Peltier, Hannah

From: REW <rew@ftn-assoc.com>
Sent: Friday, November 01, 2013 12:03 PM
To: Water Permit Application
Cc: 'Nunez, Kathy'; 'Rex Robbins'
Subject: SGL Carbon AR0037851 NPDES Permit Renewal Application
Attachments: SGL Carbon AR0037851 NPDES Permit Renewal Application.pdf; SGL 1st Half Rpt 2013.pdf; SGL Annual Rpt 2012.pdf

Please find attached an NPDES permit renewal application for SGL Carbon, LLC (AR0037851). In lieu of a Disclosure Statement, please also find attached copies of the SGL Group's 2012 Annual Report and 2013 First Half Report. Please note that the submittal deadline for this renewal application is today, November 1, 2013.

Should you have any questions regarding this submittal, please feel free to contact me using the information below.

Thanks,
Ray

Raymond E. Wieda, PE
rew@ftn-assoc.com

FTN Associates
3 Innwood Circle, Suite 220
Little Rock, AR 72211
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(501) 225-7779 office
(501) 256-3757 *mobile*
www.ftn-assoc.com *webpage*

SGL CARBON, LLC

NPDES PERMIT
RENEWAL APPLICATION

November 1, 2013

ADEQ Form 1

NPDES PERMIT APPLICATION

FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY
- ☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- ☐ MODIFICATION OF EXISTING PERMIT
- ☒ REISSUANCE (RENEWAL) OF EXISTING PERMIT
- ☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- ☐ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

   SGL Carbon, LLC

   Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☒ State ☐ Federal ☐ Partnership ☐ Corporation ☐ Other ☐

   State of Incorporation: _____

3. Facility Name: SGL Carbon, LLC

4. Is the legal applicant identified in number 1 above, the owner of the facility? ☒ Yes ☐ No

5. NPDES Permit Number (If Applicable): AR0037851

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): ARR00C390

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

Permit Name	Permit Number	Held by
Title V Air Operating Permit	0429-AOP-R15	SGL Carbon, LLC
Regulated Storage Tank	24001609	SGL Carbon, LLC

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

   US Interstate 40 to US Hwy 64 (exit 55); US Hwy 64 west to Altus. Facility is 2.5 miles south of the Altus downtown square on Carbon Plant Road.

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

    Street: 3931 Carbon Plant Road

    City: Ozark County: Franklin State: AR Zip: 72949

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

Name: Kathy Nunez Title: Environmental Engineer

Street: 3931 Carbon Plant Road P.O. Box

City: Ozark State: AR Zip: 72949

E-mail address*: kathy.nunez@sglgroup.com Fax: (704) 494-2254

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☒ Yes ☐ No

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

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

3624 SIC Facility Activity under this SIC or NAICS:

335991 NAICS Carbon and Graphite Product Manufacturing

14. Design Flow: _____ MGD Highest Monthly Average of the last two years Flow: 0.1887 MGD

15. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

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

Name: Bob Balentine Title: Plant Manager

Address: 3931 Carbon Plant Road Phone Number: (479) 468-8000

E-mail Address: Bobby.Balentine@sglgroup.com

City: Ozark State: AR Zip: 72949

17. Cognizant Official (Duly Authorized Representative of responsible official as describe on the last page of this application):

Name: Kathy Nunez Title: Environmental Engineer

Address: 3931 Carbon Plant Road Phone Number: (479) 468-8032

E-mail Address: Kathy.Nunez@sglgroup.com

City: Ozark State: AR Zip: 72949

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: Ray Wieda, PE

Company Name: FTN Associates, Ltd

Address: 3 Innwood Circle, Suite 220 Phone Number: (501) 225-7779

E-mail Address: rew@ftn-assoc.com

City: Little Rock State: AR Zip: 72211

19. Wastewater Operator Information

Wastewater Operator Name: _____ License number: _____

Class of municipal wastewater operator: I ☐ II ☐ III ☐ IV ☐

Class of industrial wastewater operator: Basic ☐ Advanced ☐

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on **front door (Gate)** location of the facility):

Lat: 35 ° 24 ‘ 42.85 “ Long: 93 ° 46 ‘ 17.08 “ County: Franklin Nearest Town: Altus

2. **Outfall** Location (The location of the end of the pipe Discharge point.):

Outfall No. 003:

Latitude: 35 ° 23 ’ 26 ” Longitude: 93 ° 46 ’ 39 ”

Where is the collection point? 3-pump discharge

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

From plant site pump station, through 3" force main, thence to Arkansas River

Outfall No. _____:

Latitude: _____ ° _____ ’ _____ ” Longitude: _____ ° _____ ’ _____ ”

Where is the collection point?

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. 003:

Lat: 35 ° 24 ‘ 36 “ Long: 93 ° 46 ‘ 39 “

Outfall No. _____:

Lat: _____ ° _____ ‘ _____ “ Long: _____ ° _____ ‘ _____ “

Outfall No. _____:

Lat: _____ ° _____ ‘ _____ “ Long: _____ ° _____ ‘ _____ “

4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

SGL Carbon, LLC does not operate a WWTS. Cooling tower blowdown is treated through filter bags for solids removal. The discharge from the pitch impregnation product cooling spray is passed through an oil skimmer and recirculated.

