

# REPORT OF NON COMPLIANCE

NAME OF FACILITY WALNUT RIDGE, CITY OF  
 PERMIT NUMBER AR0046566 001-A  
 PERIOD ENDING 05/31/20

PARAMETER VIOLATED	TSS CONC 7 DAY AVG	TSS CONC 7 DAY AVG	TSS CONC 7 DAY AVG	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
REPORTED VIOLATIONS	23.0	26.0	24.0	67.0	12.4	17.1	14.2	15.8
PARAMETER VIOLATED	22.5	22.5	22.5	39.7	4.0	6.0	6.0	6.0
WEEK OF	05/04/20	05/13/20	05/26/20			05/04/20	05/05/20	05/06/20

Please fill out the following information

CAUSE OF VIOLATION Pool treatment

DURATION OF VIOLATION Month of June

CORRECTIVE ACTION Intervention outside Consultant.

EXPECTED COMPLIANCE July

[Signature]  
 SIGNATURE / DATE

# REPORT OF NON COMPLIANCE

NAME OF FACILITY: WALNUT RIDGE, CITY OF

PERMIT NUMBER: AR0046566

001-A

PERIOD ENDING: April 2020

PARAMETER VIOLATED	NITROGEN AMMONIA CONC 7 DAY AVG MAX	16.1	14.8	7.9	10.2	10.4	9.4	9.6	6.4	NITROGEN AMMONIA CONC 7 DAY AVG MAX	0.000300	0.0170	342	FECAL 30DA GEG
REPORTED VIOLATIONS	14.8	16.1	14.8	7.9	10.2	10.4	9.4	9.6	6.4	0.000300	0.0170	342	1264.0	
PARAMETER VIOLATED	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	0.000133	0.0134	200	400.0	
WEEK OF	05/11/20	05/12/20	05/13/20	05/18/20	05/19/20	05/20/20	05/26/20	05/27/20	05/28/20					05/04/20

Please fill out the following information

CAUSE OF VIOLATION: Poor Treatment

DURATION OF VIOLATION: 2 weeks

CORRECTIVE ACTION: Contacting outside Consultant

EXPECTED COMPLIANCE DATE: Sunday

*[Handwritten Signature]*

SIGNATURE / DATE

# REPORT OF NON COMPLIANCE

NAME OF FACILITY WALNUT RIDGE, CITY OF  
 PERMIT NUMBER AR0046566 001-A  
 PERIOD ENDING 05/31/20

PARAMETER VIOLATED	FECAL 7 DAY GEO	FECAL 7 DAY GEO	FECAL 7 DAY GEO	FECAL 7 DAY GEO	FECAL 7 DAY GEO	C/BOD CONC 7 DAY AVG		
REPORTED VIOLATIONS	1236.0	1716.0	768.0	1518.0	840.0	21.3		
PARAMETER VIOLATED	400.0	400.0	400.0	0.2	400.0	15.0		
WEEK OF	05/12/20	05/13/20	05/26/20	05/27/20	05/28/20	05/13/20		

*Please fill out the following information*

CAUSE OF VIOLATION Chem Feed issue (LMI Pump)

DURATION OF VIOLATIO ---

CORRECTIVE ACTION Replace Pump

EXPECTED COMPLIANCI 7-1-20

[Signature]  
SIGNATURE / DATE