

Permit Number: AR 00 51454  
 AFIN 60-01529  
 Industrial Sector: N/A  
Basic 4

### DMR Review Form

Annual Report Received?  Yes  No  
 Are All Parameters Okay?  Yes  No

Parameters exceeding the benchmark values:

Pollutant	Reported Value	Benchmark Value	Outfall #	Period
pH	9.6	6.0-9.0	006	1st
TSS	1092	100	007	1st
pH	9.3	6.0-9.0	002	1st

*outlined the corrective actions ✓*

Katherine Yachewy 2/1/12  
 Engineer Signature / Date

2/1/12 Kay  
 Date information was entered into database

2/1/12  
 Date letter was completed

CC: David Ramsey

F34D2

Arkansas Department of Environmental Quality (ADEQ)  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**Industrial Stormwater General Permit (ARR000000) Annual Report Form**

Permit No. ARR-00 <u>5 1 4 5 4</u>	
Permittee Name: Paul River, General Manger	
Facility Name: Caterpillar Inc.	
Facility Physical Address ( <u>not</u> mailing address): 9201 Faulkner Lake Road	
Facility City: North Little Rock	Zip Code: 72117

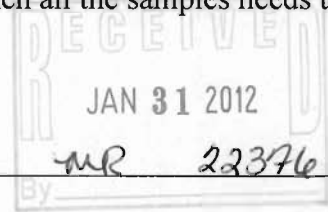
Facility Contact Name: Katina Stephens	Title: EHS Professional
Facility Contact Phone Number (501) 955-5240	Facility Contact Email: stephens_katina@cat.com
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> 2011 (Year)	

This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before **January 31<sup>st</sup>**. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

**1. Benchmarks Exceeded**

Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)? **Note:** If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:

- Yes  - **Complete Sections 2, 3, 4, 5 and 6.**
- No  - **Complete Section 2, 3, 5 and 6.**



Include any additional comments here:

Benchmarks were exceeded in Jan. - Jul. 2011 for Outfall 002 & 006 for pH, and 007 for TTS.

**2. Evaluations and Inspections**

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.

Visual Site Inspection #1 Date	Mar.31, 2011
Visual Site Inspection #2 Date	Jun. 29, 2011
Visual Site Inspection #3 Date	Aug. 8, 2011
Visual Site Inspection #4 Date	Nov. 7, 2011
Comprehensive Site Compliance Evaluation Date	Nov. 9, 2011

### 3. Stormwater Problems Identified At the Facility

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>) comprehensive site evaluation and quarterly visual site inspections.

- Sources of available information may also include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 4.
- **If no problems were identified, put N/A for Not Applicable.**

**Date Problem Discovered:** Aug. 08, 2011 **Describe the Problem:** Parts positioned in front of the storm water outfalls

**Date Problem Discovered:**                      **Describe the Problem:**

**Date Problem Discovered:**                      **Describe the Problem:**

**Date Problem Discovered:**                      **Describe the Problem:**

**4. Corrective Actions Planned or Taken**

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** TTS benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Outfall 007 was tested on Feb. 1, 2011, TTS result = 1092.00 mg/L. Outfall 007 was sampled after a large amount of snowfall; the facility used construction equipment (motor graders) to move snow in certain areas to clear the sidewalks. We believed the accumulated snow melt was deposited near outfall 007 creating the increase of TTS. The facility reviewed the SWPPP and could not find any issues with the SWPPP. A note was made that the facility should pay close attention were the accumulated snow is place. The facility resampled the out fall on Aug. 24, 2011. The results were as followed: 007 TTS = 12.0 mg/L

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

#### 4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** pH benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Outfall 002, and 006, were sampled on Feb. 2, 2011. The pH for out fall 002 = 9.3; the pH for outfall 006= 9.6. These outfall were sampled after large amount of snowfall. We believe the reason for the high pH was the salt that was placed on the pavement to melt the ice combined with snowfall run off. We also discovered that the salt used to melt the ice was being stored near these outfalls. The facility has removed the salt from outside and is now storing the salt on the inside of the building. On May 2, 2011 the outfalls were resampled, the results were as follows: Outfall 002 = 7.5, and Outfall 006 = 7.5.


For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

5. Are the DMRs included with this report? Yes  No

6. Certification by Permittee

"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."

RICHARD BARCH                      EHS MANAGER                      1/30/2012  
Printed Name                                      Title                                      Date

Signature\*  \_\_\_\_\_

\* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

**A person is a duly authorized representative only if:**

- 1. The authorization is made in writing by a person described above and submitted to ADEQ.
- 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

**Please return the signed document to the address below. Make sure you retain a copy for your records.**

Arkansas Department of Environmental Quality  
Water Division, General Permits Section  
5301 Northshore Dr.  
North Little Rock, AR 72118  
[Water.Permit.Application@adeq.state.ar.us](mailto:Water.Permit.Application@adeq.state.ar.us)

RENE' MEINTS

REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: CATERPILLAR, INC. 002

PERMIT:

REPORTING PERIOD: JAN - JUN 2011

REPORT DATE: JULY 2011

PARAMETER(S)	NPDES MIN	NPDES AVG	NPDES MAX	RESULT REPORTED	DATE OF EXCURSION
pH S.U.			9.00	9.3	02/01/11

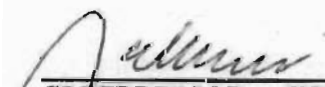
COMMENTS:

On 2/1/2011 CAT had a non compliant outfall. Cat retested the outfall on 5/2/2011. Both outfalls averaged together = 8.4 pH. Cat sent documentation to ADEQ for the reason for non-compliance. See DMK results.

