

**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

NPDES Permit Number: 46566 Facility Name: City Water Works

Type of Change: New Cognizant Official (or duly authorized representative) (sections 1 and 2)
 (check one) New Ranking Official (complete section 2 only)
 Both (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) (See 122.22(b); the individual, authorized by the ranking official in writing, as having responsibility for the overall operation of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following individual as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Jon Kopp
 Signature of the Cognizant Official (Duly Authorized Representative)

Jon David Kopp
 Name (First Name, MI, Last Name) Typed or Printed

1609 Holly St. Walnut Ridge AR 72476
 Mailing Address City, State, and Zip

Manager (870) 886-2312 (870) 886-7824
 Title A/C Phone Fax

Email Address: _____

By signature below, the ranking official certifies that the above named individual is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RANKING OFFICIAL** (Note: The ranking official is the person authorized to sign the permit application i/a/w 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.)

Gary J Little 10/8/12
 Signature of the Ranking Official Date

Gary J Little
 Name (First Name, MI, Last Name) Typed or Printed

306 Westwood Cir. Walnut Ridge Ar. 72476
 Mailing Address City, State, and Zip

Chairman (870) 886-2312 (870) 886-7824
 Title A/C Phone Fax

Email Address: N/A

Certification: I certify under penalty of law that this document and all attachments were prepared under my direct 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.

Will Ranking Official also be the person signing submittals? (Check one) Yes No

Sanitary Sewer Overflow Monthly Report

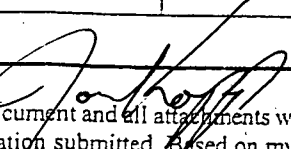
Facility Name: City of Walnut Ridge Permit Number: AP0046566 Reporting Period (Month/Year): Sept. 2012

No Sanitary Sewer Overflows This Monitoring Period

Cause(s) of SSO		Summary Report Code Descriptions		
		SSO Impact	Action(s) Taken	Ultimate Discharge Location
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental Impact	WO-Work Order	CR-Creek/Stream/River (please spec
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch
HC-Hydro Clean	LF-Line Failure/Break	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet
R-Rainfall	RG-Roots & Grease		HR-Hand Rodded	GR-Ground Surface
RO-Roots	V-Vandalism		EN-Referred to Engineering	PA-Paved Area
			PN-Public Notification	CB-Contained in Building

Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Cause of SSO	Environmental Impact	Action (s) Taken to Address SSO	Ultimate Discharge Location
805 S.E. 6 th		9-19-12	9-19-12	150	E	NEAH	WO	DI

Signature of Cognizant or Ranking Official



Date 10-22-12

"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."

REPORT OF NON COMPLIANCE

NAME OF FACILITY WALNUT RIDGE, CITY OF
PERMIT NUMBER AR0046566 001-A
PERIOD ENDING SEPTEMBER 2012

PARAMETER VIOLATED	FECAL 7 DAY GEO							
REPORTED VIOLATIONS	430							
PERMIT CONDITION	400							

WEEK OF Sep 26 12


Please fill out the following information

CAUSE OF VIOLATION Rainfall

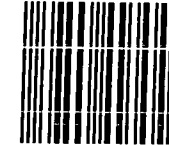
DURATION OF VIOLATION September 25, 26, 27, 28.

CORRECTIVE ACTION Raise Cl^2 output

EXPECTED COMPLIANCE DATE October 1st 2012

 10-22-12
SIGNATURE / DATE

City Water Works
216 S.W. 4th St.
Walnut Ridge, AR 72476



1000

72118

U.S. POSTAGE
PAID
WALNUT RIDGE, AR
72476
OCT 23, 12
AMOUNT
\$1.50
00020988-07

ADEQ
NPDES Enforcement
5301 Northshore Drive
North Little Rock, AR 72118

