

REPORT OF NON COMPLIANCE

NAME OF FACILITY WALNUT RIDGE, CITY OF

PERMIT NUMBER AR0046566 001-A

PERIOD ENDING January 2020

PARAMETER VIOLATED	NITROGEN AMMONIA CONC 7 DAY AVG		NITROGEN AMMONIA CONC 7 DAY AVG		NITROGEN AMMONIA CONC 7 DAY AVG		NITROGEN AMMONIA CONC 7 DAY AVG		NITROGEN AMMONIA CONC 7 DAY AVG		Mercury, Total Recoverable Conc. Mo. Avg		FECAL 7 DAY GEO		C/BOD CONC 7 DAY AVG		C/BOD CONC 7 DAY AVG		C/BOD CONC 7 DAY AVG		C/BOD CONC 7 DAY AVG	
	REPORTED VIOLATIONS	21.9	13.8	12.8	12.7	23.10	17.6	0.02	5262	10.2	15.3	18.9	22.3	28.9	9	9	9	9	9	9	9	9
PARAMETER VIOLATED	9	9	9	9	9	9-Jan	0.0134	2000	10	15	15	15	15	15								
WEEK OF	01/08/20	01/20/20	01/21/20	01/27/20	01/28/20	01/29/20		01/02/20	01/22/20	01/27/20	01/28/20	01/29/20										

CAUSE OF VIOLATION Low Bio Mass *Please fill out the following information*

DURATION OF VIOLATION Month of January

CORRECTIVE ACTION Adjust wetting feed food some, to

EXPECTED COMPLIANCE DATE Feb. 1

Don Kopp

 SIGNATURE / DATE 2-25-20

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PERMIT NUMBER AR0046566 001-A

PERIOD ENDING January 2020

PARAMETER VIOLATED	TSS CONC MO AVG	TSS CONC 7 DAY AVG	TSS CONC 7 DAY AVG	TSS CONC 7 DAY AVG	TSS CONC 7 DAY AVG	TSS CONC 7 DAY AVG	NITROGEN AMMONIA CONC MO AVG	NITROGEN AMMONIA CONC 7 DAY AVG	NITROGEN AMMONIA CONC 7 DAY AVG
REPORTED VIOLATIONS	17.90	28.00	26.00	25.00	23.00	32.00	10.00	13.40	14.20
PARAMETER VIOLATED	15.0	22.5	22.5	22.5	22.5	22.5	6.0	9.0	9.0
WEEK OF	12/30/19	01/14/20	01/27/20	01/28/20	01/29/20		01/02/20	01/07/20	

Please fill out the following information

CAUSE OF VIOLATION Washout Due to Heavy Rainfall & Low Amounts of Bacteria

DURATION OF VIOLATIO Month of January

CORRECTIVE ACTION Continue to Adjust Wastery. Feed Additional Food Source.

EXPECTED COMPLIANCI Feb 1


2-25-20
 SIGNATURE / DATE

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NAME OF FACILITY WALNUT RIDGE, CITY OF
 PERMIT NUMBER AR0046566 001-A
 PERIOD ENDING January 2020

PARAMETER VIOLATED	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL	CHLORINE, TOTAL RESIDUAL
REPORTED VIOLATIONS	0.10	0.03	0.05	0.06	0.08	0.04	0.05	0.04	0.04
PARAMETER VIOLATED	0.011	0.011	0.011	0.011	0.011	0.011	0.011	0.011	0.011
WEEK OF	12/30/19	12/31/19	01/02/20	01/06/20	01/21/20	01/22/20	01/27/20	01/28/20	01/29/20

Please fill out the following information

CAUSE OF VIOLATION UNKNOWN

DURATION OF VIOLATIO Month of January

CORRECTIVE ACTION ADD more Dechlor

EXPECTED COMPLIANCE 2-1-20

Jon Kopp 2-25-20
 SIGNATURE / DATE