PRINCIPAL EXECUTIVE OFFICER

TITLE

DATE

  
CATERPILLAR, INC.

EHS Manager

07/21/2011

RENE' MEINTS

REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: CATERPILLAR, INC. 006

PERMIT:

REPORTING PERIOD: JAN - JUN 2011

REPORT DATE: JULY 2011

PARAMETER(S)	NPDES MIN	NPDES AVG	NPDES MAX	RESULT REPORTED	DATE OF EXCURSION
pH S.U.			9.00	9.6	02/01/11

COMMENTS:

On 2/1/2011 CAT had a non compliant outfall. On 5/2/2011 CAT retested the outfall both outfalls averaged 8.6 ph. CAT sent documentation report for non-compliance to ADEQ.

See DMK reports for results.

PRINCIPAL EXECUTIVE OFFICER

TITLE

DATE

  
CATERPILLAR, INC.

EHS Manager

07/21/2011



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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2140-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	001-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2011	TO	06/30/2011	

001-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33.90	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SL	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.600	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>RICHARD BAREN</i> EHS Manager TYPED OR PRINTED	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 persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true to the best of my knowledge and belief, true, accurate, and complete. I also declare that there are no significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE	DATE
			AREA Code	NUMBER
			501 228 2740	07/21/2011

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

SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	001-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
07/01/2011	FROM	12/31/2011	TO

001-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.20	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.0	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.80	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Paul Rivera Plant Mgr</i> TYPED OR PRINTED	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 review of the permit or person 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 fines and imprisonment for knowing violations.	TELEPHONE		DATE
		501.228.2740		01/23/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Paul Rivera</i>		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0094

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	002-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2011	TO 06/30/2011

002-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.30	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	9.3	SU	1	2/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.200	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>RICHARD BARCH</i> EHS Manager TYPED OR PRINTED	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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		501/228/2740	07/21/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>R. Barch</i>		ARFA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		MM/DD/YYYY	

SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

Environmental Services Company  
 13715 W. Markham - 72211  
 P.O. Box 55146  
 Little Rock, AR 72115  
 (501) 221-2565

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

Form Approved  
 OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
 ADDRESS: 9201 FAULKNER LAKE ROAD  
 NORTH LITTLE ROCK, AR 72117  
 FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
 LOCATION: 9201 FAULKNER LAKE ROAD  
 NORTH LITTLE ROCK, AR 72117  
 ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	002-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
 MINOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2011	TO 12/31/2011

002-SEMI-ANNUAL STORMWATER  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28.10	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX 0.8	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	S.U.	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	#/day	*****	6 MINIMUM	9 MAXIMUM	SU	Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.0	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.40	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Paul Rivera, Plant Mgr</i> TYPED OR PRINTED	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 persons 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.	TELEPHONE	DATE
		501.228.2740	1/23/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Paul Rivera</i>		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	003-S
PERMIT NUMBER	DISCHARGE NUMBER

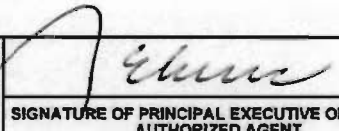
DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2011	TO	06/30/2011	

003-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.50	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.6	*****	8.6	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.400	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>RICHARD BARKH</b> EHS Manager TYPED OR PRINTED	I certify under penalty of law that this document and all other documents 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		501 228 2740	07/21/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

Environmental Services Company  
 13715 W. Markham - 72211  
 P.O. Box 55146  
 Little Rock, AR 72115  
 (501) 221-2565

Form Approved  
 OMB No. 2040-C004

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
 ADDRESS: 9201 FAULKNER LAKE ROAD  
 NORTH LITTLE ROCK, AR 72117  
 FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
 LOCATION: 9201 FAULKNER LAKE ROAD  
 NORTH LITTLE ROCK, AR 72117  
 ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	003-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
 MINOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2011	TO 12/31/2011

003-SEMI-ANNUAL STORMWATER  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32.70	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	S.U.	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.0	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.40	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Paul Rivera Plant Mgr</i> TYPED OR PRINTED	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 persons 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Paul Rivera</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			501.228.2740		1/23/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529



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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	004-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2011	TO 06/30/2011

004-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.3	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.8	*****	8.8	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.4	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>RICHARD BARCH</b> EHS Manager TYPED OR PRINTED	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 review of the persons and 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.	TELEPHONE		DATE
		501 228 2740		07/21/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		ANFA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

Environmental Services Company  
 13715 W. Markham - 72211  
 P.O. Box 55146  
 Little Rock, AR 72115  
 (501) 221-2565

Form Approved  
 OMB No. 2040-0004

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
 ADDRESS: 9201 FAULKNER LAKE ROAD  
 NORTH LITTLE ROCK, AR 72117  
 FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
 LOCATION: 9201 FAULKNER LAKE ROAD  
 NORTH LITTLE ROCK, AR 72117

AR0051454	004-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
 MINOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 07/01/2011	TO	12/31/2011	

004-SEMI-ANNUAL STORMWATER  
 External Outfall

ATTN: JON HARRISON/KATINA STEPHENS

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	42	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM			Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.0	mg/L	0	1/6mo	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Paul Rivera TYPED OR PRINTED	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 knowledge and belief, the information submitted is 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Paul Rivera</i>	TELEPHONE		DATE	
			AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529



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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	005-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2011	TO	06/30/2011	

