Inspection Report: City of Walnut Ridge WWTP, AFIN: 38-00040, Permit #: AR0046566

			WATER		N	ISP	ECTIO	N REPORT
	ADEU	AFI		ERMIT #: Ar004 6				DATE: 10/21/2014
^	R K A N S A S	СО	UNTY: 38 Lawre	nce	F	PDS #	≠: 080991	MEDIA: WN
Dep	partment of Environmental Quality	GP	S LAT: 36.06762	8 LONG: -90.972	22	02 L	OCATION: I	Entrance
	FACILITY INFORMAT	ION		IN	S	PEC		RMATION
	y of Walnut Ridge WWTP			FACILITY TYPE: 1 - Municipal		INSPECT 8600	or ID#: 9 S - State	
	NTION: 02 West Oak Street			FACILITY EVALUATION RATING	G:			TION TYPE: //Collection System
	alnut Ridge, AR			(-)		25	EXIT TIME: 15:00	PERMIT EFFECTIVE DATE:
	RESPONSIBLE OFFIC	CIAL		10/21/2014 1	۰.	25	15.00	11/1/2010 PERMIT EXPIRATION DATE:
	E: / TITLE							10/31/2015
COM	n Kopp / City Water Works Mana	iger		FAYETTEVILLE	S	HAL	E RELATED): N
	y of Walnut Ridge WWTP			FAYETTEVILLE	S	HAL)NS: N
21	6 SW 4 th Street						ION PARTI	CIPANTS
	state, zip: alnut Ridge AR 72476			NAME/TITLE/PHONE/FAX/EMA			tor / 870-88	6-2312
				,,	-	P 01 0		
87 EMAI	0-886-2312 / 870-886-7824							
EIVIAI	L							
CC	NTACTED DURING INSPECTION	: No						
	(5=5	atisfact	AREA EVA	LUATIONS sfactory, N=Not Applicable	/Fv	/aluated		
S	PERMIT	**	FLOW MEASUR			**	STORMW	ATER
S	RECORDS/REPORTS	**	LABORATORY			**		SITE REVIEW
S	OPERATION & MAINTENANCE	**		CEIVING WATER		**		NITORING PROGRAM
**	SAMPLING	**	SLUDGE HAND	LING/DISPOSAL		**	PRETREA	TMENT
S	OTHER: SSO		SUMMARY C					
Th	is sanitary sewer overflow (SSO)	insp			e o	cours	se of a rout	ine compliance
	aluation. There were no violations	-	•	-				
			GENERAL C					
Re	fer to the letter accompanying the	e Oc	tober 21, 2014 c	ompliance evalu	at	ion i	nspection f	or additional
inf	ormation.							
		16	2					
INS	SPECTOR'S SIGNATURE:	- fue	Michael Gr	eenwav				DATE: 11/19/2014
	1	/						
SU	IPERVISOR'S SIGNATURE:	sa Ri		on Bolenbaugh				DATE: 11/20/2014

COLLECTION SYSTEM INSPECTION AND OVERALL RATING	ØS OM OU ONA ONE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Combination gravity flow and force main system.	
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTION	S: Population of ~5500
FEET OF SEWER SYSTEM: Unknown	
AGE OF SYSTEM: 1940 and newer	
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Significant I&I Problems	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): All SSO's are reported by the manager.	ØY ON ONA ONE
ARE ALL SSOs REPORTED REGARDLESS OF SIZE: Yes, six SSO's have been reported in the last 12 months.	—
HAVE SSOS REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): <u>Reported SSO information is available through the ADEQ database.</u>	DY DN ØNA DNE
	1
PUMP STATIONS	
NUMBER OF PUMP STATIONS IN SYSTEM: <u>~21</u> NUMBER WITH BACKUP PO	DWER: None w/dedicated
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: 5 times a week.	
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes, Operator Log	<u>s</u>
ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u>	
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS	b): Auto dialers
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Use of portable generators during	power loss.
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHEC	KLISTS FOR EACH): <u>2</u>
SATELLITE SYSTEMS	OS OM OU ØNA ONE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: No	
TYPE(S) OF WASTE WATER RECEIVED: DRESIDENTIAL DCOMMERCIAL DINDUS	TRIAL OTHER:
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:	
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:	
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE	SYSTEM:

