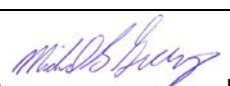

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT				
		AFIN: 38-00040		PERMIT #: AR0046566		DATE: 10/21/2014
		COUNTY: 38 Lawrence		PDS #: 080991		MEDIA: WN
		GPS LAT: 36.067628 LONG: -90.972202 LOCATION: Entrance				
FACILITY INFORMATION			INSPECTION INFORMATION			
NAME: City of Walnut Ridge WWTP LOCATION: 1002 West Oak Street CITY: Walnut Ridge, AR			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 86009 S - State		
			FACILITY EVALUATION RATING: ***	INSPECTION TYPE: SSO/Collection System		
			DATE(S): 10/21/2014	ENTRY TIME: 11:25	EXIT TIME: 15:00	PERMIT EFFECTIVE DATE: 11/1/2010 PERMIT EXPIRATION DATE: 10/31/2015
RESPONSIBLE OFFICIAL						
NAME / TITLE: Jon Kopp / City Water Works Manager COMPANY: City of Walnut Ridge WWTP MAILING ADDRESS: 216 SW 4th Street CITY, STATE, ZIP: Walnut Ridge AR 72476 PHONE & EXT. / FAX: 870-886-2312 / 870-886-7824 EMAIL:			FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No			INSPECTION PARTICIPANTS			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Jeremy Lewis / Operator / 870-886-2312			
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
S	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER	
S	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW	
S	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM	
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT	
S	OTHER: SSO					
SUMMARY OF FINDINGS						
This sanitary sewer overflow (SSO) inspection was performed during the course of a routine compliance evaluation. There were no violations noted during this SSO inspection.						
GENERAL COMMENTS						
Refer to the letter accompanying the October 21, 2014 compliance evaluation inspection for additional information.						
INSPECTOR'S SIGNATURE:  Michael Greenway				DATE: 11/19/2014		
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh				DATE: 11/20/2014		

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Combination gravity flow and force main system.		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 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		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): All SSO's are reported by the manager.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
ARE ALL SSOS REPORTED REGARDLESS OF SIZE: Yes, six SSO's have been reported in the last 12 months.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
HAVE SSOS REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): Reported SSO information is available through the ADEQ database.		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
PUMP STATIONS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: ~21	NUMBER WITH BACKUP POWER: None w/dedicated	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: 5 times a week.		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes, Operator Logs		
ADEQUATE INVENTORY OF SPARE PARTS: Yes		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): Auto dialers		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Use of portable generators during power loss.		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 2		
SATELLITE SYSTEMS		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: No		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> 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 CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Oak Street</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Village Creek</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

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

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

Form Approved
EPA 823-B-93-004

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 PLANT
LOCATION: 1002 OAK ST
WALNUT RIDGE, AR 72476
ATTN: JON D. KOPP, MANAGER

Prepared by
AR 001-A
DISCHARGE NUMBER AR 001-A
MONITORING PERIOD
MM/DD/YYYY
09/30/2014

CORRECTED COPY

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	6.00	INST-MIN	7.09	INST-MIN	0	3/7	Grab
00300 1 0 Effluent Gross						Three Per Week	GRAB
pH						3/7	Grab
00400 1 0 Effluent Gross						Twice Per Month	GRAB
Solids, total suspended	11.3		< 3.5	MAXIMUM	0	3/7	Comp
00530 1 0 Effluent Gross	148.9	MO.AVG	22.5	7-DA.AVG		Three Per Week	COMP-6
Nitrogen, ammonia total [as N]	0.6		< 0.2		0	3/7	Comp
00610 1 0 Effluent Gross	39.7	MO.AVG	4	MO.AVG		Three Per Week	COMPOS
Flow, in conduit or thru treatment plant	0.432	1.159			0	3/7	Totz
50050 1 0 Effluent Gross		Req. Mon. DAILY MAX				Five Per Week	TOTALZ
Chlorine, total residual			0.1		0	3/7	Grab
50060 1 0 Effluent Gross				INST. MAX		Three Per Week	GRAB
Coliform, fecal general	< 20		< 43		0	3/7	Grab
74055 1 0 Effluent Gross			200	300 DA GEO		Three Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
TYPED OR PRINTED	NUMBER	MMDDYYYY

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

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

Form Approved
EPA No. 2040-0004

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

Prepared by: **ARKANSAS TESTING LABORATORIES INC.**
BMR No. 21243
MAJOR SEARCY, AR 72143
001-MONTHLY-TRTD MUNICIPAL WW
External Outfall
No Discharge

AR0046566	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
BOD, carbonaceous, 05 day, 20 C	7.9	*****	*****	<2.4	<2.7	mg/l	0	3/7	Comp
80082 10 Effluent Gross	99.2 MO AVG	*****	*****	10 MO AVG	15 7-DA AVG	lb/d		Three Per Week	COMPOS

CORRECTED COPY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		AREA Code	NUMBER
TYPED OR PRINTED			MMDDYYYY

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

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

AR0046566
 PERMIT NUMBER

001-A
 DISCHARGE NUMBER

MM/DD/YYYY
 9/1/2012

MONITORING PERIOD
 MM/DD/YYYY
 9/30/2012

001-A
 DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 WALNUT RIDGE-C/O ARKANSAS TESTING LABS
 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.

001-MONTHLY-TRTD MUNICIPAL WW
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****	0	3/7	Grab
00300 1 0 Effluent Gross	*****	*****	5.3	*****	*****	*****	0	Three Per Week	GRAB
pH	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
00400 1 0 Effluent Gross	*****	*****	7.52	*****	*****	*****	0	Twice Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	0	3/7	COMP
00530 1 0 Effluent Gross	*****	*****	16.8	*****	*****	*****	0	Three Per Week	COMP-6
Nitrogen, ammonia total (as N)	*****	*****	0.63	*****	*****	*****	0	3/7	COMP
00610 1 0 Effluent Gross	*****	*****	0.467	*****	*****	*****	0	Three Per Week	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	1.266	*****	*****	*****	0	7/7	TOTZ
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Five Per Week	TOTALZ
Chlorine, total residual	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
50060 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Three Per Week	GRAB
Coliform, fecal general	*****	*****	*****	*****	*****	*****	1	3/7	GRAB
74055 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Three Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MMDDYYYY		

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

10/05/2011 Page 1

CORRECTED COPY

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

AR0046566
 PERMIT NUMBER

001-A
 DISCHARGE NUMBER

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

001-MONTHLY-TRTD MUNICIPAL WW
 External Outfall

No Discharge

MONITORING PERIOD

MM/DD/YYYY
 9/1/2012

DISCHARGE NUMBER
 001-A

FACILITY: WALNUT RIDGE WW TREATMENT PLNT
 LOCATION: 1002 OAK ST
 WALNUT RIDGE, AR 72476
 ATTN: LESTER HERRING, GENERAL MGR.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	10.6	lb/d	<3	mg/L	0	3/7	COMP
80082 1 0 Effluent Gross	99.2 MO AVG	lb/d	15 7 DA AVG	mg/L		Three Per Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
	TYPED OR PRINTED		AREA CODE	NUMBER

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.

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

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 _____

DURATION OF VIOLATION _____

CORRECTIVE ACTION _____

EXPECTED COMPLIANCE DATE _____

SIGNATURE / DATE