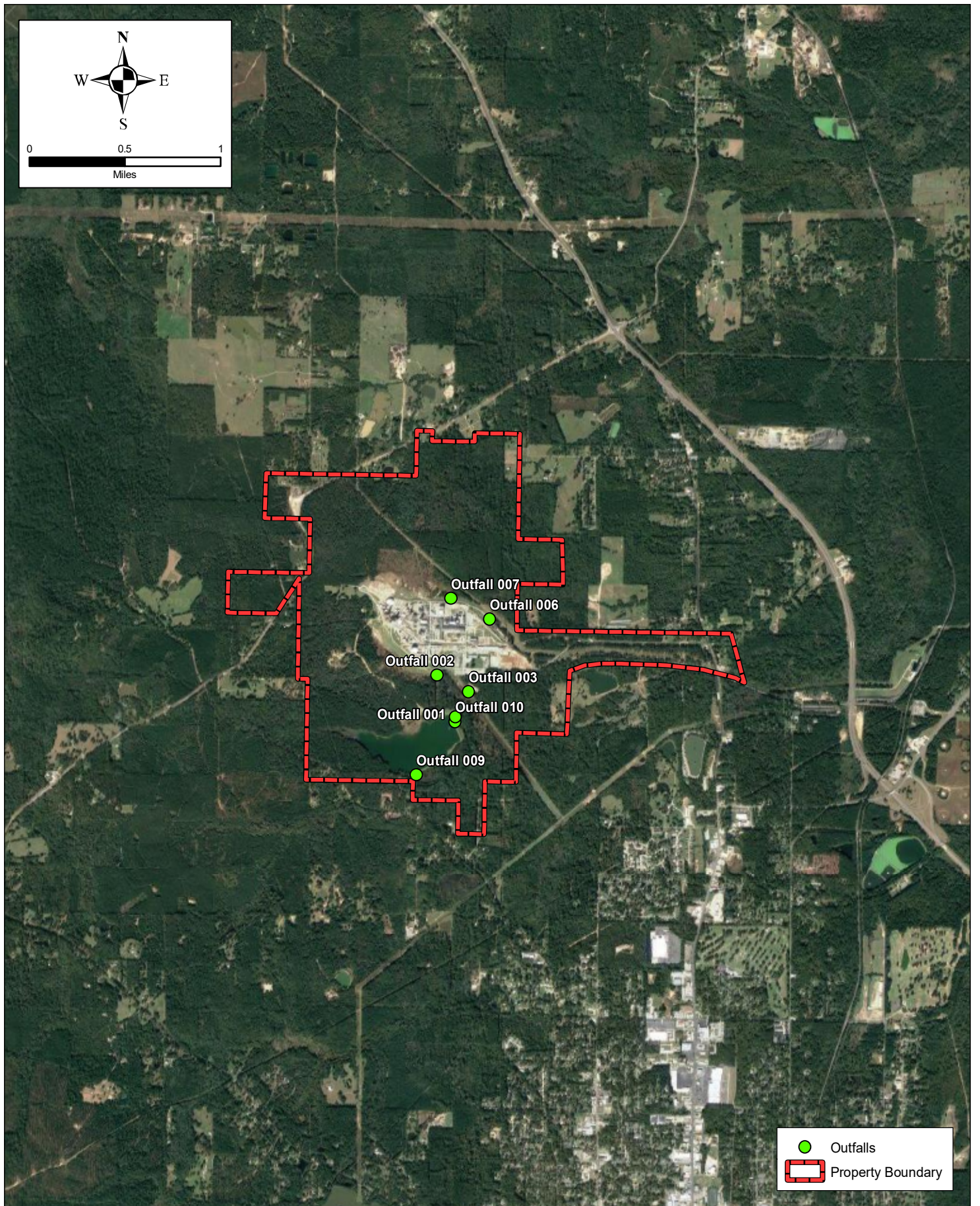
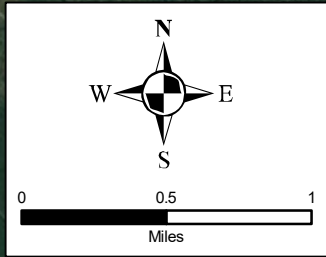
“By my signature below, I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b).” NOTE: If no duly authorized representative is designated in this section, the Division considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Division.

“By my signature below, I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas.”

“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.”