PUMP STATION VISIT (COMPLETE A SEPARATE CHI	ECKLIST FOR EACH PUMP S	STATION VISITED)
GENERAL INFORMATION AND OVERALL EVALUATION		ØS 🗆 M 🗆 U 🗆 NA
NAME AND/OR LOCATION OF PUMP STATION: Oak Stree	et .	
TYPE(S) OF WASTE WATER RECEIVED: ZRESIDENTIAL	. ☑COMMERCIAL □INDUSTRIA	AL DOTHER:
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 2	
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		ØS OM OU ONA ONE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		⊡Y ØN ⊡NA ⊡NE
GENERAL OPERATION AND MAINTENANCE		ØS OM OU ONA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:	E OF UNRELATED	ØS OM OU ONA ONE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		ØS OM OU ONA ONE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:		ØS □M □U □NA □NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF INSTALLED AND MAINTAINED:	PMENT PROPERLY	ØS OM OU ONA ONE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :	JIPMENT (BELTS, PULLEYS,	ØS OM OU ONA ONE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CO GASES AND FUMES:	NDENSATION AND/OR	ØS OM OU ONA ONE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	⊠S ⊡M ⊡U ⊡NA ⊡NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	⊠S ⊡M ⊡U ⊡NA ⊡NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS:	⊠S ⊡M ⊡U ⊡NA ⊡NE
BACKUP POWER AND ALARMS		ØS OM OU ONA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	⊠S ⊡M ⊡U ⊡NA ⊡NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT	INFORMATION POSTED:	⊠S ⊡M ⊡U ⊡NA ⊡NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):		□Y □N ØNA □NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHI	ECKLIST FOR EACH PUMP S	STATION VISITED)
GENERAL INFORMATION AND OVERALL EVALUATION		ØS 🗆 M 🗇 🗆 NA
NAME AND/OR LOCATION OF PUMP STATION: Village Cr	eek	
TYPE(S) OF WASTE WATER RECEIVED: ZRESIDENTIAL		AL DOTHER:
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 2	
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		ØS OM OU ONA ONE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		⊡Y ØN ⊡NA ⊡NE
GENERAL OPERATION AND MAINTENANCE		ØS OM OU ONA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		ØS OM OU ONA ONE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		ØS OM OU ONA ONE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:		ØS OM OU ONA ONE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED:	MENT PROPERLY	ØS OM OU ONA ONE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :	JIPMENT (BELTS, PULLEYS,	ØS OM OU ONA ONE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES:	NDENSATION AND/OR	ØS OM OU ONA ONE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	ØS OM OU ONA ONE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	ØS OM OU ONA ONE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS:	ØS OM OU ONA ONE
BACKUP POWER AND ALARMS		ØS OM OU ONA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	⊠S ⊡M ⊡U ⊡NA ⊡NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT	INFORMATION POSTED:	⊠S ⊡M ⊡U ⊡NA ⊡NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):		DY DN ØNA DNE

From:	Jonathan Kopp
To:	Water-Inspection-Report
Subject:	Walnut Ridge AR0046566 October 21 violation response
Date:	Tuesday, November 25, 2014 7:00:27 AM
Attachments:	Arkansas Testing Lab corrected dmr.pdf

On October 21 2014 a site visit was conducted by Inspector Michael Greenway at the Walnut Ridge Wastewater Plant. The only violation noted was a discrepancy on monthly DMRs for DO Calculations. Walnut Ridge currently uses Arkansas Testing Labs for ALL DMR and Lab testing performed. Arkansas Testing has submitted to me a Corrected Copy of the DMRs in question and have taken measures to insure this does not happen again. Attached are the Corrected DMRs.

