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. AR-00 <u>5</u> <u>1</u> <u>4</u> <u>5</u> <u>4</u>	
Permittee Name: Caterpillar Inc.	
Facility Name: North Little Rock	
Facility Physical Address (<u>not</u> mai 9201 Faulkner Lake Rd.	lling address):
Facility City: North Little Rock	Zip Code: 72117

Facility Contact Name: Justin Ganschow	Title: Environmental Health & Safety Supervisor					
Facility Contact Phone Number 501-228-2764	Facility Contact Email: Ganschow_Justin_R@cat.com					
Reporting Period: January 1 st to December 31 st 2013 (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**st. 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 31 st)? Note : If a parameter was sampled at a discharge point more reported and evaluated individually:	
Yes Z - Complete Sections 2, 3, 4, 5 and 6.	
No	
Include any additional comments here:	
· · · · · · · · · · · · · · · · · · ·	

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 | 3/28/13 |

Visual Site Inspection #2 Date | 5/23/13 |

Visual Site Inspection #3 Date | 9/27/13 & 9/30/13 |

Visual Site Inspection #4 Date | 12/19/13

10/24/13

Comprehensive Site Compliance Evaluation Date

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 1st – Dec 31st) 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: 9/19/13 Describe the Problem: ATS (onsite maintenance contractor) was discovered releasing non-contact cooling water onto pavement which led into Outfall #002 and #003. This was reported to the ADEQ on 10/18/13 in a letter addressed to Michelle Bolenbaugh. Caterpillar responded by training all onsite maintenance personnel on stormwater pollution prevention. A cooling tower overflow drain was replumbed to the sanitary sewer, and a sample of cooling tower water was tested and did not exceed any benchmark parameters or permit limitations.

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 benchmark during the previous the facility must investigate at To do this, indicate below in taken at a sample location, exceeded the benchmark for Section 4 and complete one for	bus calendar year (the cause of each p which sampling po- indicate all sample more than one pa	Jan – Dec). If t arameter exceed eriod an exceeda results that exc	he parameter benchmance and determine a unce occurred. If more eeded the benchmark	corrective action plan. The than one sample was The the facility
Pollutant Parameter: Oil & all that apply):		was exceeded	during the following s	sampling period (check
∑ 1 st Sampling period (Janu	ary-June)		2 nd Sampling Per	iod (July-December)
For the each pollutant paran completed during the previous				
No source of the Parameter E However, as a Best Managen absorbent booms at all outfal SPCC/SWPPP inspection and and SWPPP were reviewed a on 5/10/13 showed Oil & Gre Value of 15mg/L.	nent Practice (BMF ls #001-005. Boon d replaced as neces and updated with the	P), the North Litt ns will be inspectured sary. Booms we is BMP on 5-13-	le Rock EHS departmented as an item on the ere installed on 5-10-1. Resampling of o	ment will maintain oil monthly 3. The facility SPCC utfalls #001 and #004
For the each pollutant param	eter exceeding the	benchmark sum	marize any corrective	actions plan initiated
during the previous calenda complete corrective actions.				
All complete.	×			
			•	
			•	

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."

Paul Rivera

Facility Manager

1/17/14

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

CATERPILLAR

Caterpillar Inc.

9201 Faulkner Lake Road North Little Rock, AR 72117

January 23, 2014

Permits Enforcement Branch Water Division Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

To Whom It May Concern:

Via this letter, I grant Justin Ganschow, our Environmental Health & Safety (EH&S) Supervisor, permission to serve as signature of authority on all documents related to the stormwater permit for the NLR Caterpillar facility located at 9201 Faulkner Lake Road in North Little Rock, Arkansas 72117.

-Sincerely-

Paul Rivera

General Manger

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

001-S DISCHARGE NUMBER DMR Mailing ZIP CODE:

72117

MINOR

001-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
FROM	01/01/2013] 🕶 [06/30/2013					

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	*****	*****		*****	*****	16.00	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	*****	******	Req. Mon. DAILY MX	mg/L		Once Every 6	GRAB
pH	SAMPLE MEASUREMENT	*****	******	*****	7.6	******	7.6	SU	0	1/6M '	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	20020	MINIMUM 6	440000	9 MAXIMUM	SU		Once Every 6 Months	
Solids, total suspended	SAMPLE MEASUREMENT	*penso	******	400454	*****	******	5.0	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Antena	*******	*****	明治金电池	ARDESA	Reg. Mon. DAILY MX	mg/L		Once Every 6	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	*****	*****	*****	******	80.0	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	WARRA	*****	WEERER	******	******	Reg. Mon. DAILY MX	mg/L		Once Every 6	GRAB

MANUSCRIPT CONTRACTOR OF CALLORY	I certify under penetry of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to sessive that qualified personnel property gather and evaluate the information submitted Based on any inquiry of the person or persons who manage the	1	TEL	EPHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, in the best of my knowledge and behirf, true, accounts, and complete. I am aware that there are significantly probables for submitting false information, including the nonzhiring of the and for property for knowledge.			8-2764	5-22-2013
TYPED OR PRINTED	D volumers.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Cods	NUMBER	MM/DD/YYY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	NS (Reference all attachments here)				

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

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: 1304010611

Customer Name : CATERPILLAR, INC. - OUTFALL 001

Customer/Permit No.: 2681 / AR0051454

Report Date : 04/29/13

Sample Date : 04/18/13

Sample Time: 1403

Sample Type : GRAB STORMWATER Sample From : OUTFALL 001

Collected By: DWC

Delivery By : DWC

Work Order : Purchase Order :

	•	Laboratory Analysis				Quality A	Assurance
Analysis	• <u>.</u>		•	*		Precision	Accuracy
<u>Date Time By</u>	Parameter	<u>Result</u>	Notes _	Ouantity	Method	_ % RPD	% Recovery
04/26 1600 DWC	Chemical Oxygen Demand, L	16.00 mg/L		·	BPA 410.4	6.56.	86.9 *
		80.000 mg/L			EPA 1664 A	5.97	99.0 *
04/18 1404 DWC		7.6 S.U.		•	SM 18 4500 H+B	0.00	
04/19 1310 ACF	Solids, Total Suspended	5.00 mg/L	•		SM 18th 2540 D	7 7 7 7	N/A
04/18 1404 DWC	Temperature					0.00	N/A *
01, 10 1101 Dic	remperacure	10.10 °C	*		SM 18th 2550 B	0.99	N/A

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.

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

onmental Services Company, Inc. **Corporate Office**

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com



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

CHAIN OF CUSTODY

Phone: 501-221-2565 Fax: 501-221-1341 Phone 479-750-1170 Fax: 479-750-1172 Project Information Client Information Requested Parameters Permit/Project #: Company Name: Caterpillar, Inc. Address: 9201 Faulkner Lake Road Purchase Order #: Work Order # North Little Rock, AR 72117 Telephone: 501-955-5240 Sampler Name(s): stephens katina@cat.com Email: (21.) Contact: Ms. Katina Stephens and Signature(s): COD LR(6.0) ESC Client Number: Oil & grease 2681 TSS(28.), Sample Identification **Sample Collection** Sample Containers Identification **ESC Control #** Date Time Type Matrix Type Volume I Preservative # Cool ≤ 6° C, H2SO4 to pH <2 1403 X Outfall 001 1304010611 Grab Stormwater Glass 1 Liter X Grab **Plastic** Cool < 6° C Stormwater 1 Liter Cool ≤ 6° C, H2SO4 to pH <2° Grab Stormwater **Plastic** 1 Liter Relinquished By: (Signature and Printed Name) Received By: (Signature and Printed Name) **Custody Seals** Date Used? Intact? Relinquished By: (Signature and Printed Name) Received By: (Signature and Printed Name) umaround: Date Date Regular Special Relinquished By: (Signature and Printed Name) Date Received for Lab By; (Signature and Printed Name) Date Were samples properly preserved: 18 1600 Yes No Flow Data Field Test Time Analyst Result Result Units σH: 1409 7.6 7.6 IS.U. Comments: Analyst: Time: 1404 fews mu c 10,0 10.2 Reading: Field Service Hours: Units: This Document is Page / of , Fecal Start:



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	1 -61
DATE OF STORM EVENT SAMPLED:		4/18/13
DURATION OF EVENT:	-	y hours
ESTIMATE OF RAINFALL EVENT:		/ inches
TIME SINCE LAST MEASURABLE EVENT	(i.e., > 0.1 in.)	<u>≤</u> days
ESTIMATE OF TOTAL VOLUME DISCHAR	GED:	.0010 gallons
By signature below, I certify that I have of the certification on the DMR form and III.B.9 of the general storm water permi information submitted in these additional conditions of such certification.	described in further t. Furthermore. I be	detail in Part
Dard Caillout		The second second
Printed Name of Official		
Ded Camil	•	
Signature	_ ·	•
4/18/13		
Date		•

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

002-S DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2013 06/30/2013

DMR Mailing ZIP CODE:

72117

MINOR

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	1		
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29.60	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	Assasa	Sébbes	40444	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
рН	SAMPLE MEASUREMENT	*****	PROTOS	*****	7.5	******	7.5	SU	0		GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	esiza e	Achters	Mendad	6 MINIMUM	*******	9 MUMIXAM	SU		Once Every 6	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	46666	******	skveré	*****	<1.0	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Michiga	Albana	***	833845	Req. Mon. DAILY MX	mg/L	.: <u></u>	Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	407214	*****	*****	*****	*****	8.80	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	44444	******	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	

THE THE PARTY OF THE STATE OF T	evaluate the information authorized. Based on my includy of the person or persons who masses the	1.	TEL	EPHONE	DATE
	system, or flows persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, an aware that there are significant penalties for submitting lates information, including the constitution of fine and incurrence are for however.		501-2	28-2764.	5-22-2013
TYPED OR PRINTED		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

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: 1304010612

Customer Name : CATERPILLAR, INC. - OUTFALL 002

Customer Number: 2682

Report Date : 04/29/13

Sample Date : 04/18/13

Sample Time : 1412

Sample Type : GRAB STORMWATER Sample From : OUTFALL 002

Collected By: DWC Delivery By : DWC

Work Order : Purchase Order :

Amo lavada	•	Laboratory Analysis		, . , ,	Quality A	Assurance
Analysis				٠	Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result Notes	Ouantity	Method	% RPD	<pre>% Recovery</pre>
04/26 1600 DWC	Chemical Oxygen Demand, L	29.60 mg/L	·	EPA 410.4	6.56	86.9 *
	Oil & Grease, Total	8.800 mg/L	•	EPA 1664 A	5.97	99.0 *
04/18 1413 DWC	pН	7.5 S.U.		SM 18 4500 H+B	0.00	N/A *
04/19 1310 ACF	Solids, Total Suspended	< 1.00 mg/L		SM 18th 2540 D	0.00	N/A *
04/18 1413 DWC	Temperature	10.00 °C		SM 18th 2550 B	0.99	N/A *

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.

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

Er. Inmental Services Company, Inc. Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

Phone: 501-221-2565



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

CHAIN OF CUSTODY

Fax: 501-221-1341 Phone 479-750-1170 Fax 479-750-1172 Client Information **Project Information** Requested Parameters Company Name: Permit/Project #: Caterpillar, Inc. Address: Purchase Order #: 9201 Faulkner Lake Road North Little Rock, AR 72117 Work Order # Telephone: 501-955-5240 Sampler Name(s): FAX: stephens katina@cat.com (21.) Contact: Ms. Katina Stephens and Signature(s): LR COD(6.0) Oil & grease (ESC Client Number: 2682 TSS(28.), Sample Identification Sample Collection Sample Containers Identification **ESC Control #** Date Volume Preservative Time Type Matrix Type Cool ≤ 6° C, H2SO4 to pH <2 Outfall 002 1412 Grab 1304006612 Stormwater Glass 1 Liter Grab Stormwater **Plastic** 1 Liter Cool ≤ 6° C X Cool ≤ 6° C, H2SO4 to pH <2 Grab X Stormwater **Plastic** 1 Liter Relinquished By: (Signature and Printed Name) Received By: (Signature and Printed Name) Custody Seals: Used? Intact? KO Relinquished By: (Signature and Printed Name) Date Received By: (Signature and Printed Name) Time Turnaround: Regular Special Relinquished By: (Signature and Printed Name) Received for Leb By: (Signature and Printed Name) Date Date Were samples properly preserved: 18/10 4/18 ans 1600 **X**2 Flow Data Field Test Time Analyst Result Result Units Comments: Analyst: pH: 1413 DWC 75 S.U. 7.5 Time: Trous. 413 DWC 10.0 10.0 Field Service Hours: Reading: Units: Fecal Start: This Document is Page + of -



STORM WATER GENERAL PERMIT ADDITIONAL MONITORING REQUIREMENTS

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

	OUTFALL NUMBE	R 2 -612
DATE OF STORM EVENT SAMPLED:	•	4/18/13
DURATION OF EVENT:		/ hours
ESTIMATE OF RAINFALL EVENT:	ń.	
TIME SINCE LAST MEASURABLE EVENT	(i.e., > 0.1 in.)	<u>5days</u>
ESTIMATE OF TOTAL VOLUME DISCHAP	RGED:	
of the certification on the DMR form and III.B.9 of the general storm water perminformation submitted in these addition conditions of such certification.	it. Furthermore, I	believe that the
Printed Name of Official		
Dea Callet Signature		
4/18/13		
Date		

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

Form Approved. ONB 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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

003-S DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY TO 01/01/2013 06/30/2013

DMR Mailing ZIP CODE:

72117

MINOR

003-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	*****	****	****	******	******	26.80	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	630506	#### #	Reg. Mon. DAILY MX	mg/L		Once Every 6	
pH	SAMPLE MEASUREMENT	922200	94744	*****	7.8	- CONTRACTOR OF THE PERSON OF	7.8	SU	0	1/6M	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	tirtis .	6 MINIMUM	*****	9 MUMIXAM	ŞU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	****	****	-ésséns	*****	19.0	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	*****	sinaka	Reg. Mon. DAILY MX	mg/L	·	Once Every 6	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	***	7.2	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	465549	*****	*****	44444	*****	Req. Mor. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 501-228-2764 5-22-2017 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

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: 1304010613

Customer Name : CATERPILLAR, INC. - OUTFALL 003

Customer Number: 2683 Report Date : 04/29/13 Sample Date : 04/18/13

Sample Time : 1420

Sample Type : GRAB STORMWATER Sample From : OUTFALL 003

Collected By: DWC

Delivery By : DWC Work Order : Purchase Order :

		Laboratory Analysis		•	Quality 1	Assurance
Analysis				*	Precision	Accuracy
<u>Date Time By</u>	Parameter	Result	Notes Ouantity	Method	% RPD	% Recovery
04/26 1600 DWC	Chemical Oxygen Demand, L	26.80 mg/L		EPA 410.4	6.56	86.9 *
04/25 1500 ACF	Oil & Grease, Total	7.200 mg/L		EPA 1664 A	5.97	99.0 *
04/18 1422 DWC	рH	7.8 S.U.		SM 18 4500 H+B	0.00	N/A *
04/19 1310 ACF	Solids, Total Suspended	19.00 mg/L		SM 18th 2540 D	0.00	N/A *
04/18 1422 DWC	Temperature	10.30 °C		SM 18th 2550 B	0.99	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