005-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	43.40	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	9.0	*****	9.0	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	54.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.4	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>RICHARD BARCH</b> EHS Manager TYPED OR PRINTED	I certify under penalty of law that this statement 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 review 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.	TELEPHONE	DATE
		501-221-2740	07/21/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	005-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2011	TO 12/31/2011

005-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41.90	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	S.U.	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.0	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.40	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Paul Rivera Plant Mgr</i> TYPED OR PRINTED	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 persons 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Paul Rivera</i>	TELEPHONE		DATE	
			AREA Code	NUMBER	MM/DD/YYYY	

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

SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	006-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/01/2011	TO	12/31/2011

006-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	38.50	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	S.U.	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.0	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.40	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Paul Rivera Plant Mgr</i> TYPED OR PRINTED	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 persons 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.	TELEPHONE	DATE
		501.228.2740	1/23/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	[Signature]	AREA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		MM/DD/YYYY	

SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0094

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	006-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2011	TO	06/30/2011	

DMR Mailing ZIP CODE: 72117  
MINOR

006-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32.6	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon, DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	9.6	SU	1	2/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon, DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.4	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon, DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>RICHARD BARTH</i> EHS Manager TYPED OR PRINTED	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.	TELEPHONE	DATE
		501 2282790	07/21/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454 PERMIT NUMBER  
007-S DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 07/01/2011 TO 12/31/2011

007-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.0	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	S.U.	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.0	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.40	mg/L	0	1/6MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Paul Rivera</i> TYPED OR PRINTED	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 falsities.	TELEPHONE	DATE
		501.228.2740	1/23/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529



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

Environmental Services Company  
13715 W. Markham - 72211  
P.O. Box 55146  
Little Rock, AR 72115  
(501) 221-2565

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR G  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON/KATINA STEPHENS

AR0051454	007-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2011	TO 06/30/2011

007-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	96.5	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1092	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.4	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>RICHARD BARCH</b> <b>EHS Manager</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direct supervision and accordance with the rules designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the permit or program and monitoring the system, we have persons directly responsible for gathering the information, the information submitted to me the best of my knowledge and belief, true, accurate, and complete. I understand that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		501 228 2740	07/21/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 60-01529

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 001

DATE OF STORM EVENT SAMPLED: 2/1/11

DURATION OF EVENT: 6 hours

ESTIMATE OF RAINFALL EVENT: 2.12 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) > 30 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1500 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Calhoun  
Printed Name of Official

David Calhoun  
Signature

2/1/11  
Date

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 001

DATE OF STORM EVENT SAMPLED: October 18, 2011

DURATION OF EVENT: 3.5 hours

ESTIMATE OF RAINFALL EVENT: 0.65 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 6 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 210 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

Ned Ryerson

Printed Name of Official

Ned Ryerson

Signature

October 18, 2011

Date



**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 002

DATE OF STORM EVENT SAMPLED: 2/1/11

DURATION OF EVENT: 6 hours

ESTIMATE OF RAINFALL EVENT: 2.12 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 730 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1600 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callahan

Printed Name of Official

David Callahan

Signature

2/1/11

Date

1108010478

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 2

DATE OF STORM EVENT SAMPLED: 8/24/11

DURATION OF EVENT: 1.5 hours

ESTIMATE OF RAINFALL EVENT: .9 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) \_\_\_\_\_ days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1,000 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Calhoun  
Printed Name of Official

[Signature]  
Signature

8/24/11  
Date

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 003

DATE OF STORM EVENT SAMPLED: 2/11/11

DURATION OF EVENT: 6 hours

ESTIMATE OF RAINFALL EVENT: 2.12 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) >30 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1600 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Calvert

Printed Name of Official

David Calvert

Signature

2/11/11

Date

1108010479

# STORM WATER GENERAL PERMIT ADDITIONAL MONITORING REQUIREMENTS

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 3

DATE OF STORM EVENT SAMPLED: 8/24/11

DURATION OF EVENT: 1.5 hours

ESTIMATE OF RAINFALL EVENT: .9 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) \_\_\_\_\_ days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1,000 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Calloway  
Printed Name of Official

David Calloway  
Signature

8/24/11  
Date

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 004

DATE OF STORM EVENT SAMPLED: 2/1/11

DURATION OF EVENT: 6 hours

ESTIMATE OF RAINFALL EVENT: 2.12 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 730 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 4,000 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callat  
Printed Name of Official

David Callat  
Signature

2/1/11  
Date

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 004

DATE OF STORM EVENT SAMPLED: October 18, 2011

DURATION OF EVENT: 3.5 hours

ESTIMATE OF RAINFALL EVENT: 0.65 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 6 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 210 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

Ned Ryerson  
Printed Name of Official

Ned Ryerson  
Signature

October 18, 2011  
Date

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 005

DATE OF STORM EVENT SAMPLED: 2/1/11

DURATION OF EVENT: 6 hours

ESTIMATE OF RAINFALL EVENT: 2.12 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) > 30 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1500 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callant  
Printed Name of Official

David Callant  
Signature

2/1/11  
Date

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 5

DATE OF STORM EVENT SAMPLED: 8/24/11

DURATION OF EVENT: 1.5 hours

ESTIMATE OF RAINFALL EVENT: .9 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) \_\_\_\_\_ days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 500 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callout  
Printed Name of Official

David Callout  
Signature

8/24/11  
Date



**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 006

DATE OF STORM EVENT SAMPLED: 2/1/11

DURATION OF EVENT: 6 hours

ESTIMATE OF RAINFALL EVENT: 2.12 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 730 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 5,000 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callhart  
Printed Name of Official