Thank You

Jon Kopp Walnut Ridge Water

			DISCHARGE MONITORING REPORT (DMR)	DISCHARGE M	DISCHARGE MONITORING REPORT (DMR)	ORT (DMR)		Ţ	Prepared toys No. 2040-0004	DMB No. 2040-	40-0004
PERMITTEE NAME/ADDRESS, (Include Facility Name/Location II Different) NAME: WALNUT RIDGE-C/O ARKANSAS TESTING LABS ADDRESS: 3301 LANGLEY DRIVE SEARCY, AR 72143 FACILITY: WALNUT RIDGE WW TREATWEW RW RCTED LOCATION: 1002 OAK ST WALNUT RIDGE, AR 72476 ATTN: JON D. KOPP, MANAGER	Facility NameLocation) ARKANSAS TES /E V TREAT VEVOR	it Different) STING LABS		AR0046566 PERMIT NUMBER MC MC 09/01/2014		001-A ARGE NUMBER Å 0D 09/30/2014	ODI-A ARKA NAA NAA MAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ARKA NARAANGSUNGGE, ABORAJARIES, INC NSAS TESITING TABOARTORIES, INC SEGLIMENTHARPEMAYIGIPAL WW External Outfall No Discharge	LAGE, AB COCART	SORAJIQR ÖRRAJI IN IPAL WW No Discharge	
		QUA	QUANTITY OR LOADING	ų g		QUALITY OR CONCENTRATION	CENTRATION		L-	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF A	OF ANALYSIS	ТҮРЕ
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT		*****	*****	6.00	******	*****		0	2	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT		ning series s		5 INST MIN	•••••		, mavr	hT V	Three Per Week	GRAB
Hd	SAMPLE MEASUREMENT	*****	*****	*	7.09	****	7.62		1/E 0		dere
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				e MINIMUM		9 MUMIXAM	SU	мТ V	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	//.3	***		*****	5.5	<5.7		0 3/		Cono
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	148.9 MO AVG		p/qi		15 MO AVG	22.5 7 DA.AVG	, mg/L	Thr	Three Per Week	COMP-6
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	D. 6	***		****	< 0.2	<0.3		0 3/7		Omp
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	39.7 MO.AVG		lb/d		4 MO.AVG	6 7.DA.AVG	тод.	и Л	Three Per Week	COMPÓS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.4/32	1.159		*****	*****	*****	•	m M	·	Totz
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	MGD					Five F	Five Per Week	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.1		IE O		Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					•••••	INST MAX	mg/L	Thr	Three Per Week	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	*****	*****	< 20	<i>۲</i> 43		0 3	~~	dere
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••				200 30DA GEO	400 7 DA GEO	#/100mL	Thr V	Three Per Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		l critity under penaity of law that this document and all attachment supervision in accordance with a system designed to assure that q vestuale the information submitted. Based on my inquiry of the per	and all attachments were prepared ed to assure that qualified personne / inquiry of the person or persons v	were prepared under my direction or alified personnel properly gather and on or persons who manage the					TELEPHONE		DATE
	system, art to the best significant p	sterm, or those persons directly responsible for patienting the internation, the information substrated is, to the basic of my browkedge and basic, true, accurate, and completel, ann wave that there are significant penulises for submitting false information, including the possibility of fine and imprisonment for document and accurations.	· gathering the information, the urate, and complete, I am awa ion, including the possibility of	information submitted is, are that there are fine and imprisonment for	SIGN	ATURE OF PRINCIPAL	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED						AU HURIZED AGEN I	D AGEN I	AF	AREA Code NU	NUMBER M	YYYYJAAMM

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09/13/2013 Page 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)
NATIO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: WALNUT RIDGE-C/O ARKANSAS TESTING LABS ADDRESS: 3301 LANGLEY DRIVE SEARCY, AR 72143 FACILITY: WALNUT RIDGE WW TREATMENT PLNT LOCATION: 1002 OAK ST WALNUT RIDGE, AR 72476

ATTN: JON D. KOPP, MANAGER

 AR0046566
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MMIDD/YYYY

 09/01/2014
 09/30/2014

Form Approved Preparedolitika. 2040-0004 ARKAMSARIGESTINGE LABORAJORIES INIC

MAJOR SECICY, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW

External Outfall

No Discharge

	おんせいのいいである。	QUAI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION	ENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ŭ	OF ANALYSIS	ТҮРЕ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	7.9	*****		*****	<2.4	<2.7		0	3/7	Comp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	99.2 MO.AVG	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	þ/dl		10 MO'AVG:	15 7 DA AVG	mg/L		Three Per Week	COMPOS

CORRECTED COPY

TELEPHONE DATE	AREA Code NUMBER MM/DD/YYY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
I carrity under penalty of law that this document and all altschments were prepared under my direction or supervision in accordance with a system desident to assure the qualified penament property phase and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	system, or house persons usered response to applement part mormation, mormation, mormation unbilled is, to the based of my foundary and balled. It hus, accurate, and complete, Jan wave that there are significant penalties for submitting faise information, including the possibility of fine and imprisonment for toowing vialations.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #10. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 38-00040

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09/13/2013 Page 2

WALNUT RIDGE-C/O ARKANSAS TESTING LABS PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) 3301 LANGLEY DRIVE SEARCY, AR 72143 ADDRESS: NAME:

WALNUT RIDGE WW TREATMENT PLNT 1002 OAK ST LOCATION: FACILITY:

WALNUT RIDGE, AR 72476

ATTN: LESTER HERRING, GENERAL MGR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DISCHARGE NUMBER 001-A MONITORING PERIOD PERMIT NUMBER AR0046566

