

# REPORT OF NON COMPLIANCE

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

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	
REPORTED VIOLATIONS	62	13.4	16.5	17.8	10.4	9.8	12.5	
PERMIT CONDITION	40	4.0	6.0	6.0	6.0	6.0	6.0	
<b>WEEK OF</b>			May 02 12	May 09 12	May 16 12	May 23 12	May 30 12	

*Please fill out the following information*

**CAUSE OF VIOLATION** Undetermined

**DURATION OF VIOLATION** Month of May

**CORRECTIVE ACTION** Adjust Wasting

**EXPECTED COMPLIANCE DATE** June 1<sup>st</sup>

  
 SIGNATURE / DATE