

# REPORT OF NON COMPLIANCE

NAME OF FACILITY WALNUT RIDGE, CITY OF

PERMIT NUMBER AR0046566      001-A

PERIOD ENDING September 2018

PARAMETER VIOLATED	NITROGEN AMMONIA LDG MO AVG	NITROGEN AMMONIA CONC MO AVG	NITROGEN AMMONIA CONC 7 DAY AVG MAX	NITROGEN AMMONIA CONC 7 DAY AVG MAX	NITROGEN AMMONIA CONC 7 DAY AVG MAX	NITROGEN AMMONIA CONC 7 DAY AVG MAX	NITROGEN AMMONIA CONC 7 DAY AVG MAX	NITROGEN AMMONIA CONC 7 DAY AVG MAX	NITROGEN AMMONIA CONC 7 DAY AVG MAX
REPORTED VIOLATIONS	54.56	11.46	16.3	23.3	20.9	17.9	16.9	24.0	7
PARAMETER VIOLATED	39.7	4	6	6	6	6	6	6	6
<i>WEEK OF</i>			<i>Sep 04</i>	<i>Sep 05</i>	<i>Sep 07</i>	<i>Sep 10</i>	<i>Sep 11</i>	<i>Sep 12</i>	<i>Sep 25</i>

*Please fill out the following information*

CAUSE OF VIOLATION Lack of Bio Mass

DURATION OF VIOLATIO Month of September

CORRECTIVE ACTION Adjust Air and Wasting Add supplement food source Replace diffusers for better and aeration. Add caustic soda

EXPECTED COMPLIANCI November 1

*Jon Kepp*

10/25/2018

SIGNATURE / DATE

# REPORT OF NON COMPLIANCE

NAME OF FACILITY WALNUT RIDGE, CITY OF

PERMIT NUMBER AR0046566 001-A

PERIOD ENDING September 2018

PARAMETER VIOLATED	FECAL 7 DAY GEO	FECAL 7 DAY GEO	FECAL 7 DAY GEO						
REPORTED VIOLATIONS	564	1084	544						
PARAMETER VIOLATED	400	400	400						

**WEEK OF**    9/12/2018    Sep 24    Sep 25

*Please fill out the following information*

CAUSE OF VIOLATION Lack of Bio mass

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\_\_\_\_\_

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DURATION OF VIOLATIO Month of September

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CORRECTIVE ACTION Adjust Aeration feed caustic soda add supplemental food source and adjust wasting

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EXPECTED COMPLIANC November 1st.

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    10/25/2018  
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 SIGNATURE / DATE