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	☒	Yes	Type: Mag meter	☐	No	☐	N/A ☐
	Sampling Equipment	☐	Yes	Type:	☒	No	☐	N/A ☐
Planned:	Flow Metering	☐	Yes	Type:	☐	No	☐	N/A ☐
	Sampling Equipment	☐	Yes	Type:	☒	No	☐	N/A ☐

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

Stand alone flow meter at Outfall 003 pumping station

6. Is the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov .

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

7. Population for Municipal and Domestic Sewer Systems: N/A

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☐ No ☒

If Yes, How many? _____ Total Horespower (hp)? _____

If No, Please explain? No treatment

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☐ **Landfill**

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

☐ **Land Application:** ADEQ State Permit No. _____

☒ **Septic tank** Arkansas Department of Health Permit No.: 2345-WR-1

☐ **Distribution and Marketing**: Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ Pipe: ☐ Other: _____

☐ **Subsurface Disposal** (Lagooning):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? _____

☐ **Other** (Provide complete description): _____

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): City of Ozark

Distance from Discharge point: ☐ Within 5 miles ☒ Within 50 miles

☐ **Surface Water**- Name of Surface Water Source: _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

Lat: _____ ° _____ ‘ _____ “ Long: _____ ° _____ ‘ _____ “

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Arkansas Code Annotated § 8-4-203provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – "The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years."

   The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

   The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

   A. Obtaining insurance that specifically covers operation and maintenance costs
   B. Obtaining a letter of credit;
   C. Obtaining a surety/performance bond;
   D. Obtaining a trust fund or an escrow account; or
   E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.

2. Disclosure Statement:

   Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

   http://www.adeq.state.ar.us/disclosure_stmt.pdf

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA (Link to a Listing of the 40 CFR Effluent Limit Guidelines) under Section 304 of the Clean Water Act (CWA) apply to your facility?

   YES ☐ (Answer questions 2 and 3) NO ☒

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____ _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

   SGL Carbon, LLC manufactures carbon graphite electrodes for use in electric arc furnaces.

5. Production: (projected for new facilities)

Product(s) Manufactured	Last 12 Months lbs/day*		Highest Production Year of Last 5 Years lbs/day*	
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation
N/A				

* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only**: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	See attached flow diagram			

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

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

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering ☐ Yes Type: _____ ☐ No ☐ N/A ☐
Sampling Equipment ☐ Yes Type: _____ ☐ No ☐ N/A ☐

Planned: Flow Metering ☐ Yes Type: _____ ☐ No ☐ N/A ☐
Sampling Equipment ☐ Yes Type: _____ ☐ No ☐ N/A ☐

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

☐ Yes ☐ No (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics:

SECTION H -TECHNICAL INFORMATION

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

1. Describe the treatment system. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:

    a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
    b. Specifications and complete design calculations.
    c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.

3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 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:

Signature of Cognizant Official: Kathy Nunez Date: 10/30/2013

Printed name of Cognizant Official: Kathy Nunez

Official title of Cognizant Official: Environmental Engineer Telephone Number: (479) 468-8032

Responsible Official

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

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president
Partnership, a general partner
Sole proprietorship: the proprietor
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

BJB *(Initial)* "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 Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

BJB *(Initial)* "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

"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."

Signature of Responsible Official: Bobby Balentine Date: 10/31/2013

Printed name of Responsible Official: Bob Balentine

Official title of Responsible Official: Plant Manager Telephone Number: (479) 468-8000

EPA Form 2C

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
AR0037851

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
003	35.00	23.00	26.00	93.00	46.00	39.00	Arkansas River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
003	Bake furnace non-contact cooling system (heat exchanger spray, non-contact cooling spray, seal troughs)	12,000 gpd	None	4-A	
003	Equipment cleaning station	100 gpd	Drain filter	4-A	
003	Blowdown - bake furnace non-contact cooling system (batch)	200 gpd (6,000 gallons/month)	Dewatering bag filter	4-A	
003	Pitch impregnation product contact cooling spray	1,000 gpd	Oil skimmer	4-A	
003	Graphite furnace electrical non-contact cooling system (heat exchanger spray & non-contact cooling spray)	18,083 gpd	None	4-A	
003	Blowdown - graphite furnace electrical, non-contact cooling system (batch)	67 gpd (2,010 gallons/month)	Dewatering bag filter	4-A	

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
AR0037851

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
003	35.00	23.00	26.00	93.00	46.00	39.00	Arkansas River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
003	Graphite load/unload non-contact cooling system (heat exchanger spray & non-contact cooling spray)	3,630 gpd	Drain filter	4-A	
003	Graphite load/unload non-contact cooling system blowdown	800 gpd	Dewatering bag filter	4-A	
003	Graphite furnace thermal non-contact cooling system (heat exchanger spray & non-contact cooling spray)	8,000 gpd	None	4-A	
003	Blowdown - graphite furnace thermal non-contact cooling system (batch)	120 gpd (3,600 gallons/month)	Dewatering bag filter	4-A	
003	Graphite product contact cooling spray	3,000 gpd	Drain filter	4-A	

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☑ YES (*complete the following table*) ☐ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(*s*) CONTRIBUTING FLOW (*list*)	3. FREQUENCY a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW A. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW A. FLOW RATE (*in mgd*) 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	C. DURATION (*in days*)
003	Bake furnace non-contact cooling system blowdown	0.2 (1/month)	12	--	0.006	--	6,000 gpd	1
003	Graphite furnace electrical non-contact cooling system blowdown	0.2 (1/month)	12	--	0.002	--	2,010 gpd	1
003	Graphite furnace thermal non-contact cooling system blowdown	0.2 (1/month)	12	--	0.0036	--	3,600 gpd	1
003	Graphite load/unload non-contact cooling system blowdown	0.2 (1/month)	12	--	0.0008	--	800 gpd	1

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (*complete Item III-B*) ☑ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☑ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	1. AVERAGE DAILY PRODUCTION b. UNITS OF MEASURE	1. AVERAGE DAILY PRODUCTION c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	2. AFFECTED OUTFALLS (*list outfall numbers*)

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (*complete the following table*) ☑ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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 3 years?