Print name (First and Last)	Official title	
<u>Derek Turner</u>	<u>General Manager</u>	
Signature	Date signed	Telephone number
	<u>3/7/23</u>	<u>870-863-1400</u>

AREA MAPS



● Outfalls
 Property Boundary

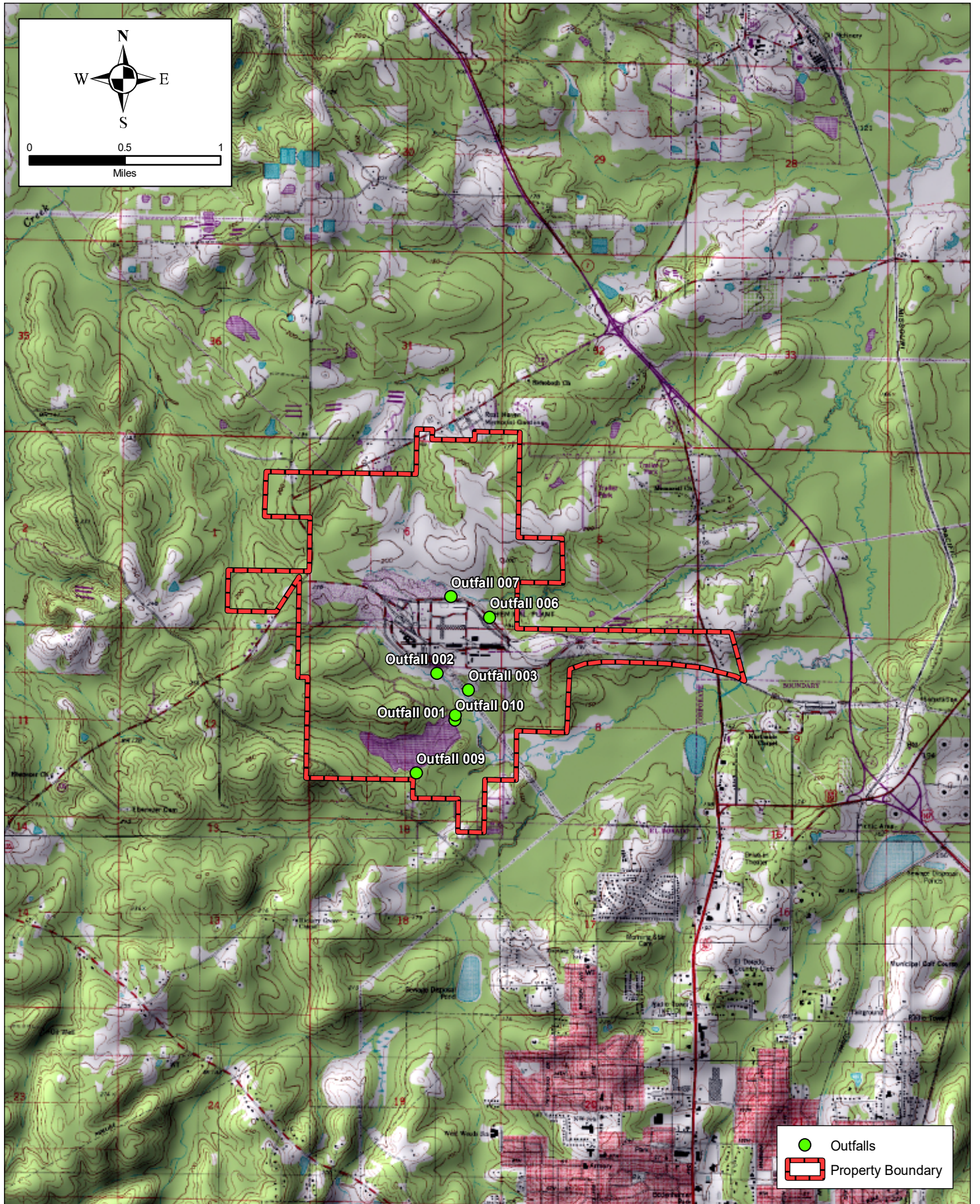
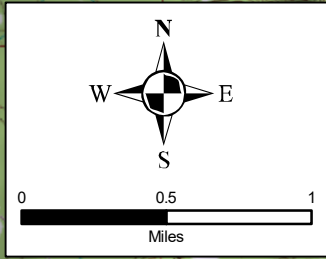
DESIGNED BY	AAG
CHECKED BY	AAG
APPR. BY	AAG
DRAWN BY	IT



SHEET TITLE	AERIAL PHOTOGRAPHY SITE MAP
-------------	--------------------------------

JOB NAME	EL DORADO CHEMICAL COMPANY EL DORADO, ARKANSAS
----------	--

PROJECT NO.	2042-99-010	REV. NO.	
DATE	02/23/2023	DWG. NO.	
SCALE	SHOWN		



- Outfalls
- Property Boundary

DESIGNED BY	AAG
CHECKED BY	AAG
APPR. BY	AAG
DRAWN BY	IT



SHEET TITLE	TOPOGRAPHIC SITE MAP
-------------	-------------------------

JOB NAME	EL DORADO CHEMICAL COMPANY EL DORADO, ARKANSAS
----------	--

PROJECT NO.	2042-99-010	REV. NO.	
DATE	02/23/2023	DWG. NO.	
SCALE	SHOWN		

FORM 2C

Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.			
	Outfall Number	Receiving Water Name	Latitude		Longitude
	001	Unnamed Tributary of Flat Creek	33° 15' 33.8" N	92° 41' 14.2" W	
	002	Unnamed Tributary of Flat Creek	33° 15' 45.3" N	92° 41' 20.3" W	
	See Note	for additional Outfalls.	° ' "	° ' "	

SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))

Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	-----	---

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.		
	Outfall Number 001/002/009/010			
	Operations Contributing to Flow			
	Operation		Average Flow	
	Treated Process Wastewater		See Wastewater Source List Attachment	
	Stormwater Runoff		Variable mgd	
			mgd	
			mgd	
	Treatment Units			
	Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
	Nitric Acid, Sulfuric Acid, and Ammonia Manufacturing pH neutralization, aeration, and equalization		2K, 3B, 3G	
	Steam Plant pH neutralization, aeration, and equalization		2K, 3B, 3G	
Groundwater Recovery Wells (#1 & #2) pH neutralization, aeration, and equalization		2K, 3B, 3G		
Ammonium Nitrate Prilling and Storage aeration and equalization		3B, 3G		

Note:

Outfall 010 Via Ouachita Joint Pipeline 33° 15' 32.6"N 92° 41' 14.4"W

Outfall 009 Unnamed Tributary of Flat Creek 33° 15' 18.2"N 92° 41' 27.3"W

EPA Identification Number		NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Form Approved 03/05/19 OMB No. 2040-0004		
Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** 001/002/009/010 cont.				
		Operations Contributing to Flow				
		Operation		Average Flow		
		See Wastewater Source List Attachment		mgd		
				mgd		
				mgd		
		Treatment Units				
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		Ammonia Storage- aeration and equalization		3B, 3G		
		Sanitary Wastewater from Septic Tanks aeration and equalization		3B, 3G		
		Outfall Number _____				
		Operations Contributing to Flow				
		Operation		Average Flow		
				mgd		
				mgd		
				mgd		
		Treatment Units				
Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge			
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 4.				
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
			days/week	months/year	mgd	mgd	days	

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.					
	5.2	Provide the following information on applicable ELGs.					
		ELG Category	ELG Subcategory			Regulatory Citation	
		Fertilizer Manufacturing	Subpart B - Ammonia			40CFR418	
Fertilizer Manufacturing		Subpart D - Ammonium Nitrate			40CFR418		
		Fertilizer Manufacturing	Subpart E - Nitric Acid			40CFR418	
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.					
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.					
		Outfall Nbr	Operation, Product, or Material			Quantity per Day	Unit of Measure
		001,002,010	Ammonium Nitrate			1486	Tons
		001,002,010	Ammonia			2067	Tons
001,002,010	Nitric Acid			See Below	Tons		

	381	Tons
DMW-1		
DMW-2	1109	Tons
NACSAC	88	Tons

SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements	6.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3.			
	6.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates
					Required Projected
	6.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable			

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.				
	Table A. Conventional and Non-Conventional Pollutants				
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.3.			
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application. Outfall Number _____ Outfall Number _____ Outfall Number _____			
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.			
	Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants				
	7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.8.			
	7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	7.6	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.			
		Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)		
	Fertilizer Manufacturing	<input checked="" type="checkbox"/> Volatile	<input checked="" type="checkbox"/> Acid	<input checked="" type="checkbox"/> Base/Neutral	<input checked="" type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide

EPA Identification Number		NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Form Approved 03/05/19 OMB No. 2040-0004	
Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions? <input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12. <input checked="" type="checkbox"/> No			
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Table C. Certain Conventional and Non-Conventional Pollutants				
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Table D. Certain Hazardous Substances and Asbestos				
	7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)				
	7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? <input type="checkbox"/> Yes → Complete Table E. <input checked="" type="checkbox"/> No → SKIP to Section 8.			
7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))					
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9.			
	8.2	List the pollutants below.			
		1.	4.	7.	
		2.	5.	8.	
	3.	6.	9.		

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.			
	9.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		Chronic WET Testing	Required by Permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly with DMRs
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.			
	10.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	Eurofins (formerly American Interplex)		
		Laboratory address	8600 Kanis Road Little Rock, AR 72204		
		Phone number	(501) 224-5060		
Pollutant(s) analyzed	All				

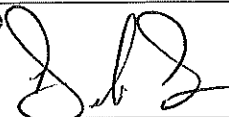
SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.			
	11.2	List the information requested and attach it to this application.			
		1.	4.		
		2.	5.		
	3.	6.			