David Callhart  
Signature

2/1/11  
Date

110800481

# STORM WATER GENERAL PERMIT ADDITIONAL MONITORING REQUIREMENTS

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 6

DATE OF STORM EVENT SAMPLED: 8/24/11

DURATION OF EVENT: 1.5 hours

ESTIMATE OF RAINFALL EVENT: .7 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) \_\_\_\_\_ days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 4,000 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callant  
Printed Name of Official

David Callant  
Signature

8/24/11  
Date

**STORM WATER GENERAL PERMIT**  
**ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 007

DATE OF STORM EVENT SAMPLED: 2/1/11

DURATION OF EVENT: 6 hours

ESTIMATE OF RAINFALL EVENT: 2.12 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 730 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 2000 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callant  
Printed Name of Official

David Callant  
Signature

2/1/11  
Date

1108010482

## **STORM WATER GENERAL PERMIT** **ADDITIONAL MONITORING REQUIREMENTS**

The following monitoring requirements shall be in addition to those on the Discharge Monitoring Report (DMR):

OUTFALL NUMBER 7

DATE OF STORM EVENT SAMPLED: 8/24/11

DURATION OF EVENT: 1.5 hours

ESTIMATE OF RAINFALL EVENT: .9 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) \_\_\_\_\_ days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1,500 gallons

By signature below, I certify that I have read and understand the conditions of the certification on the DMR form and described in further detail in Part III.B.9 of the general storm water permit. Furthermore, I believe that the information submitted in these additional monitoring requirements meets all conditions of such certification.

David Callhat  
Printed Name of Official

David Callhat  
Signature

8/24/11  
Date

# ADEQ



## Front Desk Hand Delivery Receipt

Documents Received:  
Date:

# Environmental Services Company, Inc.

Corporate Office  
 13715 West Markham  
 Little Rock, AR 72211  
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch  
 1107 Century Avenue  
 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1108010482  
 Customer Name : CATERPILLAR, INC. - OUTFALL 007  
 Customer Number : 2687  
 Report Date : 08/29/11

Sample Date : 08/24/11  
 Sample Time : 1037  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 007


Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
08/28	1200	NTR	Chemical Oxygen Demand, L	27.00 mg/L		EPA 410.4	3.54	91.9
08/21	1100	NTR	Oil & Grease, Total	< 1.400 mg/L		EPA 1664 A	0.27	91.5
08/24	1041	DWC	pH	7.4 S.U.		SM 18 4500 H+B	0.00	N/A
08/25	1515	NTR	Solids, Total Suspended	12.0 mg/L		SM 18th 2540 D	4.08	N/A

\* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature \_\_\_\_\_

  
 Environmental Services Co., Inc.

Environmental Services Company, Inc.  
 Corporate Office  
 13715 West Markham P.O. Box 55146  
 Little Rock, AR 72211 Little Rock, AR 72215  
 website: [www.esclabs.com](http://www.esclabs.com)



Environmental Services Company, Inc.  
 Northwest Branch  
 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

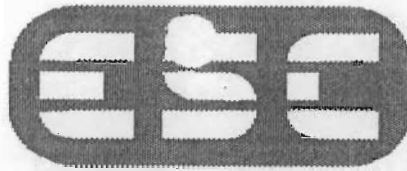
Phone 479-750-1170 Fax: 479-750-1172

Client Information				Project Information						Requested Parameters								
Company Name: Caterpillar, Inc.				Permit/Project #:						Oil & grease (21.)	pH(23), TSS(28),	LR COD(6.0)						
Address: 9201 Faulkner Lake Road				Purchase Order #:														
North Little Rock, AR 72117				Work Order #														
Telephone: 501-955-5240				Sampler Name(s): <i>David Collett</i>														
FAX: <a href="mailto:stephens_katina@cat.com">stephens_katina@cat.com</a>				and Signature(s): <i>David Collett</i>														
Contact: Ms. Katina Stephens																		
ESC Client Number: 2687																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
Outfall 007	1108010482	8/24/11	1025	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X								
			1037	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1	X								
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1	X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals: Used? <input type="checkbox"/> Intact? <input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround: Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Cool all samples to ≤ 6 degrees C with ice.				Flow Data		Field Test		Time	Analyst	Result	Result	Units						
Comments:				Analyst:		pH:		1041	DWC	7.4	7.4	S.U.						
				Time:		Reading:												
				Units:		Chlorinated? Y N		Fecal Start:		This Document is Page 1 of 2								





Environmental Services Company, Inc.  
 Corporate Office  
 13715 West Markham P.O. Box 55146  
 Little Rock, AR 72211 Little Rock, AR 72215  
 website: [www.esclabs.com](http://www.esclabs.com)



Environmental Services Company, Inc.  
 Northwest Branch  
 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information						Project Information					Requested Parameters										
Company Name:		Caterpillar, Inc.				Permit/Project #:					Oil & grease (21.)	pH(23), TSS(28)	LR COD(6.0)								
Address:		9201 Faulkner Lake Road				Purchase Order #:															
		North Little Rock, AR 72117				Work Order #															
Telephone:		501-955-5240				Sampler Name(s):		<i>David Calvert</i>													
FAX:		<a href="mailto:stephens_katina@cat.com">stephens_katina@cat.com</a>				and Signature(s):		<i>David Calvert</i>													
Contact:		Ms. Katina Stephens				ESC Client Number:		2686													
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Outfall 006	1108010481	8/24/11	<del>1203</del>	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X											
			1023	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X										
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No										
<i>David Calvert David Calvert</i>		8/24/11	1205	<i>David Calvert David Calvert</i>		8/24/11	1205	Cool all samples to ≤ 6 degrees C with ice.		<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Comments:					Flow Data	Field Test	Time	Analyst	Result	Result	Units										
					Analyst:	pH:	1023	DDC	7.5	7.5	J. H.										
					Time:																
					Reading:																
					Units:																
					Chlorinated? Y N	Fecal Start:						This Document is Page <u>1</u> of <u>1</u>									