☑ YES (*identify the test(s) and describe their purposes below*) ☐ NO (*go to Section VIII*)

Biological tests for chronic toxicity have been conducted quarterly or semi-annually in accordance with NPDES permit AR0037851. Results are on file with ADEQ.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
EEG	220 North Knoxville Russellville, AR 72801	(501) 968-6767	pH
American Interplex	8600 Kanis Road Little Rock, AR 72204	(501) 224-5060	COD, TSS, O&G
Environmental Services Company	13715 West Markham Street Little Rock, AR 72211	(501) 221-2565	pH, BOD, Be, COD, CN, NH3-N,TOC, Cr, Ni, Cu, Zn, As, SE, Ag, CD, Hg, Sb, Th, Pb

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Bob Balentine, Plant Manager	(479) 468-8000
C. SIGNATURE Bobby Balentine	D. DATE SIGNED 10/31/2013

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): AR0037851

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO.: 003

PART A –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.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	< 2	< 1.17	< 2	< 1.17	< 2	< 1.17	1	mg/L	lb/day			
b. Chemical Oxygen Demand (*COD*)	140	108.6	100.5	65.4	30.8	18.55	55	mg/L	lb/day			
c. Total Organic Carbon (*TOC*)	< 1	< 0.58	< 1	< 0.58	< 1	< 0.58	1	mg/L	lb/day			
d. Total Suspended Solids (*TSS*)	140	96.2	55.3	32.2	15.5	9.91	63	mg/L	lb/day			
e. Ammonia (*as N*)	< 0.1	< 0.06	< 0.1	< 0.06	< 0.1	< 0.06	1	mg/L	lb/day			
f. Flow	VALUE 0.1887		VALUE 0.1088		VALUE 0.08		65	MGD	--	VALUE		
g. Temperature (*winter*)	VALUE 22.2		VALUE 21.7		VALUE 12.7		18	°C		VALUE		
h. Temperature (*summer*)	VALUE 32		VALUE 29.4		VALUE 27		12	°C		VALUE		
i. pH	MINIMUM 6	MAXIMUM 8	MINIMUM 6.15	MAXIMUM 7.65			49	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCEN-TRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease	X		48	13.5	26.5	4.7	3.7	1.88	53	mg/L	#/day			
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
AR0037851	003

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)		X		< 20	< 0.01	< 20	< 0.01	< 20	< 0.0	1	ug/L	#/day			
2M. Arsenic, Total (7440-38-2)		X		< 10	< 0.01	< 10	< 0.01	< 10	< 0.0	1	ug/L	#/day			
3M. Beryllium, Total (7440-41-7)		X		< 5	0	< 5	0	< 5	0	1	ug/L	#/day			
4M. Cadmium, Total (7440-43-9)		X		< 4	0	< 4	0	< 4	0	1	ug/L	#/day			
5M. Chromium, Total (7440-47-3)		X		80	0.05	80	0.05	80	0.05	1	ug/L	#/day			
6M. Copper, Total (7440-50-8)		X		20	0.01	20	0.01	20	0.01	1	ug/L	#/day			
7M. Lead, Total (7439-92-1)		X		< 10	< 0.01	< 10	< 0.01	< 10	< 0.0	1	ug/L	#/day			
8M. Mercury, Total (7439-97-6)		X		< 1	0	< 1	0	< 1	0	1	ug/L	#/day			
9M. Nickel, Total (7440-02-0)		X		70	0.04	70	0.04	70	0.04	1	ug/L	#/day			
10M. Selenium, Total (7782-49-2)		X		< 10	< 0.01	< 10	< 0.01	< 10	< 0.0	1	ug/L	#/day			
11M. Silver, Total (7440-22-4)		X		< 1	0	< 1	0	< 1	0	1	ug/L	#/day			
12M. Thallium, Total (7440-28-0)		X		< 10	< 0.01	< 10	< 0.01	< 10	< 0.0	1	ug/L	#/day			
13M. Zinc, Total (7440-66-6)		X		< 4	0	< 4	0	< 4	0	1	ug/L	#/day			
14M. Cyanide, Total (57-12-5)		X		< 10	--	< 10	--	< 10	--	1	ug/L	#/day			
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloro-ethane (71-55-6)			X												
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	ND	--	--	--	--	--	1	µg/L	--			
2B. Acenaphtylene (208-96-8)		X		ND	--	--	--	--	--	1	µg/L	--			
3B. Anthracene (120-12-7)		X		ND	--	--	--	--	--	1	µg/L	--			
4B. Benzidine (92-87-5)		X		ND	--	--	--	--	--	1	µg/L	--			
5B. Benzo (*a*) Anthracene (56-55-3)		X		ND	--	--	--	--	--	1	µg/L	--			
6B. Benzo (*a*) Pyrene (50-32-8)		X		ND	--	--	--	--	--	1	µg/L	--			
7B. 3,4-Benzo-fluoranthene (205-99-2)		X		ND	--	--	--	--	--	1	µg/L	--			
8B. Benzo (*ghi*) Perylene (191-24-2)		X		ND	--	--	--	--	--	1	µg/L	--			
9B. Benzo (*k*) Fluoranthene (207-08-9)		X		ND	--	--	--	--	--	1	µg/L	--			
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X	ND	--	--	--	--	--	1	µg/L	--			
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X	ND	--	--	--	--	--	1	µg/L	--			
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X	ND	--	--	--	--	--	1	µg/L	--			
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X	933	--	--	--	--	--	1	µg/L	--			
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X	ND	--	--	--	--	--	1	µg/L	--			
15B. Butyl Benzyl Phthalate (85-68-7)			X	ND	--	--	--	--	--	1	µg/L	--			
16B. 2-Chloro-naphthalene (91-58-7)			X	ND	--	--	--	--	--	1	µg/L	--			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	ND	--	--	--	--	--	1	µg/L	--			
18B. Chrysene (218-01-9)		X		ND	--	--	--	--	--	1	µg/L	--			
19B. Dibenzo (*a,h*) Anthracene (53-70-3)		X		ND	--	--	--	--	--	1	µg/L	--			
20B. 1,2-Dichloro-benzene (95-50-1)			X	ND	--	--	--	--	--	1	µg/L	--			
21B. 1,3-Di-chloro-benzene (541-73-1)			X	ND	--	--	--	--	--	1	µg/L	--			