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input checked="" type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input checked="" type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information
		<input type="checkbox"/> w/ small business exemption request
		<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B
		<input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table D
	<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ analytical results as an attachment
<input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

12.2	Certification Statement	
	<i>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>	
	Name (print or type first and last name)	Official title
Derek Turner	General Manager	
Signature 	Date signed	
		3/7/23

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OUTFALLS 001/009/010

EPA Identification Number	NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Outfall Number 001/009/010
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

	Pollutant	Waiver Requested (if applicable)	Units (specify)		Effluent				Intake (Optional)	
					Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/>	Check here if you have applied to your NPDES permitting authority for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	mg/L	8.8	2.9	2.2	24		
			Mass	lb/day	119.5	46.6	29.4	24		
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	27	27	27	1		
			Mass	lb/day	240	N/A	N/A	1		
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	8.2	N/A	N/A	1		
			Mass	lb/day	72.9	N/A	N/A	1		
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	26.0	11.5	10.2	24		
			Mass	lb/day	418.4	179.7	132.9	24		
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	55.0	33.0	15.9	24		
			Mass	lb/day	493.7	250.4	190.0	24		
6.	Flow	<input type="checkbox"/>	Rate	MGD	1.99	1.98	1.54	24		
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C	10.0	N/A	N/A	1		
	Temperature (summer)	<input type="checkbox"/>	°C	°C	28.9	N/A	N/A	1		
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	6.12	6.12	NA	24		
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	8.14	8.14	NA	24		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

Outfall 001 has not discharged during this permit cycle. Data for Outfall 010 is representative of Outfalls 001 and 009.

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EPA Identification Number	NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Outfall Number 001/009/010
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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses

Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.

Section 1. Toxic Metals, Cyanide, and Total Phenols

1.1	Antimony, total (7440-36-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
1.2	Arsenic, total (7440-38-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	See PPS Form					
					Mass						
1.3	Beryllium, total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
1.4	Cadmium, total (7440-43-9)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.001	0.001	0.001	24	
					Mass	lb/day	0.008	0.008	0.007	24	
1.5	Chromium, total (7440-47-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.01	0.01	0.01	24	
					Mass	lb/day	0.166	0.166	0.140	24	
1.6	Copper, total (7440-50-8)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.011	0.011	0.006	24	
					Mass	lb/day	0.182	0.182	0.082	24	
1.7	Lead, total (7439-92-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.005	0.005	0.001	24	
					Mass	lb/day	0.076	0.076	0.013	24	
1.8	Mercury, total (7439-97-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	ug/L	0.007	0.007	0.005	24	
					Mass	lb/day	N/A	N/A	N/A	N/A	
1.9	Nickel, total (7440-02-0)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.01	0.01	0.01	24	
					Mass	lb/day	0.166	0.166	0.140	24	
1.10	Selenium, total (7782-49-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.002	0.002	0.002	24	
					Mass	lb/day	0.033	0.033	0.028	24	
1.11	Silver, total (7440-22-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.0005	0.0005	0.0005	24	
					Mass	lb/day	0.008	0.008	0.007	24	

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	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
1.12	Thallium, total (7440-28-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
1.13	Zinc, total (7440-66-6)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.240	0.240	0.129	24	
					Mass	lb/day	3.978	3.978	1.860	24	
1.14	Cyanide, total (57-12-5)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.013	0.013	0.010	24	
					Mass	lb/day	0.182	0.182	0.142	24	
1.15	Phenols, total	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	See PPS Form					
					Mass						