E. Inmental Services Company, Inc. Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com



Environmental Services Cor Northwest Branch 1107 Century

Springdale, AR 72764

Phone: 501-221-2565	Fax: 501-221-1341		C	HAIN (OF CUS	STO	DY	F	hone	479	-750)-117	70	Fax	479-7	750-11	72
	Client Information	4			Pro	oject Inf	ormation		-		1	Rec	ques	ted	Para	mete	rs
Company Name:	Caterpillar, Inc.			Permit/Pr	oject #:							Γ				T	
Address:	9201 Faulkner Lak	e Road	<i>*</i> .	Purchase	Order #:												
	North Little Rock,	AR 72117		Work Ord	er#												
Telephone:	501-955-5240			Sampler I	Name(s):		Zand	Wille]						
FAX:	stephens katina@	cat.com						:			1						
Contact:	Ms. Katina Stephe	ns	***************************************	and Signa	iture(s):	1	Dag	Calle	d.		27						
ESC Client Number:	2683	ent, a				. (609				
Sample Ide	ntification		Sample	Collection			Sample	Container	s		& grease	28.)	COD(6.0)				
Identification	ESC Control #	Date	Time	Type	Matrix	Туре	Volume	T		#	8	TSS(28.),	2				Ī
Outfall 003	1304010618	4/18/13	1420	Grab	Stormwater	Glass	1 Liter	Cool ≤ 6° C. H28O4 to pH <2		1	x					1	
	1	1	,	Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C		1		X				\top	T
		/		Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2		1			x			1	T
,			100													\top	十
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Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received By: (S	ignature and Printed	Name)		Date	Tin	ne		ody Se	eals:			_ <u>_</u> _	<u>i</u>
Relinquished By: (Signature and Printe	od Name)	Date	Time	Received By: (S	ignature and Printed	l Name)	-	Date	Tin	ne .	Used	1? around	ط		Intact?		1
				<u> </u>							Regu	ular	صر		Specia		1
Relinquished By: (Signature and Printe	d Name)	Date Y/18/13	Time /600		By: (Signature and			1 12 /19	Tin	ର କ	Were	e samp Yes	oles pr	perly	preserv N		7
		1 7 1 - 7 1 - 3		7	Flow Da		Field Test		Analy		Res		Resu	lt .	_	nits	<u>.l</u>
Comments:					Analyst:		pH:	1422	Da	٦٢	7	8	7.	3	S.U.		
Field Service Hours:		,			Time:		Temp	1422	20	٦	16	્ક	180	2	46		
TOTAL WOLVING STORIS.					Reading: Units:						_		\vdash				
 					-		Fecal Start		-		This	Do	<u></u>	nt ic	Dage	/ of	



STORM WATER GENERAL PERMIT ADDITIONAL MONITORING REQUIREMENTS

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

	OUTFALL NUMB	ER <u>3</u>	- 613
DATE OF STORM EVENT SAMPLED:		4/	8/13
DURATION OF EVENT:	•		√ hours
ESTIMATE OF RAINFALL EVENT:		4	Inches
TIME SINCE LAST MEASURABLE EVENT	(l.e., > 0.1 in.)		5 days
ESTIMATE OF TOTAL VOLUME DISCHAR	GED:	.0040	gallons
By signature below, I certify that I have of the certification on the DMR form and III.B.9 of the general storm water perminformation submitted in these additiona conditions of such certification.	described in furti t. Furthermore, I	her detail i I believe th	n Part at the
David Carllon	* * * .		•
Printed Name of Official	-		
De Camt	•		
Signature	-		•
			<i>e</i>
4//8//3 Date			

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

004-S DISCHARGE NUMBER

- MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY TO 01/01/2013 06/30/2013

DMR Mailing ZIP CODE:

72117

MINOR

004-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER	<u></u>	QUAN	TITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
<u> </u>		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-		
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	******	******	*****	*****	****	7.35	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	400000	*******	******	States	RAMAGE	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	Assetan	Meses	7.6	*****	7.6	su	0	1/6M	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6 MINIMUM	940943	MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	treme	* *******	Street	*****	*****	<1.0	mg/L	Ó	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*6****	******	Binata	有效的体验 的	nanata	Req. Mon. DAILY MX	mg/L	,	Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1618.90	mg/L	1	1/6M	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******	RENARD	电池水水	*****	Req. Mon. DAILY MX	mg/L	····	Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or unpervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inspiry of the person or persons who meaness the		TELEPHONE	DATE
Justin Ganschaw EHS Munager	system, or those persons directly responsible for gathering the information, the information submitted is, to the boat of any knowledge and belief, true, accurate, and complete. I am aware that there are significant possibles for submitting faire information, including the nearbility of fine and inpresent entire browning.		501-228-2764	5-22-2013
TYPED OR PRINTED	viol at locus.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYY

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

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

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: 1304010614

Sample Date : 04/18/13

Collected By: DWC

Customer Number: 2684

Customer Name : CATERPILLAR, INC. - OUTFALL 004

Sample Time : 1425

Delivery By : DWC

Sample Type : GRAB STORMWATER

Work Order :

Report Date : 04/29/13

Sample From : OUTFALL 004

Purchase Order :

	1	Laboratory Analysis		Ouality A	ssurance
Analysis		A ²⁰		Precision	Accuracy
Date Time By	Parameter	Result Notes	Ouantity Method	<u>% RPD</u>	% Recovery
04/26 1600 DWC	Chemical Oxygen Demand, L	7.35 mg/L	EPA 410.4	6.56	86.9 *
04/25 1500 ACF	Oil & Grease, Total	1618.900 mg/L	EPA 1664 A	5.97	99.0 *
04/18 1427 DWC	н	7.6 S.U.	SM 18 4500 H+B	0.00	N/A *
04/19 1310 ACF	Solids, Total Suspended	< 1.00 mg/L	SM 18th 2540 D	0.00	N/A
04/18 1427 DWC	Temperature .	10.00 °C	SM 18th 2550 B	0.99	N/A *

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

^{*} OA data shown is from a different sample or standard on the same date.

onmental Services Company, Inc. Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

Phone: 501-221-2565

Fax: 501-221-1341



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

CHAIN OF CUSTODY

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

	Client Information				Pro	ject Info	ormation				R	equ	ueste	d Pa	aram	eter	S
Company Name: Address:	Caterpillar, Inc. 9201 Faulkner Lake North Little Rock, A			Permit/Pro Purchase (Work Orde	Order#:						`						
Telephone:	501-955-5240	<u> </u>		Sampler N	ame(s):		David	Calle	I.	_						1	
FAX:	stephens_katina@d	cat.com	*.			v .		<u> </u>		4,	$\overline{}$	- 1					
Contact:	Ms. Katina Stephen	ıs	· ·	and Signal	turė(s):		D-dl	arut	 .		(21.)		6	1			
ESC Client Number:	2684									_	& grease	ا ہ	COD(6.0)	1			
Sample Ide	ntification		Sample	Collection			Sample (Containers		_ .	g					1	
Identification	ESC Control #	Date	Time	Type	Matrix	Туре	Volume		tive	#	Ö	Ž į	뜨				
Outfall 004	1304010614	4/18/13	1425	Grab	Stormwater	Glass	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	·	1	X						
	1			Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C		1		X					
* .		7	7	Grab	Stormwater	Plastic	1 Liter	Coni ≤ 6° C, H2SO4 to pH <2		1			х	\perp		<u> </u>	
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											\Box						
Relinquished By: (Signature and Prin	ited Name)	Date	Time		gnature and Printed	•		Date	Time		Jsed?		8	įr	itact?]
Relinquished By: (Signature and Prin	ited Name)	Date	Time	Received By: (Si	gnature and Printed	Name)		Date	Time	F	Turnan Regula	ar [ص		pecial		1
Relinquished By: (Signature and Prin	ted Name) On A Callin	Pate 4/18/13	Time / 6 @ 0	Received for Lab		A Ca	alles	Date 4/18/13		g	١	Yes	les propo	erly pr	No		1
U				<u></u>	Flow Da	ata	Field Test		Analys	_	Resul		Result		Un	its	
Comments:					Analyst: Time:		PH:	1427	Das		10		10.0	_	. <u>0.</u>		
Field Service Hours:					Reading:							\Box				`	
	·			 	Units:		Fecal Start:			+	This		ument	is P	ade /	of /	,
					<u> </u>		, som omit	1	l				***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-0-4		



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 4 -614
DATE OF STORM EVENT SAMPLED:		4/18/13
DURATION OF EVENT:	•	4 hours
ESTIMATE OF RAINFALL EVENT:		/ Inches
TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.)	5 days
ESTIMATE OF TOTAL VOLUME DISCHAR	GED:	,00 8 0 gallons
By signature below, I certify that I have of the certification on the DMR form and III.B.9 of the general storm water permitinformation submitted in these additional conditions of such certification.	described in further. Furthermore, I i	er detail in Part believe that the
Dand Callend	-	
Printed Name of Official		
Ded Colul	•	
⁽ Signature	-	.
4 / 18 / 13 Date	_	