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	ND	--	--	--	--	--	1	µg/L	--			
23B. 3,3-Dichlorobenzidine (91-94-1)			X	ND	--	--	--	--	--	1	µg/L	--			
24B. Diethyl Phthalate (84-66-2)			X	ND	--	--	--	--	--	1	µg/L	--			
25B. Dimethyl Phthalate (131 -11-3)			X	ND	--	--	--	--	--	1	µg/L	--			
26B. Di-N-Butyl Phthalate (84-74-2)			X	ND	--	--	--	--	--	1	µg/L	--			
27B. 2,4-Dinitrotoluene (121-14-2)			X	ND	--	--	--	--	--	1	µg/L	--			
28B. 2,6-Dinitrotoluene (606-20-2)			X	ND	--	--	--	--	--	1	µg/L	--			
29B. Di-N-Octyl Phthalate (117-84-0)			X	ND	--	--	--	--	--	1	µg/L	--			
30B. 1,2-Diphenylhydrazine (*as Azobenzene*) (122-66-7)			X	ND	--	--	--	--	--	1	µg/L	--			
31B. Fluoranthene (206-44-0)		X		ND	--	--	--	--	--	1	µg/L	--			
32B. Fluorene (86-73-7)		X		ND	--	--	--	--	--	1	µg/L	--			
33B. Hexachlorobenzene (118-74-1)			X	ND	--	--	--	--	--	1	µg/L	--			
34B. Hexachlorobutadiene (87-68-3)			X	ND	--	--	--	--	--	1	µg/L	--			
35B. Hexachlorocyclopentadiene (77-47-4)			X	ND	--	--	--	--	--	1	µg/L	--			
36B Hexachloroethane (67-72-1)			X	ND	--	--	--	--	--	1	µg/L	--			
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)		X		ND	--	--	--	--	--	1	µg/L	--			
38B. Isophorone (78-59-1)			X	ND	--	--	--	--	--	1	µg/L	--			
39B. Naphthalene (91-20-3)		X		ND	--	--	--	--	--	1	µg/L	--			
40B. Nitrobenzene (98-95-3)			X	ND	--	--	--	--	--	1	µg/L	--			
41B. N-Nitrosodimethylamine (62-75-9)			X	ND	--	--	--	--	--	1	µg/L	--			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	ND	--	--	--	--	--	1	µg/L	--			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X	ND	--	--	--	--	--	1	µg/L	--			
44B. Phenanthrene (85-01-8)		X		ND	--	--	--	--	--	1	µg/L	--			
45B. Pyrene (129-00-0)		X		ND	--	--	--	--	--	1	µg/L	--			
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X	ND	--	--	--	--	--	1	µg/L	--			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
AR0037851	003

