



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspection Type	Inspector	Fac. Type
1 N 2 5 3 A R 0 0 2 0 3 0 3	11 12 1 1 0 4 0 7	17	18 I	19 S	20 1
Remarks					
-					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 [] [] [] 69	70 N	71 N	72 N	73 [] []	74 75 [] [] [] [] [] [] [] [] 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Caterpillar, Inc. - 9201 Faulkner Lake Road, NLR, AR	Entry Time/Date 1:00 pm on 04/07/11	Permit Effective Date 4/1/2008
	Exit Time/Date 02:15 pm on 04/07/11	Permit Expiration Date 3/31/2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Katina Stephens, EHS Manager, 501-955-5240	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Katina Stephens 9201 Faulkner Lake Road NLR, AR 72117 501-955-5240	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

Permit	Flow Measurement	Operations & Maintenance	Sampling
Records/Reports	Self-Monitoring Program	Sludge Handling/Disposal	Pollution Prevention
Facility Site Review	Compliance Schedules	Pretreatment	Multimedia
Effluent/Receiving Waters	Laboratory	Storm Water	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

No violations were noted.

Name(s) and Signature(s) of Inspector(s) Dennis Benson	Agency/Office/Telephone/Fax	Date 04/07/11
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Caterpillar, Inc. _____

Industry Contacts: Katina Stephens, EHS Manager _____

Type of Industry: Heavy equipment manufacture _____

Date of Visit: 04/07/11 _____

- | | | | |
|--|---|-----------------------------|---|
| 1. Significant industrial user: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Determined |
| 2. Pretreatment equipment or procedures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Pretreatment equipment maintained and operational? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Hazardous waste generated or stored? determined. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A (Not) |
| 5. Proper solid waste disposal? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Solvent management/TTO control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Suitable sampling location? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. Appropriate self-monitoring procedures / equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Adequate spill prevention? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. Industry familiar with limits and requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Additional Comments: This is a new facility that has not started discharging to the City of North Little Rock. Final work on treatment unit was being performed on the date of the inspection. _____

Visit Conducted By: *Dennis Benson* Date: 04/07/11 _____