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

005-8 DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 01/01/2013

MM/DD/YYYY TO 06/30/2013

DMR Mailing ZIP CODE:

72117

MINOR

005-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUAN'	TITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPL TYPE
	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	Mesex	*****	******	*****	*****	21.50	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	******	******	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Н	SAMPLE MEASUREMENT	Adabas	******	dovava	7.6	dedese.	7.6	su	0	1/6M	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	******	6 MINIMUM	WERRER	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	Assaula	\$4444	*****	*****	46544	<1.0	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*********	******	**************************************	EDERAL .	AREFEA	Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	*****	*****	tienis	*****	3.2	mg/L	Ó.	1/6M	GRAB
0556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	weeqat	*****	790000	dodasa	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify ender pensity 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 incipal of the person or persons who meanse the	200	TELEPHONE	DATE
1 1	system, or those persons directly responsible for gethering the information, the information submitted in the best of any knowledge and belief, type, accurate, and complete. I am sower that there are significant penalties for submitting false information, including the penalties for submitting false information, including the penalties for submitting false information.		501-228-2764	5-22-2013
TYPED OR PRINTED	violations	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

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: 1304010616

Customer Name : CATERPILLAR, INC. - OUTFALL 005

Customer Number: 2685

Report Date : 04/29/13

Sample Date : 04/18/13

Sample Time: 1432

Sample Type : GRAB STORMWATER Sample From : OUTFALL 005

Collected By: DWC Delivery By : DWC

Work Order :

Purchase Order :

		Laboratory Analysis		Quality A	Assurance
Analysis	•			Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result	Notes Ouantity Method	% RPD	% Recovery
04/26 1600 DWC	Chemical Oxygen Demand, L	21.50 mg/L	EPA 410.4	6.56	86.9 *
04/25 1500 ACF	Oil & Grease, Total	3.200 mg/L	EPA 1664 A	5.97	99.0 *
04/18 1434 DWC	рН	7.6 S.U.	SM 18 4500 H+B	0.00	N/A *
04/19 1310 ACF	Solids, Total Suspended	< 1.00 mg/L	SM 18th 2540 D	0.00	N/A *
04/18 1434 DWC	Temperature -	10.30 °€	SM 18th 2550 B	0.99	N/A *

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

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

onmental Services Company, Inc. **Corporate Office**

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com



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

CHAIN OF CUSTODY

Phone 479-750-1170 Fax:479-750-1172 Fax: 501-221-1341 Phone: 501-221-2565 **Project Information** Requested Parameters Client Information Permit/Project #: Company Name: Caterpillar, Inc. 9201 Faulkner Lake Road Purchase Order #: Address: North Little Rock, AR 72117 Work Order # Telephone: 501-955-5240 Sampler Name(s): stephens katina@cat.com FAX: (21.) Ms. Katina Stephens and Signature(s): Contact: COD(6.0) ESC Client Number: 2685.... TSS(28.), Sample Identification Sample Collection Sample Containers OII & 2 # ESC Control # Date Time Type Matrix Type Volume I Preservative Identification Cool ≤ 6° C. H2SO4 to pH <2 1432 X Outfall 005 1304010645 Grab 1 Liter Stormwater Glass X Grab Cool < 6° C 1 616 Stormwater **Plastic** 1 Liter Cool ≤ 6° C, H2SO4 to oH <2 Grab **Plastic** 1 Liter Stormwater .,, Received By: (Signature and Printed Name) Relinquished By: (Signature and Printed Name) Used? Intact? umaround: Received By: (Signature and Printed Name) Relinquished By: (Signature and Printed Name) Date 4 Special Regular Relinquished By: (Signature and Printed Name) Were samples properly preserved: Received for Lab By: (Signature and Printed Name) Date led Cut Dace 4/15/12 alle 4/18/18 600 allest 1600 Yes Ø Flow Data Units Field Test Time Analyst Result Result ρH: 1439 DWC 7.6 26 Analyst: Comments: Time: Teno 1434 1000 10.3 10.2 Reading: Field Service Hours: Units: This Document is Page / of > Fecal Start:



STORM WATER GENERAL PERMIT ADDITIONAL MONITORING REQUIREMENTS

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

	OUTFALL NUMB	ER <u>5</u>	-616
DATE OF STORM EVENT SAMPLED:		4/18/	1/3
DURATION OF EVENT:		4_	hours
ESTIMATE OF RAINFALL EVENT:		<u> /· /· </u>	<u>inches</u>
TIME SINCE LAST MEASURABLE EVENT	Γ (i.e., > 0.1 in.)	5	days
ESTIMATE OF TOTAL VOLUME DISCHA	RGED:	.0081	<u>gallons</u>
By signature below, I certify that I have of the certification on the DMR form an III.B.9 of the general storm water perrinformation submitted in these addition conditions of such certification.	d described in furt nit. Furthermore,	her detail in P I believe that	art the
Dand Callow			
Printed Name of Official	· · · · · · · · · · · · · · · · · · ·		
Signature	oblination response	٠.	
Signature			*
4/18/13		.*	
Data		•	

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, GENERAL MANAGER

AR0051454 **PERMIT NUMBER**

FROM

006-S DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY TO 01/01/2013 06/30/2013

DMR Mailing ZIP CODE:

72117

MINOR

006-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QI	JALITY OR CON	NO. EX	FREQUENCY OF ANALYSIS				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	******	****	Wasas	*****	*****	24.0	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	411004	400000	******	****	222490	Req. Mor. DAILY MX	mg/L		Once Every 6 Months	GRAB
PH	SAMPLE MEASUREMENT	*****	****	*****	7.3	*****	7.3	su	0	1/6M	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	*****	6 MINIMUM	****	9 MUMIXAM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	Antag	******	210101	*****	44.00	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	ponton	Odstans	*10000	THERE	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	49466	*****	#inde	*****	nanava	2.5	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	RESPES	*****	0.0000	Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
1	Justin Garellow EHS Manager
t	TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 501-22 8-2764 5-22-2013 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

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: 1304010615

Customer Name : CATERPILLAR, INC. - OUTFALL 006

Sample Date : 04/18/13 Sample Time : 1438

Collected By: DWC Delivery By : DWC

Customer Number: 2686

Sample Type : GRAB STORMWATER

Work Order :

Report Date : 04/29/13

Sample From : OUTFALL 006

Purchase Order :

•		Laboratory Analysis	:		<u>Ouality A</u>	ssurance
Analysis					Precision	Accuracy
Date Time By	Parameter	Result	Notes Ouantity	<u>Method</u>	% RPD	<pre>% Recovery</pre>
04/26 1600 DWC	Chemical Oxygen Demand, L	24.00 mg/L		EPA 410.4	6.56	86.9 *
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	2.500 mg/L		BPA 1664 A	5.97	99.0 *
04/18 1439 DWC		7.3 S.U.	•	SM 18 4500 H+B	0.00	N/A *
04/19 1310 ACF	Solids, Total Suspended	44.00 mg/L		SM 18th 2540 D	0.00	N/A *
04/18 1439 DWC	Temperature	9.90 ℃		SM 18th 2550 B	0.99	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

E. onmental Services Company, Inc. Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

Phone: 501-221-2565

Fax: 501-221-1341



Environmental Services Cor Northwest Branch 1107 Century Springdale, AR 72764

CHAIN OF CUSTODY

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

. C	lient Information				Pro	ject Info	ormation				Re	ques	ted	Par	ame	ters	
Company Name: Address: Telephone: FAX: Contact: ESC Client Number:	Caterpillar, Inc. 9201 Faulkner Lake North Little Rock, A 501-955-5240 stephens_katina@c Ms. Katina Stephen 2686	R 72117		Permit/Pro Purchase Work Orde Sampler N and Signal	ject #: Order #: er # ame(s):	* .	Day d	Callo		grease (21.)		COD(6.0)	ted	Par	ame	ters	
Sample Iden	tmcation ESC Control#	Date		Collection	Madrice	Tuna	Volume	Containers Preserva	B-	# 5 % 5	100	LR CC					
Outfall 006	Time 1435	Type Grab	Matrix	Type Glass	и т	Preserva Cool ≤ 6° C, H2SO4 to pH <2	uve	# 0 1)		-							
Outfall 006 1384010615 4/18/10 1435					Stormwater						×	+					\dashv
				Grab	Stormwater	Plastic		Cool ≤ 6° C	+	1	 ^	+	\vdash				
				Grab	Stormwater	Plastic	1 Liter	H2SO4 to pH <2		1	+	X				\vdash	
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C					Flow Da		Field Test		Analys		sult	Res			Units		
Comments:	omments:			 	Analyst: Time:		pH;	1439	DW		2.3		2.5		7.61.		
Field Service Houirs:	old Service Hours:				Reading:		Temp	79.57	DW	+	<u> </u>	100	.0	 			-
					Units:							\Box					
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STORM WATER GENERAL PERMIT ADDITIONAL MONITORING REQUIREMENTS