ARKANSAS TESTING LABORATORIES, INC Prepared by

Secircy, AR 72143 DMR Mailing ZIP CODE: 72143 MAJOR

001-MONTHLY-TRTD MUNICIPAL WW External Outfall

YYYY/DD/MM 9/30/2012

WM/DD/YYY

9/1/2012

No Discharge

PARAMETER		QUA	QUANTITY OR LOADING	U		QUALITY OR CONCENTRATION	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	***	*	****	50	*****	*****		0	31-	Greb
00300 1 0 Effluent Gross	PERMIT REQUIREMENT				5 INST MIN			mg/L		Three Per Week	GRAB
Hd	SAMPLE MEASUREMENT	***	***	****	7.52	****	PP. L		0	3/7	Grad
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	1			6 MINIMUM		9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	110.8	*****		*****	ע ג ב	× 8		Q	37	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	148.9 MO:AVG		p/ql		15 MO AVG	22.5 7 DA AVG	mg/L		Three Per Week	COMP-6
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				•••••	< 0.2	< 0.2		0	1/2	Comp
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	39.7 MO:AVG		p/ql		MO:AVG	6 7 DA AVG	mg/L		Three Per Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10-410-	1.2 lolo		****	***	****		0	רןר	TOTE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY MX	Mgal/d						Five Per Week	K TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****	0.08		0	3/7	Greb
50060 1 0 Effluent Gross	PERMIT REQUIREMENT						,1 INST MAX	m9/F		Three Per Week	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	*****	******	r 57	< 430		1	3/7	Brech
74055 1 0 Effluent Gross	PERMIT REQUIREMENT				•••••	200 30DA GEO	400 7 DA GEO	#/100mL		Three Per Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		l certify under penalty of law that this document and all attachments were prepared under my direction or uppendiquents in accordance with a stytem delarged to resurve that and the prepared public took and the information activities of post of the information of the operation property gather	t and all attachments were preper ted to assure that qualified perso	red under my direction or annel property gather accore who meneres the					TELEPHONE	IONE	DATE
	system, of the system, of the to the best of 1 significant pen	an extense use removes the endormation extension of the provent of property of property of property in property in property in property in the information submitted is system, of the property desponsible for gathering the information. The information submitted is to the base of only knowledge and baiet, true, accurate, and compolet. I am aware that there are significant penalties for submitting fase information, including the possibility of fine and imprisonment for	on my mount of our portaon of pro- or gathering the information, the if courate, and complete. I am award thon, including the possibility of fit	tion of powering minimized and the information submitted is, am aware that there are billity of fine and imprisonment for	SIGNA	TURE OF PRINCIPAL	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	╘╌┰╼┦			
TYPED OR PRINTED	hnowing violations.	tions.				AUTHORIZED AGENT	ED AGENT	₹	AREA Code	NUMBER	YYYYQQMM

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #10. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 38-COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 00040

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Page 1

10/05/2011

CORRECTED COPY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: VVALNUT RIDGE-C/O ARKANSAS TESTING LABS ADDRESS: 3301 LANGLEY DRIVE SEARCY, AR 72143

FACILITY: WALNUT RIDGE WW TREATMENT PLNT

LOCATION: 1002 OAK ST WALNUT RIDGE, AR 72476

ATTN: LESTER HERRING, GENERAL MGR.

ATTN: LESTER HERRING, GENERAL MGR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

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UISCHARGE MONITORING REPORT (DWR)	001-A	DISCHARGE NUMBER	MONITORING PERIOD	WIM/DD/YYYY	9/30/2012
DISCHARGE MONIT	AR0046566	PERMIT NUMBER	MONITOI	MM/DD/YYYY	9/1/2012

Prepared by Approved ARKANSAS TESTING LABORATORIES, INC

рмк мэшлэгсодт 72143 малок

001-MONTHLY-TRTD MUNICIPAL WW External Outfall No Discharge

PARAMETER		GUAI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION	NCENTRATION		NO. EX	NO. EX FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	•		
BOD, carbonaceous, 05 day, 20 C	SAMPLE		*****		*****	, ,	, ,			21-	
	MEASUREMENT	9.01	_			、 、	∩ ^		C	10	L'MO.
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	99.2 MO.AVG		p/ql		10 MO.AVG	15 7 DA AVG	mg/L		Three Per Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with system calculated to assume that utilitied participating gather 		TELEPHONE	HONE	DATE
	and or structures for interviewing the contract of the properties of the product	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	YYYYJOUMM

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #10. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 38-00040

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10/05/2011

CORRECTED COPY

REPORT OF NON COMPLIANCE

NAME OF FACILITY	WALNUT	RIDGE, C	CITY OF					
PERMIT NUMBER	AR004656	66	001-A					
PERIOD ENDING	SEPTEM	BER 2012				·······	1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 -	
PARAMETER VIOLATED	FECAL 7 DAY GEO							
REPORTED VIOLATIONS	430	e sili internetionen Silvernetionen Silvernetionen						
PERMIT CONDITION	400							
WEEK OF	Sep 26 12					•		
	Ple	ase fill out	the followi	ng informa	tion			
CAUSE OF VIOLATION								
		· · · · · · · · · · · · · · · · · · ·		·····				
·								
DURATION OF VIOLATION								
CORRECTIVE ACTION								
				· · · ·				
EXPECTED COMPLIANCE DAT	E							

SIGNATURE / DATE