CONTINUED FROM PAGE V-8

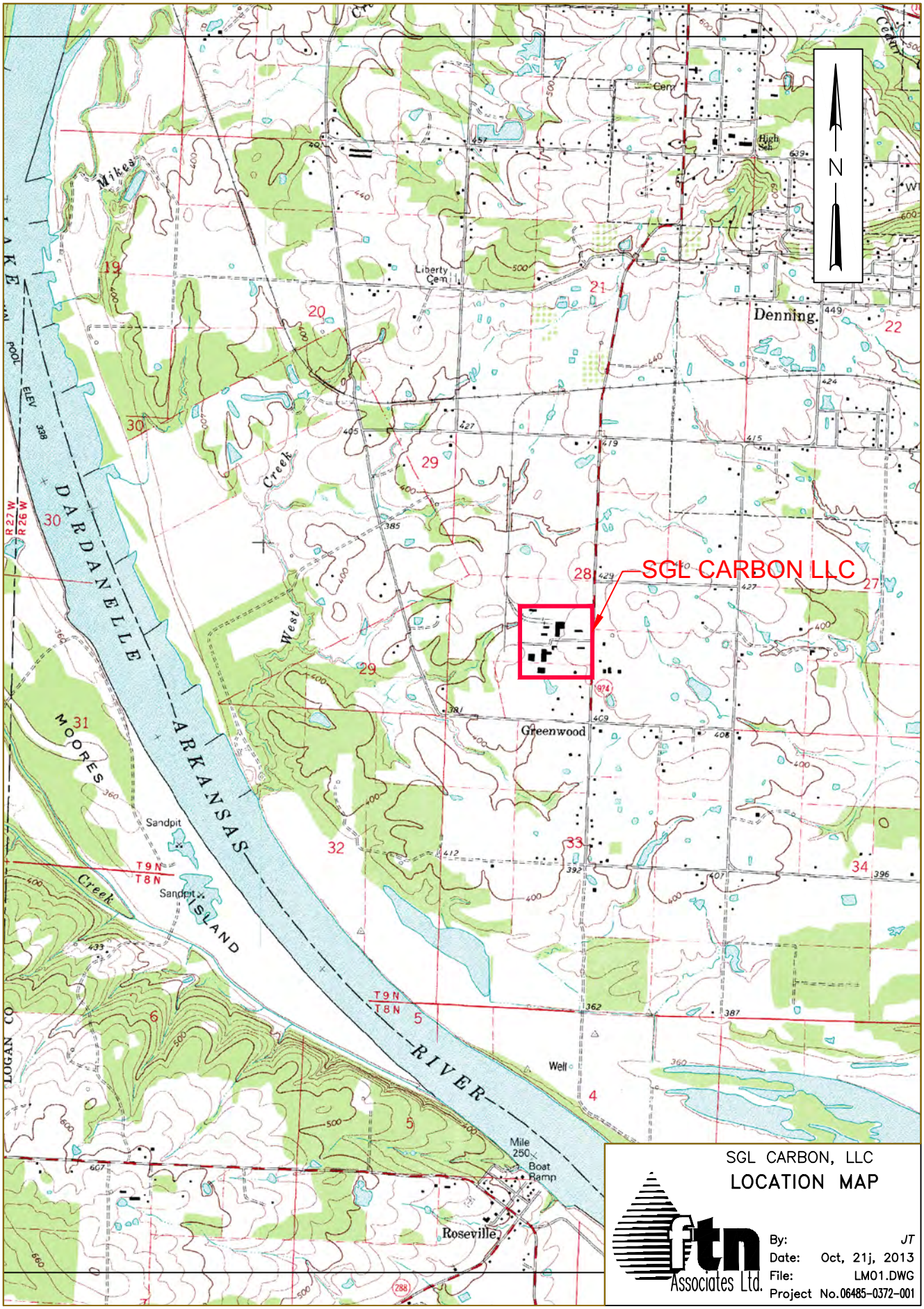
1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

Disclosure Statement

Disclosure Statement

SGL Carbon, LLC is a wholly owned subsidiary of SGL Group. In lieu of a Disclosure Statement, the 2012 annual report and 2013 second quarter report are included with this application. These documents were submitted as an attachment to the email submission of the renewal application.

Location Map



SGL CARBON, LLC

LOCATION MAP

ftn Associates Ltd.