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

	OUTFALL NUME	BER 6 -615
DATE OF STORM EVENT SAMPLED:	***	4/18/13
DURATION OF EVENT:		// hours
ESTIMATE OF RAINFALL EVENT:		/ Inches
TIME SINCE LAST MEASURABLE EVEN	IT (i.e., > 0.1 in.)	days
ESTIMATE OF TOTAL VOLUME DISCHA	ARGED:	, 02/3 gallons
of the certification on the DMR form a III.B.9 of the general storm water per information submitted in these addition conditions of such certification.	mit. Furthermore,	I believe that the
Printed Name of Official		
Signature	· •	
Signature		
Date		8.

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

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

007-S

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY TO 01/01/2013 06/30/2013 **DMR Mailing ZIP CODE:**

72117

MINOR

007-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QI	JALITY OR CON	NO. EX	FREQUENCY OF ANALYSIS			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		;	
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61.40	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	\$20-10-P	gavava "	28884	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*62648	*****	*****	7.4	*****	7.4	mg/L	0	1/6M	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	weeksta	****	MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	******	11.00	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Menten	*****	*****	*****	79A584	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	****	******	*****	.04444	******	6.80	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	NEMBAS	******		Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

Justin Garschow EHS Manager	NAME/TITL	E PRINCIPAL EXE	CUTIVE OFFICER
	المناء	Corrections	EHCA.
	COSTON	TYPED OR PRIN	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 501-228-2764 5-22-2013 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

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: 1304010617

Customer Name : CATERPILLAR, INC. - OUTFALL 007

Customer Number : 2687 Report Date : 04/29/13 Sample Date : 04/18/13

Sample Time : 1448

Sample Type : GRAB STORMWATER Sample From : OUTFALL 007

Collected By: DWC

Delivery By : DWC

Work Order : Purchase Order :

	<u>I</u>	aboratory Analysis	• •		Quality A	ssurance
Analysis			•		Precision	Accuracy
Date Time By	Parameter	Result N	Notes Ouantity	Method	₹ RPD	<pre>% Recovery</pre>
04/26 1600 DWC	Chemical Oxygen Demand, L	61.40 mg/L		EPA 410.4	6.56	86.9 *
04/25 1500 ACF	Oil & Grease, Total	6.800 mg/L	•	EPA 1664 A	5.97	99.0 *
04/18 1451 DWC	рН	7.4 S.U.		SM 18 4500 H+B	0.00	N/A *
04/19 1310 ACF	Solids, Total Suspended	11.00 mg/L		SM 18th 2540 D	0.00	N/A *
04/18 1451 DWC	Temperature	9.90 °C		SM 18th 2550 B	0.99	N/A *

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.

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

E: onmental Services Company, Inc.
Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

Phone: 501-221-2565

Fax: 501-221-1341



Environmental Services Cor Northwest Branch 1107 Century Springdale, AR 72764

CHAIN OF CUSTODY

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

Client Information					Project Information						Red	ues	ted	Paran	neter	S
Company Name: Address: Telephone: FAX: Contact:	Caterpillar, Inc. 9201 Faulkner Lake North Little Rock, A 501-955-5240 stephens katina@e Ms. Katina Stepher	R 72117 cat.com	Work Order # Sampler Name at.com and Signature(s				#: Dand Called					, (0:				
ESC Client Number: Sample Ider	2687		Sample	Collection Sample Containers				grease	(6)	COD(6.0)						
Identification	ESC Control #	Date	Time	1	Type Matrix Type Volume Preservative				-	⊣ જ	TSS(28.),	유 0				
Outfall 007	1304010617	4/18/13	1448	Grab	Stormwater	Glass	1 Liter	Coal ≤ 6° C, H2SO4 to pH <2		1					- }	
·	7504010477	171012	1	Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C		1	x					
				Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C, H28O4 to pH <2	1.	_		x				
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Relinquished By: (Signature and Printe	d Name)	Date	Time	Received By: (Si	gnature and Printed	Name)		Date	Time	1	naroun Jular	id:	ľ	Special		1
Relinquished By: (Signature and Printe	elinquished By: (Signature and Printed Name) Oate Time 1 a Ceut Dual (a/a) 5/18/18 / 600				By: (Signature and	M Ca	Mark	Date 4/18/19	Time 160	We	re sam Yes	iples pr		preserve No	d:	1
				Flow Data		Field Test	Time	Analyst		sult		Result Units		its		
omments:				Analyst: Time:		pH:	1451	DWG		.4 9.9	7.		S.U.			
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STORM WATER GENERAL PERMIT ADDITIONAL MONITORING REQUIREMENTS

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

	OUTFALL NUMB	ER 7 -6/7
DATE OF STORM EVENT SAMPLED:		4/18/13
DURATION OF EVENT:	•	4 hours
ESTIMATE OF RAINFALL EVENT:	· .	Inches
TIME SINCE LAST MEASURABLE EVENT	Γ (i.e., > 0.1 in.)	days
ESTIMATE OF TOTAL VOLUME DISCHA	RGED:	0.0213 gallons
By signature below, I certify that I hav of the certification on the DMR form ar III.B.9 of the general storm water perrinformation submitted in these addition conditions of such certification.	nd described in furti mit. Furthermore, 1	her detail in Part I believe that the
Printed Name of Official	• .	
Signature		
	,	

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: 1305010357

Customer Name : CATERPILLAR, INC. - OUTFALL 001

Customer/Permit No.: 2681 / AR0051454

Report Date : 05/14/13

Sample Date : 05/10/13

Sample Time : 0811

Sample Type : GRAB STORMWATER Sample From : OUTFALL 001 Collected By: KATINA STEPHENS

Delivery By : TMO

Work Order : Purchase Order :

		Laboratory Analysis	•	ı	Ouality A	Assurance
Analysis					Precision	Accuracy
Date Time By	Parameter	<u>Result</u> Notes	Ouantity	Method	<u>% RPD</u>	<pre>% Recovery</pre>
05/13 1800 NTR	Oil & Grease, Total	< 1.400 mg/L		EPA 1664 A	1.81	96.5 *

* OA 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

MRY-09-2013(THU) 11:09

Environmental Services Company, inc. Corporate Office

13715 West Markham Little Rock, AR 72211

P.O. Box 55148 Little Rock, AR 72215

website: www.esclabs.com

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



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

CHAIN OF CUSTODY

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

Client Information			Project Information					Re	Requested			Parameters						
Company Name:		Caterpillar, Inc.	c. Permit/Proj			oject #:										\Box		
Address:		9201 Faulkner Lak	e Road							٦								
1 -	•	North Little Rock, A			Work Orde	r#			· · · · · · · · · · · · · · · · · · ·		7	1	1	1				
Telephone:		501-955-5240			Sampler N		*84i	m St	coheos	5	1		1					
Email:		stephens katina@	ret com		ounipio, is	arriotoj.	14111	<u> </u>	7-1010		1		-	i				ĺ
Contact:		Ms. Katina Stepher			and Signature(s):				٦:	:	1.	Ì						
ESC Client Num		2681	18						4							l.		
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		dification					Sample Containers			ه است	3							
Identificatio		ESC Control #	Date	Time	Турв	Matrix	Туре	Volume		tive i	# 2	_		L		_		
Outfall 00	1	1305010357	5-10-13	8:41 AM	Grab	Stormwater	Glass	1 Litter	H2SO4		4	X L	_	<u> </u>	_			 -
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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: 1305010358

Customer Name : CATERPILLAR, INC. - OUTFALL 004

Customer Number: 2684
Report Date: 05/14/13

Sample Date : 05/10/13

Sample Time : 0830 Sample Type : GRAB STORMWATER

Sample From : OUTFALL 004

Collected By: KATINA STEPHENS

Delivery By : TMO

Work Order : Purchase Order :

Laboratory Analysis						<u>Ouality Assurance</u>			
Analysis	•				Precision	Accuracy			
Date Time By	Parameter	Result N	otes <u>Ouantity</u>	Method	* RPD	% Recovery			
	Oil & Grease, Total	< 1.400 mg/L		EPA 1664 A	1.81	96.5 *			

* 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.