# Environmental Services Company, Inc.

Corporate Office  
 13715 West Markham  
 Little Rock, AR 72211  
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch  
 1107 Century Avenue  
 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1108010480  
 Customer Name : CATERPILLAR, INC. - OUTFALL 005  
 Customer Number : 2685  
 Report Date : 08/29/11

Sample Date : 08/24/11  
 Sample Time : 1014  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 005

Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

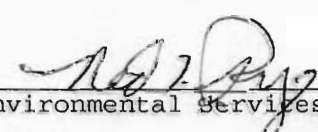
### Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovered
08/28	1200	NTR	Chemical Oxygen Demand, L	41.90 mg/L			EPA 410.4	3.54	91.9
08/21	1100	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.26	92.7
08/24	1017	DWC	pH	7.4 S.U.			SM 18 4500 H+B	0.00	N/A
08/25	1515	NTR	Solids, Total Suspended	< 1.0 mg/L			SM 18th 2540 D	4.08	N/A

\* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature \_\_\_\_\_

  
 Environmental Services Co., Inc.

Environmental Services Company, Inc.  
 Corporate Office  
 13715 West Markham P.O. Box 55146  
 Little Rock, AR 72211 Little Rock, AR 72215  
 website: [www.esclabs.com](http://www.esclabs.com)



Environmental Services Company, Inc.  
 Northwest Branch  
 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information						Project Information					Requested Parameters											
Company Name:		Caterpillar, Inc.				Permit/Project #:					Oil & grease (21.)	pH(23), TSS(28),	LR COD(6.0)									
Address:		9201 Faulkner Lake Road				Purchase Order #:																
		North Little Rock, AR 72117				Work Order #																
Telephone:		501-955-5240				Sampler Name(s):																
FAX:		<a href="mailto:stephens_katina@cat.com">stephens_katina@cat.com</a>				and Signature(s):																
Contact:		Ms. Katina Stephens																				
ESC Client Number:		2685																				
Sample Identification		Sample Collection				Sample Containers																
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#													
Outfall 005	1108010 480	8/24/11	1014	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X												
				Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X											
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:		Used?	Intact?										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	Special										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Were samples properly preserved:		Yes	No										
Cool all samples to ≤ 6 degrees C with ice.				Flow Data		Field Test	Time	Analyst	Result	Result	Units											
Comments:				Analyst:		pH:	1017	DWC	7.4	7.4	5.0											
				Time:																		
				Reading:																		
				Units:																		
				Chlorinated? Y N		Fecal Start:						This Document is Page 6 of										

# Environmental Services Company, Inc.

Corporate Office  
 13715 West Markham  
 Little Rock, AR 72211  
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch  
 1107 Century Avenue  
 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1110010428

Sample Date : 10/18/11

Collected By: NTR

Customer Name : CATERPILLAR, INC. - OUTFALL 004

Sample Time : 1147

Delivery By : NTR

Customer Number : 2684

Sample Type : GRAB STORMWATER

Work Order :

Report Date : 10/21/11

Sample From : OUTFALL 004

Purchase Order :

### Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recover</u>
10/21	0820	NTR	Chemical Oxygen Demand, L	42.00 mg/L			EPA 410.4	0.50	99.3
10/20	1700	AJR	Oil & Grease, Total	1.500 mg/L			EPA 1664 A	4.32	95.5
10/18	1151	NTR	pH	8.3 S.U.			SM 18 4500 H+B	0.00	N/A
10/18	1600	NTR	Solids, Total Suspended	< 1.0 mg/L			SM 18th 2540 D	0.00	N/A
10/18	1151	NTR	Temperature	19.10 °C			SM 18th 2550 B	0.00	N/A

\* QA data shown is from a different sample or standard on the same date.

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Signature \_\_\_\_\_

*[Handwritten Signature]*  
 Environmental Services Co., Inc.



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Environmental Services Company, Inc.  
 Northwest Branch  
 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information						Project Information					Requested Parameters								
Company Name: Caterpillar, Inc.						Permit/Project #:					Oil & grease (21.)	pH(23), TSS(28),	LR COD(6.0)						
Address: 9201 Faulkner Lake Road						Purchase Order #:													
North Little Rock, AR 72117						Work Order #:													
Telephone: 501-955-5240						Sampler Name(s): Ned T. Ryerson													
FAX: stephens_katina@cat.com						and Signature(s): Ned T. Ryerson													
Contact: Ms. Katina Stephens																			
ESC Client Number: 2684																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Outfall 004	11100104 28	10-18-11	1148	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X									
I	I	I	I	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X								
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:		Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Were samples properly preserved:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>					
Cool all samples to ≤ 6 degrees C with ice.				Flow Data		Field Test	Time	Analyst	Result	Result	Units								
Comments:				Analyst:	pH:	1151	NTR	8.3			54								
				Time:	temp°	1151	NTR	19.1			°C								
				Reading:															
				Units:															
				Chlorinated? Y N	Fecal Start:														
											This Document is Page 1 of 1								

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 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1108010479  
 Customer Name : CATERPILLAR, INC. - OUTFALL 003  
 Customer Number : 2683  
 Report Date : 08/29/11

Sample Date : 08/24/11  
 Sample Time : 1001  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 003

Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

<u>Analysis</u>			<u>Laboratory Analysis</u>				<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recover</u>
08/28	1200	NTR	Chemical Oxygen Demand, L	32.70 mg/L			EPA 410.4	3.54	91.9
08/21	1100	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.26	92.7
08/24	1002	DWC	pH	7.2 S.U.			SM 18 4500 H+B	0.00	N/A
08/25	1515	NTR	Solids, Total Suspended	2.0 mg/L			SM 18th 2540 D	4.08	N/A

\* QA data shown is from a different sample or standard on the same date.