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1	Acrolein (107-02-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
2.2	Acrylonitrile (107-13-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.3	Benzene (71-43-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.4	Bromoform (75-25-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.5	Carbon tetrachloride (56-23-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.6	Chlorobenzene (108-90-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.7	Chlorodibromomethane (124-48-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
2.9	2-chloroethylvinyl ether (110-75-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form						
					Mass							
2.10	Chloroform (67-66-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.11	Dichlorobromomethane (75-27-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.12	1,1-dichloroethane (75-34-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.13	1,2-dichloroethane (107-06-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.14	1,1-dichloroethylene (75-35-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.15	1,2-dichloropropane (78-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.16	1,3-dichloropropylene (542-75-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.17	Ethylbenzene (100-41-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.18	Methyl bromide (74-83-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.19	Methyl chloride (74-87-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.20	Methylene chloride (75-09-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
2.22	Tetrachloroethylene (127-18-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
2.23	Toluene (108-88-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.24	1,2-trans-dichloroethylene (156-60-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.25	1,1,1-trichloroethane (71-55-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.26	1,1,2-trichloroethane (79-00-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.27	Trichloroethylene (79-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
2.28	Vinyl chloride (75-01-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)											
3.1	2-chlorophenol (95-57-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
3.2	2,4-dichlorophenol (120-83-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.3	2,4-dimethylphenol (105-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.4	4,6-dinitro-o-cresol (534-52-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
3.6	2-nitrophenol (88-75-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form						
					Mass							
3.7	4-nitrophenol (100-02-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.10	Phenol (108-95-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)												
4.1	Acenaphthene (83-32-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form						
					Mass							
4.2	Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.7	3,4-benzofluoranthene (205-99-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
4.8	Benzo (ghi) perylene (191-24-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.9	Benzo (k) fluoranthene (207-08-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.14	4-bromophenyl phenyl ether (101-55-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.15	Butyl benzyl phthalate (85-68-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.16	2-chloronaphthalene (91-58-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.18	Chrysene (218-01-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.20	1,2-dichlorobenzene (95-50-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
4.21	1,3-dichlorobenzene (541-73-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.22	1,4-dichlorobenzene (106-46-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.23	3,3-dichlorobenzidine (91-94-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.24	Diethyl phthalate (84-66-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.25	Dimethyl phthalate (131-11-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.26	Di-n-butyl phthalate (84-74-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.27	2,4-dinitrotoluene (121-14-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.28	2,6-dinitrotoluene (606-20-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.29	Di-n-octyl phthalate (117-84-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.31	Fluoranthene (206-44-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.32	Fluorene (86-73-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
4.34	Hexachlorobutadiene (87-68-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.35	Hexachlorocyclopentadiene (77-47-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.36	Hexachloroethane (67-72-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.38	Isophorone (78-59-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.39	Naphthalene (91-20-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.40	Nitrobenzene (98-95-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.41	N-nitrosodimethylamine (62-75-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.42	N-nitrosodi-n-propylamine (621-64-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.43	N-nitrosodiphenylamine (86-30-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.44	Phenanthrene (85-01-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
4.45	Pyrene (129-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)	
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses
4.46	1,2,4-trichlorobenzene (120-82-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)											
5.1	Aldrin (309-00-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form					
					Mass						
5.2	α-BHC (319-84-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.3	β-BHC (319-85-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.4	γ-BHC (58-89-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.5	δ-BHC (319-86-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.6	Chlordane (57-74-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.7	4,4'-DDT (50-29-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.8	4,4'-DDE (72-55-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.9	4,4'-DDD (72-54-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.10	Dieldrin (60-57-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						
5.11	α-endosulfan (115-29-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
					Mass						

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.12	β-endosulfan (115-29-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form						
					Mass							
5.13	Endosulfan sulfate (1031-07-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.14	Endrin (72-20-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.15	Endrin aldehyde (7421-93-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.16	Heptachlor (76-44-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.17	Heptachlor epoxide (1024-57-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.18	PCB-1242 (53469-21-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.19	PCB-1254 (11097-69-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.20	PCB-1221 (11104-28-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.21	PCB-1232 (11141-16-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.22	PCB-1248 (12672-29-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.23	PCB-1260 (11096-82-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							
5.24	PCB-1016 (12674-11-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
			Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.25	Toxaphene (8001-35-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration	See PPS Form						
					Mass							

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
3. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	col/100mL	2400	789	N/A	24	
			Mass						
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	92	42	32	24	
			Mass	lb/day	1060	574	415	24	
7. Nitrogen, total organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
8. Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	13	5.6	5.1	24	
			Mass	lb/day	174	85	67.6	24	
9. Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	0.47	0.37	0.15	24	
			Mass	lb/day	N/A	N/A	N/A	N/A	
10. Sulfate (as SO ₄) (14808-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration	mg/L	140	109	79	24	
			Mass	lb/day	2309	1629	1054	24	
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

	Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12.	Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
13.	Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
14.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
15.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
16.	Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
19.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
				Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24. Radioactivity									
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration						
			Mass						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21.	Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22.	Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23.	Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24.	Dichlone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26.	Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27.	Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28.	Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29.	Dinitrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30.	Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31.	Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32.	Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33.	Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34.	Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35.	Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36.	Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37.	Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38.	Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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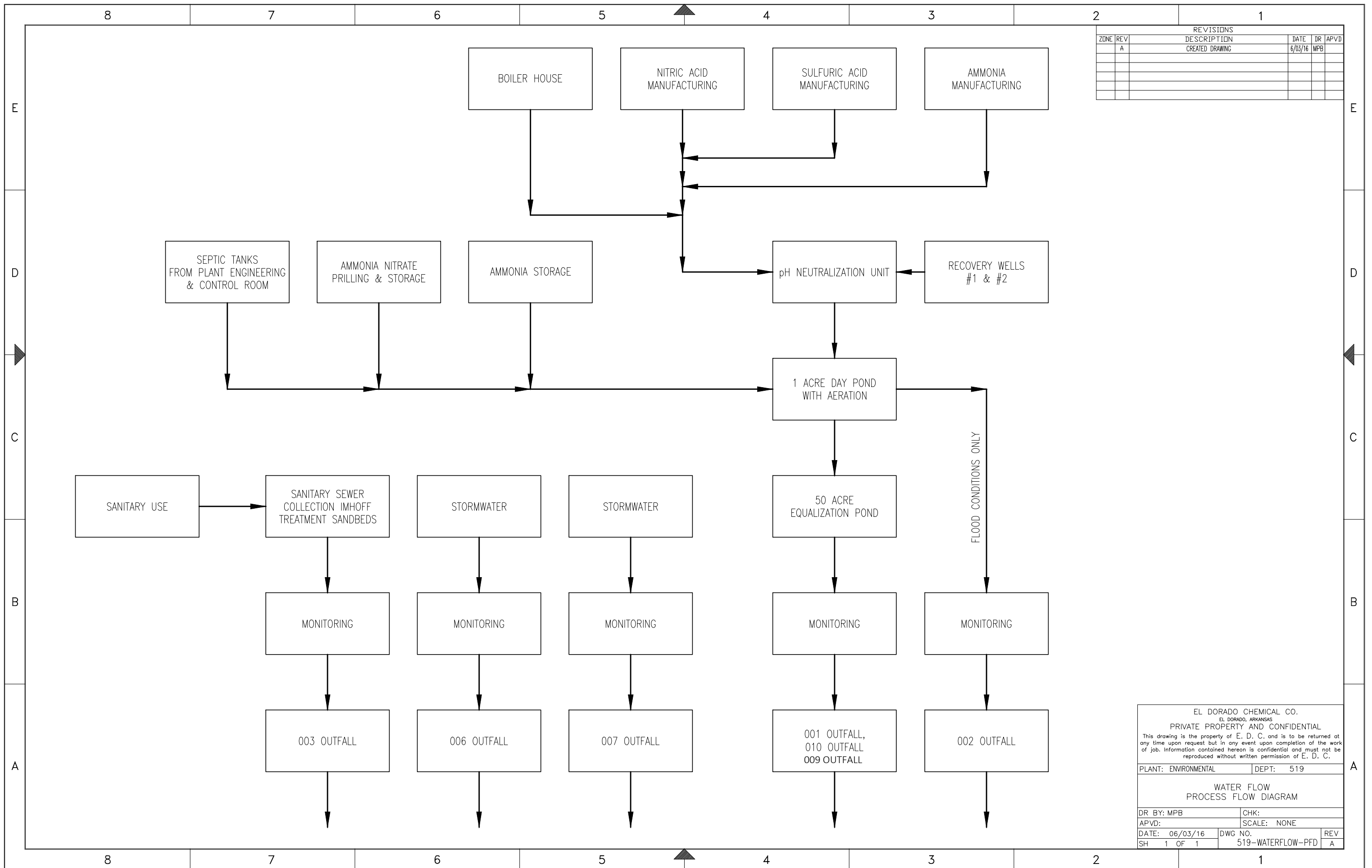
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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	


PROCESS FLOW DIAGRAM



REVISIONS					
ZONE	REV	DESCRIPTION	DATE	DR	APVD
	A	CREATED DRAWING	6/03/16	MPB	

EL DORADO CHEMICAL CO. EL DORADO, ARKANSAS PRIVATE PROPERTY AND CONFIDENTIAL <small>This drawing is the property of E. D. C. and is to be returned at any time upon request but in any event upon completion of the work of job. Information contained hereon is confidential and must not be reproduced without written permission of E. D. C.</small>			
PLANT: ENVIRONMENTAL	DEPT: 519		
WATER FLOW PROCESS FLOW DIAGRAM			
DR BY: MPB	CHK:		
APVD:	SCALE: NONE		
DATE: 06/03/16	DWG NO.	REV	
SH 1 OF 1	519-WATERFLOW-PFD	A	