ENVIRONMENTAL SERVICES

MR9-09-2013(THU) 11:09

Environmental Services Company, Inc. Corporate Office

13715 West Markham Little Rock, AR 72211

Phone: 501-221-2565

P.O. Box 55146 Little Rock, AR 72215

Fax: 501-221-1341

website: www.esclabs.com



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

A CONTRACTOR			1,9
	IAI		CUSTODY
UNM	IN	UF	CUSIUNY

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

	Client Information	1			Pro	ject inf	ormation			1	Rec	uesi	ed	Param	eter	S
Company Nam	e: Caterpillar, Inc.			Permit/Pro	ject#:						Π	П			Π	
Address:	9201 Faulkner L	ake Road		Purchase	Order#:				2.0			1 1			1	
_	North Little Rock	AR 72117		Work Order #										1.1		
Telephone:	501-955-5240			Sampler N	ampler Name(s): Katina Stephens								*	1 1		
FAX:	stephens katina	@cat.com		1	ering of age	····				1					1.	
Contact:	Ms. Katina Stept			and Signal	hreis): <	1507	a. 10	SIT		3		1	1			
ESC Client Nur				1	ini ofoli	04 5 5 5								ļ.		
Sam	ple Identification		Samole	Collection		· · ·	Sample (Containers	· · · · ·	- ag						
ldentificat	tion ESC Control#	Date	Time	Туре	Matrix	Туре	Volume	Preserva		- 45		1 1				
Outfall 0	130501035	5=/0-/3	8.30 MM		Stormwater	Glass		Cool 4 6" C. 163304 to pH < 2	1	X		一				
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Katinu Ste	phens Kit-158	5-10-13 Date	12:00 PM	Jun th	O'lled lie	no the	D'Neal	5-10-13	1205	Use				Intact?		
<u>. </u>				CHOSKING SEE TO	gnature and Printed	articular)		Date	Time	Regi	eroun: ular	$\dot{\Box}$		Special	<u> </u>	
Reliaquished By: (Signal	lew Timothy O'Neu	Date	1400	Received for Leb	By (Bignature and	Printed Name	246.	Date	Time		9 60m;	les pro	репу	preserved		
Mars at Di	IN TIMETHY O'IVEA	13.7073	1.1400	11mm	Flow Da		Field Test	5-10-/3 Time	14 00 Analysi	Res	Yes	Resul	p .	No Uni	l c	L.,
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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

2000 4500 H+B

1997 2540 D

Control Number: 1309010370

09/20 1035 DWC pH

Customer Name : CATERPILLAR, INC. - OUTFALL 001

Sample Date : 09/20/13 Sample Time : 1034

Collected By: DWC

Customer/Permit No.: 2681 / AR0051454

09/24 0600 NTR Solids, Total Suspended

Delivery By : DWC

0.00

0.00

N/A

N/A *

Report Date : 09/27/13

Sample Type : GRAB STORMWATER Sample From : OUTFALL 001

Work Order : Purchase Order :

Laboratory Analysis Ouality Assurance Analysis Precision Accuracy Date Time By Parameter Result Notes Ouantity Method % RPD % Recovery 4.32 #/day 09/24 0800 NTR Chemical Oxygen Demand, L < 3.00 mg/LEPA 410.4 7.81 108.1 09/24 1130 ACF Oil & Grease, Total 1.700 mg/L2.45 #/day EPA 1664 A 2.79 104.5 *

> Flow 0.172800 MGD

7.9 S.U.

20.00 mg/L

* 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

28.80 #/day

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

NOR

CATERPILLAR, INC., NORTH AMERICAN MOTOR G

FACILITY:

LOCATION: 9201 FAULKNER LAKE ROAD

NORTH LITTLE ROCK, AR 72117

ATTN: JON HARRISON, GENERAL MANAGER

AR0051454
PERMIT NUMBER

001-S DISCHARGE NUMBER

	MONIT	ORING F	ERIOD
ì	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013] TO [12/31/2013

DMR Mailing ZIP CODE:

72117

MINOR

001-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
,	_	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<3.00	mg/L	0	1/6 MO	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Reg. Mon. DAILY MX	mg/L	, , , , , , , , , , , , , , , , , , , ,	Once Every 6	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	S.U.	0	1/6\MO	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM MINIMUM	****	9 MUMIXAM	su		Once Every 6	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.0	mg/L	0	1/6 MO	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L ·		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	***	*****	*****	*****	1.70	mg/L	0	1/6 MO	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTI	VE OFFICER
Justin Conschow	
TYPED OR PRINTED	

I certify under penalty of law that this document and all ettachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the informations unbmitted. Based on my inquivy of the person or persons who mange 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

 TELEPHONE
 DATE

 SO1-228-2764
 1/23-244

 AREA Code
 NUMBER
 MM/DD/YYYY

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

En nmental Services Company, Inc.
Corporate Office

13715 West Markham Little Rock, AR 72211

P.O. Box 55146 Little Rock, AR 72215

website: www.esclabs.com

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



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

CHAIN OF CUSTODY

	1 4.0. 051 221-1541		O I	IVALIA C		3 I Q	D,I	. [Phone	479)-75C)-117	'О Г	Fax:	479-7	750-	1172
	Client Information				Pro	oject Inf	formation			-			uest				
Company Name:	Caterpillar, Inc.			Permit/Pr							╁	T				T	1013
Address:	9201 Faulkner Lal	ce Road		Purchase	-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			1				Ì		
	North Little Rock,	AR 72117		1	Work Order #						1	:		1			
Telephone:	501-955-5240			Sampler N				13.11	4		1					- 1	
Email:	stephens katina@	cat com		Cample	vanie(s).		Para	alle			-						
Contact:	Ms. Katina Stephe			and Signa	turo(o):			2.1			_	∴				.	.
ESC Client Number:	2681			and Olyna	iture(s).		1-a (alles			(21.)	\$(28					
Sample Ide	entification		Sample	Collection			Commis	2 t - t -			grease	pH(23.), TSS(28.),	LR(6.0)	ŀ		ŀ	
Identification	ESC Control #	Date	Time	T	T Market (1	Container			જ	(23.)	Tgos				
Outfall 001	1309010370			Туре	Matrix	Туре	Volume	Preserva	ative	#	ō	표	8	_		_	
Odital 001	1 304013 10	9/20/13	1034	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				
		ļ															
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														\top		十	
Relinquished By: (Signature and Prin	No.							_						寸	一	丁	
	,	Date	Time	Received By: (Si	gnature and Printed	Name)	v.	Date	Tim	е		ody Se				بيلسي. سو	
Relinquished By: (Signature and Prin	ted Name) .	Date	Time	Received By: (Sig	gnature and Printed	Name) *		Date	Tim	i o	Used [*] Turna	? around	9		Intact?		
Relinquished By: (Signature and Prin	ted Name)	→ Date	Time	Received for Lab	Drinted Name			<u> </u>		Regul		0		Specia			
1/11/14 D = 1/1/14 9/2010 1				Mint C	Pad/		9/20/13	Tim				olès prop	erly p	preserv N	-		
Cobl all samples to ≤ 6 degrees C with ice.				Flow Da		Field Test	Time	Analys	st	Resu		Result	Т		nits	!	
Commens,					33	pH:	1035	Da	X		9	7.	31	<u> </u>	11.		
					Reading:				 					+			
					Units: M	901								士			
<u> </u>					Chlorinated? '	ΥN	Fecal Start:		1		This	Doc	ument	l ie (2200	20f	