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Signature \_\_\_\_\_

*[Handwritten Signature]*  
 Environmental Services Co., Inc.







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Control Number: 1108010478  
 Customer Name : CATERPILLAR, INC. - OUTFALL 002  
 Customer Number : 2682  
 Report Date : 08/29/11

Sample Date : 08/24/11  
 Sample Time : 0950  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 002

Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recover
08/28	1200	NTR	Chemical Oxygen Demand, L	28.10 mg/L			EPA 410.4	3.54	91.9
08/21	1100	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.26	92.7
08/24	0952	DWC	pH	6.8 S.U.			SM 18 4500 H+B	0.00	N/A
08/25	1515	NTR	Solids, Total Suspended	< 1.0 mg/L			SM 18th 2540 D	4.08	N/A

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Signature

  
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Environmental Services Company, Inc.  
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 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information				Project Information				Requested Parameters				
Company Name:		Caterpillar, Inc.		Permit/Project #:								
Address:		9201 Faulkner Lake Road		Purchase Order #:								
		North Little Rock, AR 72117		Work Order #								
Telephone:		501-955-5240		Sampler Name(s):		David Callant						
FAX:		stephens_katina@cat.com		and Signature(s):		[Signature]						
Contact:		Ms. Katina Stephens										
ESC Client Number:		2682										
Sample Identification		Sample Collection				Sample Containers				Oil & grease (21.)	pH(23.), TSS(28.)	LR COD(6.0)
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#			
Outfall 002	1108010478	8/24/11	0950	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X		
				Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X	
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special	
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No	
Cool all samples to ≤ 6 degrees C with ice.				Flow Data		Field Test		Time	Analyst	Result	Result	Units
Comments:				Analyst:		pH:		0952	DWC	6.8	6.8	SL
				Time:								
				Reading:								
				Units:								
				Chlorinated? Y N		Fecal Start:				This Document is Page 1 of 1		



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Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information						Project Information					Requested Parameters								
Company Name: Caterpillar, Inc.						Permit/Project #:					Oil & grease (21.)	pH(23.), TSS(28.)	COD LR(6.0)						
Address: 9201 Faulkner Lake Road						Purchase Order #:													
North Little Rock, AR 72117						Work Order #													
Telephone: 501-955-5240						Sampler Name(s): Ned T. Ryerson													
Email: stephens_katina@cat.com						and Signature(s): Ned T. Ryerson													
Contact: Ms. Katina Stephens																			
ESC Client Number: 2681																			
Sample Identification			Sample Collection			Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Outfall 001	1110010427	10-18-11	1113	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X									
I	I	I	I	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X								
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>						
Cool all samples to ≤ 6 degrees C with ice.						Flow Data	Field Test	Time	Analyst	Result	Result	Units							
Comments:						Analyst:	pH:	1114	NRL	7.6	7.6	SH							
						Time:	temp:	1114	NRL	19.4	19.4	°C							
						Reading:													
						Units:													
						Chlorinated? Y N	Fecal Start:						This Document is Page 1 of 1						







Environmental Services Company, Inc.

Northwest Arkansas Branch

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Control Number: 1102010183  
 Customer Name: CATERPILLAR, INC. - OUTFALL 006  
 Sample Date: 02/01/11  
 Sample Type: GRAB STORMWATER  
 Sample From: OUTFALL 006  
 Collected By: DMC  
 Delivery By: DMC  
 Work Order:  
 Purchase Order:

Laboratory Analysis

Analysis Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy	% Recovery
02/03	1300	NTR	Chemical Oxygen Demand, L	32.60 mg/L	EPA 410.4	EPA 1664 A	1.39	100.7	*
02/03	1700	NTR	Oil & Grease, Total	> 1.400 mg/L	9.6 S.U.	SM 18 4500 H+B	0.00	97.0	*
02/01	1108	DMC	pH	9.00 °C	(b)	SM 18th 2540 D	0.00	N/A	*
02/03	1325	NTR	Solids, Total Suspended	41.00 mg/L		SM 18th 2550 B	0.00	N/A	*
02/01	1108	DMC	Temperature	9.00 °C			0.00	N/A	*

\* QA data shown is from a different sample or standard on the same date.  
 (b) Exceeds Permit Limits for Maximum Concentration

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Signature

Environmental Services Co., Inc.