FORM 2F

EPA Identification Number	NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Form Approved 03/05/19 OMB No. 2040-0004		
Form 2F NPDES		U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY			
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))					
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below			
	Outfall Number	Receiving Water Name	Latitude	Longitude	
	001	Unnamed Tributary to Flat Creek	33° 15' 33.8" N	92° 41' 14.2" W	
	002	Unnamed Tributary to Flat Creek	33° 15' 45.3" N	92° 41' 20.3" W	
	006	Unnamed Tributary to Flat Creek	33° 16' 03" N	92° 41' 02" W	
	007	Unnamed Tributary to Flat Creek	33° 16' 6.3" N	92° 41' 16" W	
	009	Unnamed Tributary to Flat Creek	33° 15' 32.6" N	92° 41' 14.4" W	
	010	Via pipeline to Ouachita River	33° 15' 18.2" N	92° 41' 27.3" W	
SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))					
Improvements	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.			
	2.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates
					Required Projected
	2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item) <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.																							
		<table border="1"> <thead> <tr> <th>Outfall Number</th> <th>Impervious Surface Area (within a mile radius of the facility)</th> <th>Total Surface Area Drained (within a mile radius of the facility)</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>20 <i>specify units</i> acres</td> <td>93.45 (Plant Area Only) <i>specify units</i> acres</td> </tr> <tr> <td>002</td> <td>20 <i>specify units</i> acres</td> <td>93.45 (Plant Area Only) <i>specify units</i> acres</td> </tr> <tr> <td>010</td> <td>20 <i>specify units</i> acres</td> <td>93.45 (Plant Area Only) <i>specify units</i> acres</td> </tr> <tr> <td>006</td> <td>1.0 <i>specify units</i> acres</td> <td>11.8 <i>specify units</i> acres</td> </tr> <tr> <td>007</td> <td>4 <i>specify units</i> acres</td> <td>4.96 <i>specify units</i> acres</td> </tr> <tr> <td>009</td> <td>20 <i>specify units</i> acres</td> <td>93.45 (Plant Area Only) <i>specify units</i> acres</td> </tr> </tbody> </table>	Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	001	20 <i>specify units</i> acres	93.45 (Plant Area Only) <i>specify units</i> acres	002	20 <i>specify units</i> acres	93.45 (Plant Area Only) <i>specify units</i> acres	010	20 <i>specify units</i> acres	93.45 (Plant Area Only) <i>specify units</i> acres	006	1.0 <i>specify units</i> acres	11.8 <i>specify units</i> acres	007	4 <i>specify units</i> acres	4.96 <i>specify units</i> acres	009	20 <i>specify units</i> acres	93.45 (Plant Area Only) <i>specify units</i> acres		
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	009	20 <i>specify units</i> acres	93.45 (Plant Area Only) <i>specify units</i> acres																						
	4.2	<p>Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.)</p> <p>Storm water runoff from any material stored or temporarily disposed of in the Outfall 001 drainage basin will be treated through EDCC's treatment system (see Section C. below). In general, significant materials (raw and finished product) are not stored or disposed of in such a manner to allow exposure to storm water. Transfer practices for ammonium nitrate do include: 1) cleaning, or scraping of residual ammonium nitrate from rail car floors through hoppers located on the bottom of the rail cars; 2) Removal of excess ammonium nitrate from rail cars that are over filled; and 3) Bulk warehouse dump truck spillage. these cases might be considered temporary storage of final product with exposure to storm water, and are located within the storm water drainage basins 006 and 007. In case 1), stainless steel pans are usually placed below the hoppers to collect scraped ammonium nitrate. In cases 2) and 3), spills from these operations are typically cleaned up immediately following the spill.</p> <p>Pesticides, soil conditioners, and fertilizers are not used at the facility. Herbicides are occasionally used in spot applications.</p>																							
4.3	<p>Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)</p> <table border="1"> <thead> <tr> <th colspan="3">Stormwater Treatment</th> </tr> <tr> <th>Outfall Number</th> <th>Control Measures and Treatment</th> <th>Codes from Exhibit 2F-1 (list)</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Neutralization unit, followed by a 1-acre aeration pond, followed by a 50-acre equalization pond</td> <td>2K, 3B, 3G</td> </tr> <tr> <td>002</td> <td>Neutralization unit, followed by a 1-acre aeration pond</td> <td>2K, 3B</td> </tr> <tr> <td>010</td> <td>Neutralization unit, followed by a 1-acre aeration pond, followed by a 50-acre equalization pond</td> <td>2K, 3B, 3G</td> </tr> <tr> <td>006</td> <td>None</td> <td>N/A</td> </tr> <tr> <td>007</td> <td>None</td> <td>N/A</td> </tr> <tr> <td>009</td> <td>Neutralization unit, 1-acre aeration pond, followed by a 50-acre equalization pond</td> <td>2K, 3B, 3G</td> </tr> </tbody> </table>	Stormwater Treatment			Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	001	Neutralization unit, followed by a 1-acre aeration pond, followed by a 50-acre equalization pond	2K, 3B, 3G	002	Neutralization unit, followed by a 1-acre aeration pond	2K, 3B	010	Neutralization unit, followed by a 1-acre aeration pond, followed by a 50-acre equalization pond	2K, 3B, 3G	006	None	N/A	007	None	N/A	009	Neutralization unit, 1-acre aeration pond, followed by a 50-acre equalization pond	2K, 3B, 3G
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009	Neutralization unit, 1-acre aeration pond, followed by a 50-acre equalization pond	2K, 3B, 3G																							

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19
OMB No. 2040-0004

AR0000752

El Dorado Chemical Company

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges

5.1 I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.

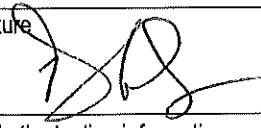
Name (print or type first and last name)

Derek Turner

Official title

General Manager

Signature



Date signed

3/7/23

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
001/002 009/010	Visual		001/002/009/010
006	Visual		006
007	Visual		007

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
None

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

Yes → See instructions regarding submission of estimated data.