	OUTFALL NUMBER	R 001 9-376
DATE OF STORM EVENT SAMPLED:		9/20/13
DURATION OF EVENT:	,	/2 hours
ESTIMATE OF RAINFALL EVENT:		Z inches
TIME SINCE LAST MEASURABLE EVENT	(i.e., > 0.1 in.)	9 days
ESTIMATE OF TOTAL VOLUME DISCHAR	GED:	/-72,800 gallons
By signature below, I certify that I have of the certification on the DMR form and III.B.9 of the general storm water perm information submitted in these additionations of such certification.	I described in furthe it. Furthermore, I	er detail in Part believe that the
Dava Carlant	<u></u>	
Printed Name of Official		
De Calat		
Signature	-	
9/20/13		
Date		

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: 1309010371

Customer Name : CATERPILLAR, INC. - OUTFALL 002

Customer Number: 2682 Report Date : 09/27/13 Sample Date : 09/20/13

Sample Time : 0958

Sample Type : GRAB STORMWATER Sample From : OUTFALL 002

Collected By: DWC Delivery By : DWC

Work Order :

Purchase Order :

•	Quality A	ssurance					
Analysis	•					Precision	Accuracy
Date Time By	<u> Parameter</u>	Result	Notes _	Ouantity	<u> Method</u>	<u>% RPD</u>	<pre>% Recovery</pre>
09/24 0800 NTR	Chemical Oxygen Demand, L	21.20 mg/L		0.06 #/day	EPA 410.4	7.81	108.1 *
09/24 1130 ACF	Oil & Grease, Total	< 1.400 mg/L		0.00 #/day	EPA 1664 A	2.79	104.5 *
09/20 0959 DWC	рН	7.5 S.U.			2000 4500 H+B	0.00	N/A *
09/24 0600 NTR	Solids, Total Suspended	9.00 mg/L		0.03 #/day	1997 2540 D	0.00	N/A *

Flow 0.000350

* 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

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

002-S DISCHARGE NUMBER

	MONIT	ORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013] TO [12/31/2013

DMR Mailing ZIP CODE:

72117

MINOR

002-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			'''-	
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	*****	****	*****	*****	****	21.20	mg/L	0	1/6 MO	GRAB	
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	有效的的效	****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB	
рН	SAMPLE MEASUREMENT	*****	****	*****	7.5	*****	7.5	s.u.	0	1/6 MO	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	有在的水水物	6 MINIMUM	****	9 MUMIXAM	SU		Once Every 6 Months	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	*****	9. 9.0	mg/L	0	1/6 MO	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Reg. Mon. DAILY MX	mg/L	Ū	Once Every 6		
Oil & grease	SAMPLE MEASUREMENT	*****	****	*****	*****	****	₹1.40	mg/L	0 .	1/6 MO	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER								
Jusha	Garschen							
	TYPED OR PRINTED							

I certify under penalty of law that this document and all attachments were prepared under my direction a 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 not to be best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting fidse information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 501-228-2764 1-23-2014 AREA Code NUMBER MM/DD/YYYY

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

Env mental Services Company, Inc. Corporate Office

13715 West Markham

Phone: 501-221-2565

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

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

CHAIN OF CUSTODY

Fax: 501-221-1341 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): FAX: stephens katina@cat.com Contact: Ms. Katina Stephens and Signature(s): pH(23.), TSS(28.), (21.) ESC Client Number: 2682 COD(6.0) grease Sample Identification Sample Collection Sample Containers Identification S IIO ESC Control # Date Time 굕 Type Matrix Type Volume Preservative 1309010371 Outfall 002 0958 Grab Stormwater Glass 1 Liter H2SO4 X Grab Stormwater Plastic 1 Liter ≤6 Deg C X Grab Stormwater Plastic 1 Liter H2SO4 X Relinquished By: (Signature and Printed Name) Date Received By: (Signature and Printed Name) Custody Seals: Used? Relinquished By: (Signature and Printed Name) Intact? Date Received By: (Signature and Printed Name) Turnaround: Regular Special Relinquished By: (Signature and Printed Name) Received for Lab By: (Signature and Printed Name) Time Were samples properly preserved: Time 1800 Coor all samples to ≤ 6 degrees C with ice. No Flow Data Field Test Analyst Result Result Units Comments: Analyst: pH: Dwc 0953 DWe 75 5.11. Reading: • 000 35 Units: Chlorinated? Y N Fecal Start: This Document is Page / of /

OUTFALL NUM	BER 002 9-271
DATE OF STORM EVENT SAMPLED:	9/20/13
DURATION OF EVENT:	/Z hours
ESTIMATE OF RAINFALL EVENT:	
TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.)	days
ESTIMATE OF TOTAL VOLUME DISCHARGED:	350 gallons
By signature below, I certify that I have read and under of the certification on the DMR form and described in fu III.B.9 of the general storm water permit. Furthermore information submitted in these additional monitoring re- conditions of such certification.	rther detail in Part , I believe that the
Dand Callons	4,
Printed Name of Official	
Da Cathet	
¹ Signature	
9/20/13	
Ďate ´	

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: 1309010372

Customer Name: CATERPILLAR, INC. - OUTFALL 003

Sample Date : 09/20/13

Collected By: DWC

Customer Number: 2683

Sample Time : 1003

Delivery By : DWC

Report Date : 09/27/13

Sample Type : GRAB STORMWATER Sample From : OUTFALL 003

Work Order : Purchase Order :

	<u>. L</u>	aboratory Analysis	,		<u>Ouality A</u>	ssurance
Analysis	•	•			Precision	Accuracy
<u>Date Time By</u>	Parameter	Result · Notes	Ouantity	<u>Method</u>	% RPD	% Recovery
09/24 0800 NTR	Chemical Oxygen Demand, L	16.50 mg/L	0.07 #/day	EPA 410.4	7.81	108.1 *
09/24 1130 ACF	Oil & Grease, Total	< 1.400 mg/L	0.01 #/day	EPA 1664 A	2.79 '	104.5 *
09/20 1005 DWC	рН	7.5 S.U.		2000 4500 H+B	0.00	N/A *
09/24 0600 NTR	Solids, Total Suspended	6.00 mg/L	0.03 #/day	1997 2540 D	0.00	N/A *

Flow

* 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

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

003-\$

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2013 TO 12/31/2013

DMR Mailing ZIP CODE:

72117

MINOR

003-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		Ì	
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	京台京省市大	****	*****	*****	*****	16.50	mg/L	0	1/6 MO	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*****	****	*****	7.5	*****	7.5	S.U.	0	1/6 MO	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	有去点食 食	*****	*****	MINIMUM	物植物物食	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	6.0	mg/L	0	1/6 MO	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<1.40	mg/L	0	1/6 MO	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I certify under penalty of law that this document and all strachments 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 meanage 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 here we significant penalties for submitting false information, including the pessibility of fine and knoprisonment for knowing schools.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code