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Environmental Services Company, Inc.  
 Northwest Branch  
 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information				Project Information						Requested Parameters								
Company Name: Caterpillar, Inc.				Permit/Project #:						Oil & grease (21.)	pH(23.), TSS(26.),	LR COD(6.0)						
Address: 9201 Faulkner Lake Road				Purchase Order #:														
North Little Rock, AR 72117				Work Order #:														
Telephone: 501-955-5240				Sampler Name(s): <i>Dred Collect</i>														
FAX: <i>stephens_katina@cat.com</i>				and Signature(s): <i>Dred Collect</i>														
Contact: Ms. Katina Stephens																		
ESC Client Number: 2686																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
Outfall 006	<i>1102010183</i>	<i>2/1/11</i>	<del><i>1107</i></del>	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X								
			<i>1107</i>	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1	X								
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1		X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:										
								Used? <input type="checkbox"/> Intact? <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:										
								Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:										
<i>Dred Collect Dred Collect</i>		<i>2/1/11</i>	<i>1315</i>	<i>Dred Collect Dred Collect</i>		<i>2/1/11</i>	<i>1315</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Cool all samples to ≤ 6 degrees C with ice.				Flow Data		Field Test		Time	Analyst	Result	Result	Units						
Comments:				Analyst:		pH:		<i>1108</i>	<i>DWC</i>	<i>9.6</i>	<i>9.6</i>	<i>S.C.I.</i>						
				Time:		Temp:		<i>1108</i>	<i>DWC</i>	<i>9.0</i>		<i>°C</i>						
				Reading:														
				Units:														
				Chlorinated? Y N		Fecal Start:				This Document is Page <i>2</i> of <i>2</i>								



Environmental Services Company, Inc.

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 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1105010162  
 Customer Name: CATERPILLAR, INC. - OUTFALL 006  
 Sample Date: 05/02/11  
 Sample Time: 0949  
 Sample Type: GRAB STORMWATER  
 Sample From: OUTFALL 006  
 Collected By: DMC  
 Delivery By: DMC  
 Work Order:  
 Purchase Order:

Analysis		Laboratory Analysis	
Date	Time By	Parameter	Result
05/02	0950 DMC	pH	7.5 S.U.
		Quantity	SM 18 4500 H+B
		Method	
		Quality Assurance	
		Precision Accuracy	0.00
		% RPD	
		% Recovery	N/A *

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Signature

Environmental Services Co., Inc.



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Control Number: 1102010182  
 Customer Name : CATERPILLAR, INC. - OUTFALL 005  
 Customer Number : 2685  
 Report Date : 02/08/11

Sample Date : 02/01/11  
 Sample Time : 1129  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 005

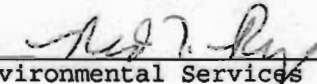
Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis				Laboratory Analysis			Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
02/03	1300	NTR	Chemical Oxygen Demand, L	43.40 mg/L			EPA 410.4	1.39	100.7 *
02/03	1700	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.53	97.0 *
02/01	1133	DWC	pH	9.0 S.U.			SM 18 4500 H+B	0.00	N/A *
02/03	1325	NTR	Solids, Total Suspended	54.00 mg/L			SM 18th 2540 D	0.00	N/A *
02/01	1133	DWC	Temperature	9.00 °C			SM 18th 2550 B	0.00	N/A *

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Signature   
 Environmental Services Co., Inc.



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Northwest Arkansas Branch  
 1107 Century Avenue  
 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1102010181  
 Customer Name : CATERPILLAR, INC. - OUTFALL 004  
 Customer Number : 2684  
 Report Date : 02/08/11

Sample Date : 02/01/11  
 Sample Time : 1122  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 004

Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

### Laboratory Analysis


Analysis			Result	Notes	Quantity	Method
Date	Time	By	Parameter			
02/03	1300	NTR	Chemical Oxygen Demand, L	27.30 mg/L		EPA 410.4
02/03	1700	NTR	Oil & Grease, Total	< 1.400 mg/L		EPA 1664 A
02/01	1123	DWC	pH	8.8 S.U.		SM 18 4500 H+B
02/03	1325	NTR	Solids, Total Suspended	20.00 mg/L		SM 18th 2540 D
02/01	1123	DWC	Temperature	9.00 °C		SM 18th 2550 B

### Quality Assurance

Precision	Accuracy
% RPD	% Recovery
1.39	100.7 *
0.53	97.0 *
0.00	N/A *
0.00	N/A *
0.00	N/A *

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 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

### CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information				Project Information							Requested Parameters												
Company Name: Caterpillar, Inc.				Permit/Project #:							Oil & grease (21.)	pH(23), TSS(28.)	LR COD(6.0)										
Address: 9201 Faulkner Lake Road				Purchase Order #:																			
North Little Rock, AR 72117				Work Order #:																			
Telephone: 501-955-5240				Sampler Name(s): <i>David Callat</i>																			
FAX: stephens_katina@cat.com				and Signature(s): <i>David Callat</i>																			
Contact: Ms. Katina Stephens																							
ESC Client Number: 2683																							
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
Outfall 003	1102010180	2/1/11	1118	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X													
				Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C*	1		X												
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:		Used?	Intact?											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	Special											
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Were samples properly preserved:		Yes	No											
Cool all samples to ≤ 6 degrees C with ice.										Flow Data	Field Test	Time	Analyst	Result	Result	Units							
Comments:										Analyst:	pH:	1120	DWC	8.6	8.6	S.U.							
										Time:	Temp:	1126	PWC	7.0	7.0	°C							
										Reading:													
										Units:													
										Chlorinated? Y N	Fecal Start:			This Document is Page 1 of 2									

CAF



# Environmental Services Company, Inc.

Corporate Office  
 13715 West Markham  
 Little Rock, AR 72211  
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch  
 1107 Century Avenue  
 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1102010179  
 Customer Name : CATERPILLAR, INC. - OUTFALL 002  
 Customer Number : 2682  
 Report Date : 02/08/11