No → See instructions regarding submission of actual data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

Yes

No

EPA Identification Number	NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Form Approved 03/05/19 OMB No. 2040-0004
Discharge Information Continued	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.5.	
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.	
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No	
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.10.	
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.12.	
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.	
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.	
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
		1.	4.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))			
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Biological Toxicity Testing Data	8.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.			
	8.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
		Chronic WET Testing	Required by Permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	With Monthly DMRs
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))			
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Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.			
	9.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	Euophins (Formerly American Interplex)		
		Laboratory address	8600 Kanis Road Little Rock, AR 72204		
		Phone number	(501) 224-5060		
	Pollutant(s) analyzed	All			

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input checked="" type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input checked="" type="checkbox"/> Table C <input checked="" type="checkbox"/> Table D
<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**

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.

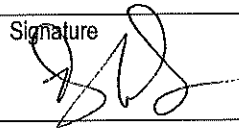
Name (print or type first and last name)

Derek Turner

Official title

General Manager

Signature



Date signed

3/7/23

OUTFALLS 001/009/010

EPA Identification Number	NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Outfall Number 001/009/010
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Form Approved 03/05/19
OMB No. 2040-0004

TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details and requirements.

Pollutant or Parameter		Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
		Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1.	Oil and grease	13 mg/L		5.1 mg/L		24	
2.	Biochemical oxygen demand (BOD ₅)	N/A	8.8 mg/L	N/A	3.87 mg/L	24	
3.	Chemical oxygen demand (COD)	N/A	27 mg/L	N/A	27 mg/L	1	
4.	Total suspended solids (TSS)	N/A	26 mg/L	N/A	13 mg/L	24	
5.	Total phosphorus	N/A	0.47 mg/L	N/A	0.22 mg/L	24	
6.	Total Kjeldahl nitrogen (TKN)	N/A	14 mg/L	N/A	14 mg/L	1	
7.	Total nitrogen (as N)	N/A	38 mg/L	N/A	38 mg/L	1	
8.	pH (minimum)	7.16		7.16		24	
	pH (maximum)	8.14		8.14		24	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Outfall Number 001/009/010
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Form Approved 03/05/19
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TABLE B. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(A))¹

List each pollutant that is limited in an effluent limitation guideline (ELG) that the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
Ammonia-Nitrogen	N/A	55.0 mg/L	N/A	22.5 mg/L	24	
Nitrates	N/A	92.0 mg/L	N/A	42.3 mg/L	24	
Dissolved Oxygen	7.5 mg/L	N/A	N/A	N/A	24	
Total Dissolved Solids	N/A	600 mg/L	N/A	446.7 mg/L	24	
Chlorides	N/A	77.0 mg/L	N/A	48.13 mg/L	24	
Sulfates	N/A	140.0 mg/L	N/A	89.1 mg/L	24	
Mercury	N/A	0.007 ug/L	N/A	0.0051 ug/L	24	
Hexavalent Chromium	N/A	0.01 mg/L	N/A	0.01 mg/L	24	
Copper	N/A	0.011 mg/L	N/A	0.0057 mg/L	24	
Lead	N/A	0.0046 mg/L	N/A	0.0009 mg/L	24	
Nickel	N/A	0.01 mg/L	N/A	0.01 mg/L	24	
Selenium	N/A	0.002 mg/L	N/A	0.002 mg/L	24	
Silver	N/A	0.0005 mg/L	N/A	0.0005 mg/L	24	
Zinc	N/A	0.24 mg/L	N/A	0.13 mg/L	24	
Cyanide	N/A	0.013 mg/L	N/A	0.0101 mg/L	24	
Fecal Coliform	2400 col/100 mL	N/A	N/A	N/A	24	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number AR0000752	Facility Name El Dorado Chemical Company	Outfall Number 001/009/010
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TABLE C. TOXIC POLLUTANTS, CERTAIN HAZARDOUS SUBSTANCES, AND ASBESTOS (40 CFR 122.26(c)(1)(i)(E)(4) and 40 CFR 122.21(g)(7)(vi)(B) and (vii))¹

List each pollutant shown in Exhibits 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information <small>(new source/new dischargers only; use codes in instructions)</small>
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
See Table B.						

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number	NPDES Permit Number AR0000752	Facility name El Dorado Chemical Company	Outfall Number 001/009/010
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TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.

Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
N/A					

Provide a description of the method of flow measurement or estimate.
 Outfall 010 is continuously flow monitored using a totalizing meter.