By: JT

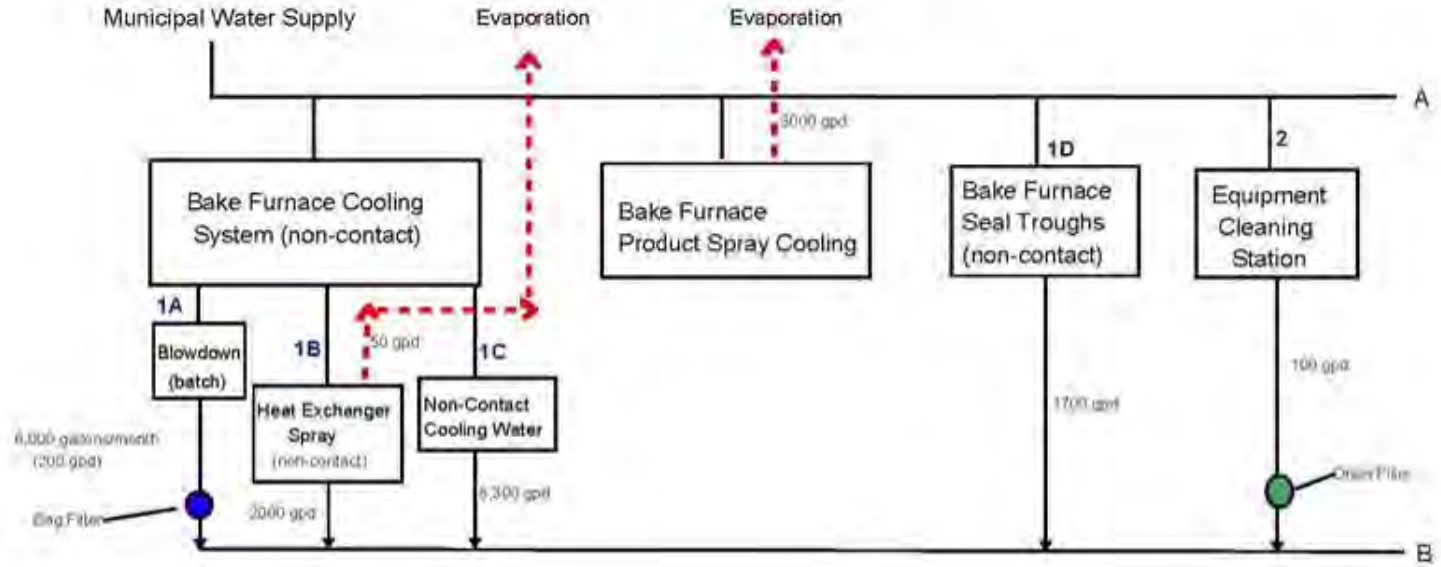
Date: Oct, 21j, 2013

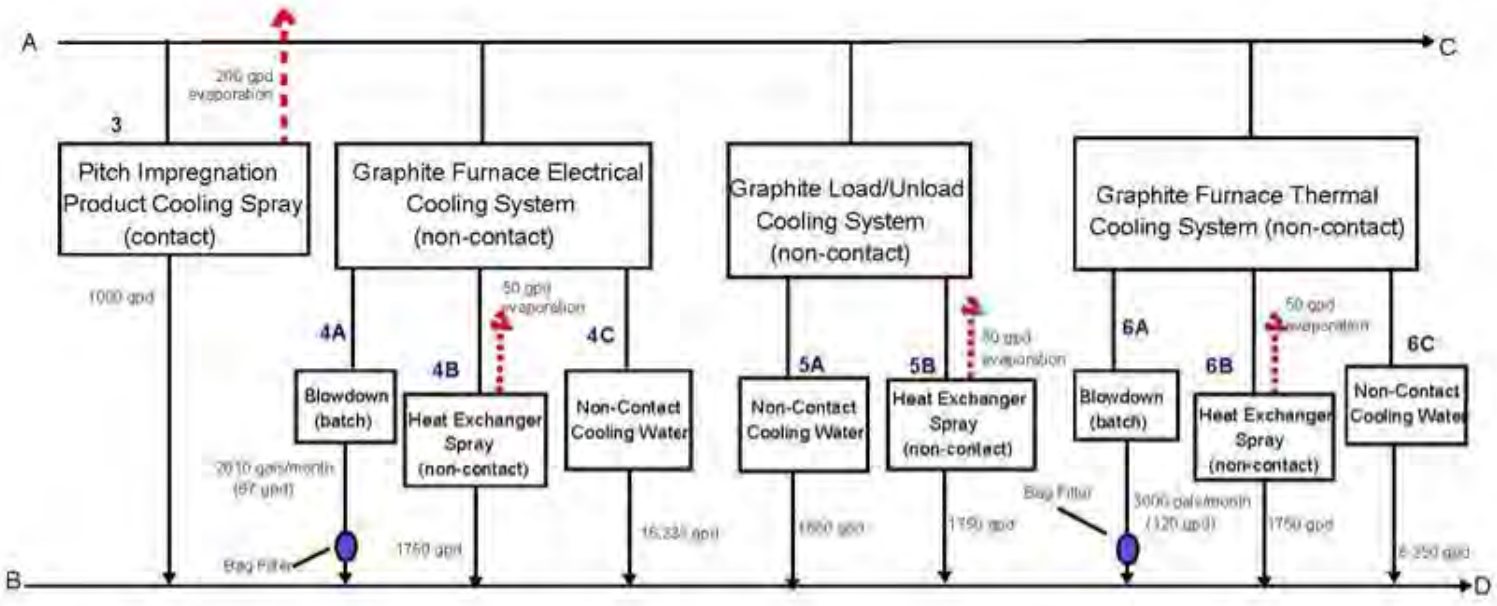
File: LM01.DWG

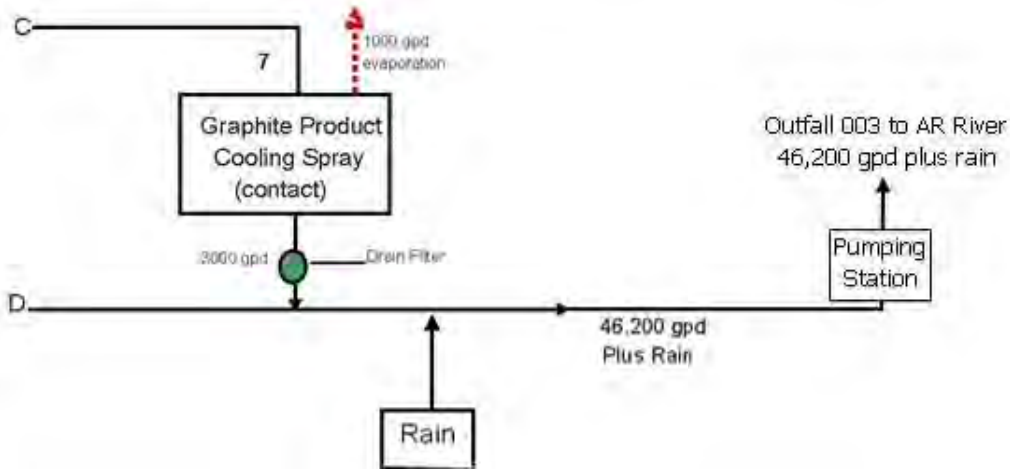
Project No.06485-0372-001

Flow Diagram

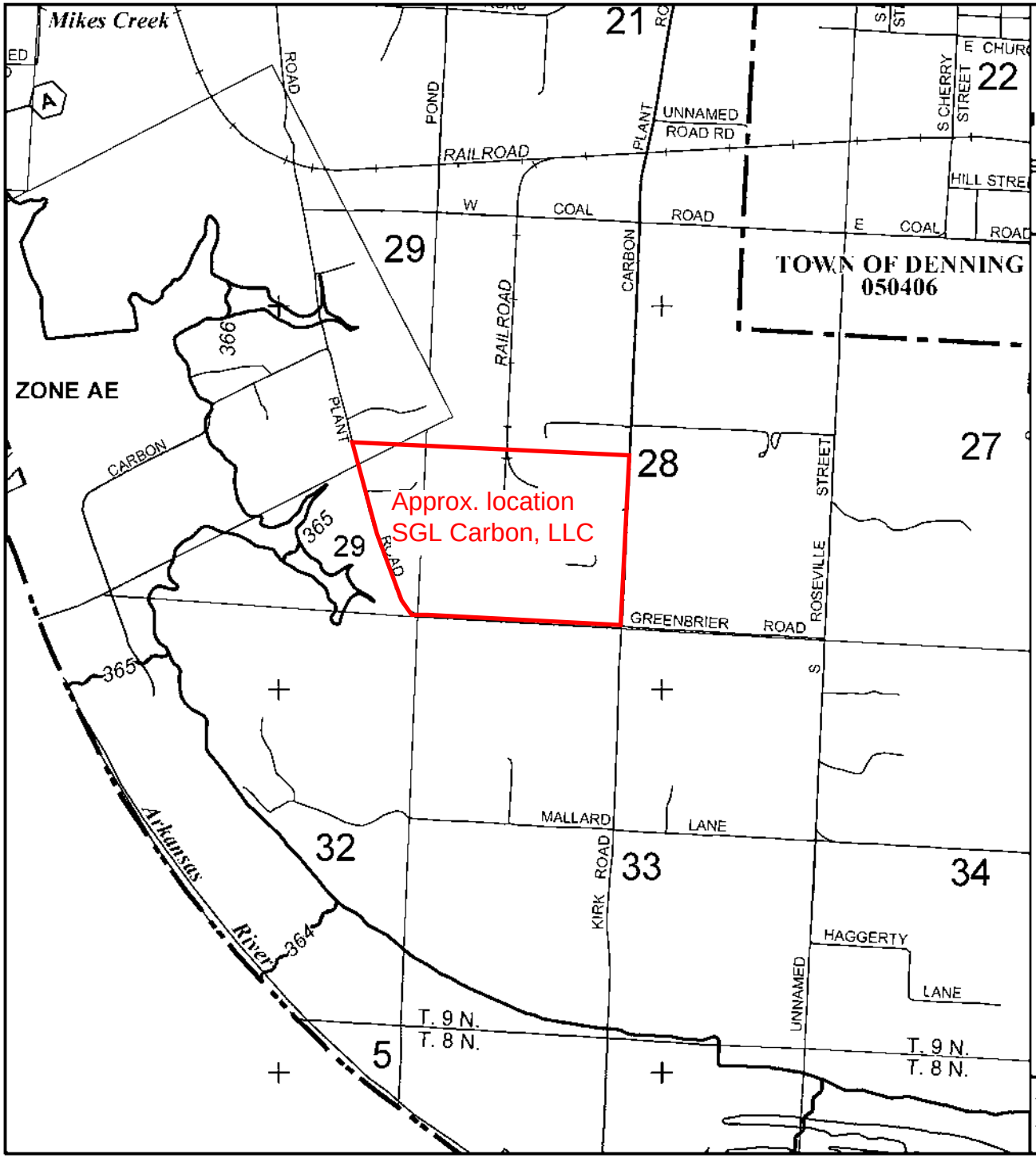
Wastewater Flow Schematic
SGL Carbon Group







Flood Insurance Map



MAP SCALE 1" = 2000'

1000 0 2000 4000

FEET

METERS

NFIP

PANEL 0350D

FIRM

FLOOD INSURANCE RATE MAP

FRANKLIN COUNTY, ARKANSAS AND INCORPORATED AREAS

PANEL 350 OF 525

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
ALTUS, CITY OF	050381	0350	D
DENNING, TOWN OF	050406	0350	D
FRANKLIN COUNTY, UNINCORPORATED AREAS	050432	0350	D

Notice to User: The **Map Number** shown below should be used when placing map orders; the **Community Number** shown above should be used on insurance applications for the subject community.

MAP NUMBER
05047C0350D

MAP REVISED
AUGUST 2, 2011

Federal Emergency Management Agency

NATIONAL FLOOD INSURANCE PROGRAM

Analytical Data

Environmental Services Company, Inc.

Corporate Office
13715 West Markham
Little Rock, AR 72211
Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
1107 Century Avenue
Springdale, AR 72762
Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1310010255
Customer Name : SGL CARBON GROUP
Customer Number : 2120
Report Date : 10/18/13

Sample Date : 10/04/13
Sample Time : 1002
Sample Type : GRAB WWATER
Sample From : PERMIT RENEWAL

Collected By: NTR
Delivery By : NTR
Work Order :
Purchase Order :