Sample Date : 02/01/11  
 Sample Time : 1114  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 002

Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
02/03	1300	NTR	Chemical Oxygen Demand, L	19.30 mg/L			EPA 410.4	1.39	100.7 *
02/03	1700	NTR	Oil & Grease, Total	4.200 mg/L			EPA 1664 A	0.53	97.0 *
02/01	1116	DWC	pH	9.3 S.U.	(b)		SM 18 4500 H+B	0.00	N/A *
02/03	1325	NTR	Solids, Total Suspended	8.00 mg/L			SM 18th 2540 D	0.00	N/A *
02/01	1116	DWC	Temperature	9.00 °C			SM 18th 2550 B	0.00	N/A *

\* QA data shown is from a different sample or standard on the same date.  
 (b) Exceeds Permit Limits for Maximum Concentration

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature \_\_\_\_\_

Environmental Services Co., Inc.

Environmental Services Company, Inc.  
 Corporate Office  
 13715 West Markham P.O. Box 55146  
 Little Rock, AR 72211 Little Rock, AR 72215  
 website: [www.esclabs.com](http://www.esclabs.com)



Environmental Services Cor. y, Inc.  
 Northwest Branch  
 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information				Project Information						Requested Parameters						
Company Name: Caterpillar, Inc.				Permit/Project #:						Oil & grease (21.)	pH(23), TSS(28),	LR COD(6.0)				
Address: 9201 Faulkner Lake Road				Purchase Order #:												
North Little Rock, AR 72117				Work Order #												
Telephone: 501-955-5240				Sampler Name(s): <i>Mud Collet</i>												
FAX: <a href="mailto:stephens_katina@cat.com">stephens_katina@cat.com</a>				and Signature(s): <i>Katina Stephens</i>												
Contact: Ms. Katina Stephens																
ESC Client Number: 2682																
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#							
Outfall 002	1102010179	2/1/11	1114	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X						
				Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X					
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No					
Cool all samples to ≤ 6 degrees C with ice.				Flow Data	Field Test	Time	Analyst	Result	Result	Units						
Comments:				Analyst:	pH:	1116	TRC	9.3	9.3	S.U.						
				Time:	Temp:	1116	TRC	9.0		°C						
				Reading:												
				Units:												
				Chlorinated? Y N	Fecal Start:			This Document is Page 1 of 2								

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 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1105010161	Sample Date : 05/02/11	Collected By: DWC
Customer Name : CATERPILLAR, INC. - OUTFALL 002	Sample Time : 0943	Delivery By : DWC
Customer Number : 2682	Sample Type : GRAB STORMWATER	Work Order :
Report Date : 05/04/11	Sample From : OUTFALL 002	Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>			
Analysis	Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
	05/02	0944	DWC	pH	7.5 S.U.			SM 18 4500 H+B	0.00	N/A

\* QA data shown is from a different sample or standard on the same date.

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Signature   
 Environmental Services Co., Inc.

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 website: [www.esclabs.com](http://www.esclabs.com)



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 Northwest Branch  
 1107 Century  
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

## CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information				Project Information							Requested Parameters								
Company Name: Caterpillar, Inc.				Permit/Project #:															
Address: 9201 Faulkner Lake Road				Purchase Order #:															
North Little Rock, AR 72117				Work Order #:															
Telephone: 501-955-5240				Sampler Name(s): <i>Dave Cartwright</i>															
FAX: stephens_katina@cat.com				and Signature(s): <i>Dave Cartwright</i>															
Contact: Ms. Katina Stephens																			
ESC Client Number: 2682																			
Sample Identification		Sample Collection				Sample Containers					pH (23)								
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Outfall 002	1105010161	5/2/11	0843	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1	X									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:										
									Used? <input type="checkbox"/> Intact? <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:										
									Regular <input type="checkbox"/> Special <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Were samples properly preserved:										
				<i>Dave Cartwright</i>			5/2/11	1100	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Cool all samples to ≤ 6 degrees C with ice.							Flow Data	Field Test	Time	Analyst	Result	Result	Units						
Comments:							Analyst:	pH:	0844	DWC	7.5	7.5	S.U.						
							Time:												
							Reading:												
							Units:												
							Chlorinated? Y N	Fecal Start:						This Document is Page <u>  </u> of <u>  </u>					

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Northwest Arkansas Branch  
 1107 Century Avenue  
 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1102010178  
 Customer Name : CATERPILLAR, INC. - OUTFALL 001  
 Customer/Permit No. : 2681 / AR0051454  
 Report Date : 02/08/11

Sample Date : 02/01/11  
 Sample Time : 1145  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 001

Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis			Result	Notes	Quantity	Method
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>			
02/03	1300	NTR	Chemical Oxygen Demand, L	33.90 mg/L		EPA 410.4
02/03	1700	NTR	Oil & Grease, Total	1.600 mg/L		EPA 1664 A
02/01	1147	DWC	pH	8.1 S.U.		SM 18 4500 H+B
02/03	1325	NTR	Solids, Total Suspended	< 1.00 mg/L		SM 18th 2540 D
02/01	1147	DWC	Temperature	9.00 °C		SM 18th 2550 B

### Quality Assurance

<u>Precision</u>	<u>Accuracy</u>
<u>% RPD</u>	<u>% Recovery</u>
1.39	100.7
0.53	97.0 *
0.00	N/A
0.00	N/A
0.00	N/A *

\* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature \_\_\_\_\_

*[Handwritten Signature]*  
 Environmental Services Co., Inc.