Laboratory Analysis

Analysis Date	Time	By	Parameter	Result	Notes	Quantity	Method	Quality Assurance Precision % RPD	Quality Assurance Accuracy % Recovery
10/04	1700	NTR	BOD, 5-day	< 2.0 mg/L		1.17 #/day	2001 5210B	0.00	91.9 *
10/08	1212	RAH	Beryllium	< 0.0050 mg/L		0.00 #/day	EPA 200.8	0.97	116.5 *
10/07	0830	NTR	Chemical Oxygen Demand, L	17.70 mg/L		10.32 #/day	EPA 410.4	0.44	99.6 *
10/09	1230	NTR	Cyanide Total (as CN)	< 0.0100 mg/L		0.01 #/day	1999 4500-CN E	1.24	97.7 *
10/08	1500	DWC	Ammonia Nitrogen	< 0.10 mg/L		0.06 #/day	1997 4500-NH3 G	3.60	89.8 *
10/05	1230	NTR	Organic Carbon, Total	< 1.000 mg/L		0.58 #/day	2000 5310B	1.55	96.6 *
10/08	1212	RAH	Chromium	0.0800 mg/L		0.05 #/day	EPA 200.8	7.98	88.5 *
10/08	1212	RAH	Nickel	0.0700 mg/L		0.04 #/day	EPA 200.8	5.87	101.5 *
10/08	1212	RAH	Copper	0.0200 mg/L		0.01 #/day	EPA 200.8	9.73	101.0 *
10/08	1212	RAH	Zinc	< 0.0040 mg/L		0.00 #/DAY	EPA 200.8	5.97	111.0 *
10/08	1212	RAH	Arsenic	< 0.0100 mg/L		0.01 #/day	EPA 200.8	5.44	105.5 *
10/08	1212	RAH	Selenium	< 0.0100 mg/L		0.01 #/day	EPA 200.8	8.55	109.0 *
10/08	1212	RAH	Silver	< 0.0010 mg/L		0.00 #/day	EPA 200.8	20.40	105.2 *
10/08	1212	RAH	Cadmium	< 0.0040 mg/L		0.00 m/day	EPA 200.8	8.75	108.8 *
10/11	1155	RAH	Mercury	< 0.001 mg/L		0.00 #/day	EPA 245.1	5.95	103.7 *
10/08	1212	RAH	Antimony	< 0.0200 mg/L		0.01 #/day	EPA 200.8	8.11	102.7 *
10/08	1212	RAH	Thallium	< 0.0100 mg/L		0.01 #/day	EPA 200.8	5.02	94.2 *
10/08	1212	RAH	Lead	< 0.0100 mg/L		0.01 #/day	EPA 200.8	7.58	97.4 *

Flow 0.069984 MGD

* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature Ned T. Ryer
Environmental Services Co., Inc.

Environmental Services Company, Inc.

Corporate Office:
13715 West Markham; Little Rock, Arkansas 72211
Phone: 501-221-2565 Fax: 501-221-1341
Email: corporate@esclabs.com

Northwest Branch:
1107 Century Avenue; Springdale, Arkansas 72764
Phone: 479-750-1170 Fax: 479-750-1172
Email: nwbranch@esclabs.com

Web Site: www.esclabs.com

LABORATORY REPORT

Client:	SGL Carbon	Sample Date:	10/04/13
Control Number:	1310010255 / 1310020172	Receipt Date:	10/04/13
Sample Type:	Grab – Water	Report Date:	10/29/13
Sample Identification:	Wastewater		

BASE/NEUTRAL EXTRACTABLE FRACTION (µg/L or ppb)

ANALYTE	RESULT	DETECTION LIMIT
Acenaphthene	ND	1.04
Acenaphthylene	ND	1.01
Anthracene	ND	1.26
Benzidine	ND	3.26
Benzo (a) anthracene	ND	2.22
Benzo (a) pyrene	ND	4.33
Benzo (b) fluoranthene	ND	3.05
Benzo (ghi) perylene	ND	2.71
Benzo (k) fluoranthene	ND	4.06
Bis-(2-chloroethoxy) methane	ND	1.32
Bis (2-chloroethyl) ether	ND	3.96
Bis (2-chloroisopropyl) ether	ND	2.98
Bis (2-ethylhexyl) phthalate	933.00	3.19
4-Bromophenyl phenyl ether	ND	4.06
Butyl benzyl phthalate	ND	3.04
2-Chloronapthalene	ND	1.69
4-Chlorophenyl phenyl ether	ND	2.48
Chrysene	ND	2.04
Dibenzo (a,h) anthracene	ND	4.63
1,2-Dichlorobenzene	ND	1.24
1,3-Dichlorobenzene	ND	0.97
1,4-Dichlorobenzene	ND	0.84

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LABORATORY REPORT

Client: SGL Carbon

Control Number: 1310010255 / 1310020172

BASE/NEUTRAL EXTRACTABLE FRACTION (µg/L or ppb)

ANALYTE	RESULT	DETECTION LIMIT
3,3'-Dichlorobenzidine	ND	1.54
Diethyl phthalate	ND	2.43
Dimethyl phthalate	ND	1.36
Di-n-butyl phthalate	ND	2.27
2,4-Dinitrotoluene	ND	3.60
2,6-Dinitrotoluene	ND	1.99
Di-n-octyl phthalate	ND	3.40
1,2-Diphenylhydrazine	ND	7.30
Fluoranthene	ND	0.20
Fluorene	ND	2.40
Hexachlorobenzene	ND	3.24
Hexachlorobutadiene	ND	2.56
Hexachlorocyclopentadiene	ND	2.75
Hexachloroethane	ND	1.81
Indeno (1,2,3-cd) pyrene	ND	3.85
Isophorone	ND	1.10
Naphthalene	ND	0.81
Nitrobenzene	ND	1.45
N-nitrosodimethylamine	ND	3.41
N-nitrosodi-n-propylamine	ND	2.92
N-nitrosodiphenylamine	ND	3.66
Phenanthrene	ND	0.71
Pyrene	ND	4.50
1,2,4-Trichlorobenzene	ND	1.76

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Web Site: www.esclabs.com

LABORATORY REPORT

Client: SGL Carbon

Control Number: 1310010255 / 1310020172

QUALITY ASSURANCE DATA

Method: EPA 8270D

System Monitoring Compounds	% Recovery	% Recovery Limits
Average Surrogate Recovery	97.7	35-114

Analysis Date:	10/24/13
Analysis Time:	1619
Analyst:	CAS

A laboratory blank was monitored for all analytes of interest.

Data release authorized by : _____

Vernon L. Pate