501-228-2764 NUMBER

TELEPHONE

DATE -23-2014 MM/DD/YYYY

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

Env mental Services Company, Inc. **Corporate Office**

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

Fax: 501-221-1341



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

CHAIN OF CUSTODY

Phone: 501-221-	2565	Fax: 501-221-1341		CH	IAIN (OF CUS	STO	DY		⊃hone	479	-750)-117	70	Fav	: 479	-750	-117	'a
		Client Information			1			formation			, .				sted				
Company Na <u>m</u>	e:	Caterpillar, Inc.			Permit/Pr			***				一	T						<u> </u>
Address:		9201 Faulkner Lak	e Road		Purchase	_		· · · · · · · · · · · · · · · · · · ·			- ;								
		North Little Rock,	AR 72117		Work Ord	•													
Telephone:		501-955-5240			Sampler I			72. 1	13.11	1									
FAX:		stephens katina@	cat.com		Carrible: 1	vaine(s).		David	Calles	<u> </u>									
Contact:		Ms. Katina Stephe			and Signa	atuma (a).		1	1.	1-	_	<u> </u>	<u>ټ</u>						
ESC Client Nur	nber:	2683		· · · · · · · · · · · · · · · · · · ·	anu Signa	iture(s):		<u>a</u>	(alu)			(21.)	\$(28	6				*	İ
		tification		Sample	Collection	* ·	l	Sample	Container			grease	pH(23.), TSS(28.)	COD(6.0)					İ
Identificat	on	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	T		#	Oil & g	H(23	LR CC					ĺ
Outfall 0	03	1309010372	9/20/13	1003	Grab	Stormwater	Glass	1 Liter	H2SO4	ative		X	<u> </u>	=-			-		
<u>-</u>	à	1	,	,	Grab	Stormwater	Plastic	1 Liter			1	 ^	V		\vdash	$\vdash\vdash$			
			1	- /	Grab	Stormwater	Plastic		≤ 6 Deg C°		1		Χ						
					Olab	Storriwater	Plasuc	1 Liter	H2SO4		1		-	X		4.7			
															\vdash				
	,		·	-,-:-			<u> </u>	 					\vdash						-
					· · · · · · · · · · · · · · · · · · ·	 						-			-				
						<u> </u>	· · · · · · · · · · · · · · · · · · ·												
		,											\vdash		┝╌┦		-		
Relinquished By: (Signatu	re and Printed	Name)	Date	Time	Received By: (Si	gnature and Printed	Name)	1	Date	Tim	ıe eı	Custo	ody Se	als:					
Relinquished By: (Signatu	re and Printed	Name)	Date	Time	Received By: (Si	gnature and Printed	Namel		Date			Used		4	<u></u>	Intac	t?		
Polinguished Des (O)									Date	Tim		Regu	around ilar	: 	i	Spec	ial I		
Relinquished By: (Signatu	J Da	a Calut	9/20/13	Time 1400	Received for Lab	By: (Signature and			9/20/13	Tim	е	Were	samp	oles pr	operly	prese	rved:		
Sool all samples to ≤	6 degrees	C with ice.	7-7/5	1200	Now !	Flow Da		Field Test		ಿ 160 Analys		Resu	Yes	Resu	116		No Units		_
Comments:						Analyst: 🔼	ے ور	рН:	1805	Du			5	7.			5.41		
							002										,,,,,		
		<u> </u>				Reading: ال								· -	_				\blacksquare
					···	Chlorinated?	V N	Fecal Start:				This			nt is	Dec		<u> </u>	

	OUTFALL NUMBE	R 003	9-372
DATE OF STORM EVENT SAMPLED:	•	9/20/	1/3
DURATION OF EVENT:			hours
ESTIMATE OF RAINFALL EVENT:		, , 2	inches
TIME SINCE LAST MEASURABLE EVENT	(i.e., > 0.1 in.)	. 9	days
ESTIMATE OF TOTAL VOLUME DISCHAR	GED:	540	gallons
By signature below, I certify that I have of the certification on the DMR form and III.B.9 of the general storm water perminformation submitted in these additions conditions of such certification. Dad Callad	d described in furthe it. Furthermore, I	er detail in believe tha	Part t the
Printed Name of Official			
De Callet			
Signature	_		
9/20/13	· .		
Date		٠	

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: 1309010373

Customer Name : CATERPILLAR, INC. - OUTFALL 004

Customer Number: 2684 Report Date : 09/27/13

Sample Date : 09/20/13

Sample Time : 1007

Sample Type : GRAB STORMWATER Sample From : OUTFALL 004

Collected By: DWC

Delivery By : DWC Work Order :

Purchase Order:

•	<u>Le</u>	aboratory Analysis		· ·	Quality A	Assurance
Analysis				•	Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result	Notes Ouantity	Method	% RPD	% Recovery
09/24 0800 NTR	Chemical Oxygen Demand, L	22.40 mg/L	0.20 #/day	EPA 410.4	7.81	108.1 *
09/24 1130 ACF	Oil & Grease, Total	< 1.400 mg/L	0.01 #/day	EPA 1664 A	2.79	104.5 *
09/20 1008 DWC	Нд	7.5 S.U.	· ·	2000 4500 H+B	0.00	N/A *
09/24 0600 NTR	Solids, Total Suspended	3.00 mg/L	0.03 #/day	1997 2540 D	0.00	N∕A *
	-		0.03 #/day			

Flow 0.001080 MGD

* 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

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

004-S DISCHARGE NUMBER

MONIT	ORING	PERIOD	_
MM/DD/YYYY		MM/DD/YYYY	
07/01/3013	то	12/31/2013	

DMR Mailing ZIP CODE:

72117

MINOR

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)	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	22.40	mg/L	0	1/6 MO	GRAB	
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB	
рН	SAMPLE MEASUREMENT	*****	****	****	7.5	****	7.5	S.U.	. 0	1/6 MO	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	素杂杂妆土木	*****	6 MINIMUM	*****	9 MUMIXAM,	SU		Once Every 6 Months	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	3.0	mg/L	0	1/6 MO	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	*****	*****	*****	Req. Mon. DAILY MX	. mg/L		Once Every 6 Months	GRAB	
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	taxes	*****	<1.40	mg/L	0	1/6 MO	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	. *****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Consula

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 501-228-2764 1-23-2014 AREA Cod NUMBER MM/DD/YYYY

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

amental Services Company, Inc. En **Corporate Office**

13715 West Markham

Company Name:

Address:

Telephone:

Contact:

ESC Client Number:

Identification

Outfall 004

Relinquished By: (Signature and Printed Name)

Relinquished By: (Signature and Printed Name)

Relinquished By: (Signature and Printed Name)

Cool all samples to < 6 degrees C with ice.

FAX:

P.O. Box 55146

Little Rock, AR 72211 Little Rock, AR 72215

website: www.esclabs.com

Sample Identification

Phone: 501-221-2565

Fax: 501-221-1341 Client Information

Caterpillar, Inc.

501-955-5240

9201 Faulkner Lake Road

North Little Rock, AR 72117

stephens katina@cat.com

Date

Date

Time

1007

Time

400

Ms. Katina Stephens

2684

ESC Control #

1309010373



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

CHAIN OF CUSTODY

Chlorinated? Y N

Fecal Start:

Phone 479-750-1170 Fax: 479-750-1172 Project Information Requested Parameters Permit/Project #: Purchase Order #: Work Order # Sampler Name(s): pH(23.), TSS(28.), and Signature(s): Oil & grease Sample Collection **Sample Containers** Type Volume Preservative # Matrix Type Grab X H2SO4 Stormwater Glass 1 Liter Grab ≤ 6 Deg C X Stormwater **Plastic** 1 Liter Grab Х Plastic lH2SO4 Stormwater 1 Liter Received By: (Signature and Printed Name) Custody Seals: Used? Intact? Received By: (Signature and Printed Name) Regular Special 9/20/13 Received for Lab By: (Signature and Printed Name) Were samples properly preserved: 1400 Yes Flow Data Field Test Time Analyst Result Result Units 5.4. Analyst: DWC pH: 1003 DWC 7.5 25 Reading: . 00 1080

Comments:

This Document is Page Zof/

	OUTFALL NUMBER	2 004	<u>9-375</u>
DATE OF STORM EVENT SAMPLED:		9/20/	//3
DURATION OF EVENT:	•	12	hours
ESTIMATE OF RAINFALL EVENT:		2	inches
TIME SINCE LAST MEASURABLE EVENT (i	.e., > 0.1 in.)	9	days
ESTIMATE OF TOTAL VOLUME DISCHARG	ED:	1,080	gallons
By signature below, I certify that I have rof the certification on the DMR form and of III.B.9 of the general storm water permit information submitted in these additional conditions of such certification.	described in furthe . Furthermore, I l	er detail in l believe that	Part : the
Printed Name of Official			
Signature			
9/20/13	· 		\$ <u>.</u>
Dáte		-	

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: 1309010374

Customer Name : CATERPILLAR, INC. - OUTFALL 005

Customer Number: 2685 Report Date : 09/27/13

Sample Date : 09/20/13

Sample Time : 1010

Sample Type : GRAB STORMWATER Sample From : OUTFALL 005

Collected By: DWC

Delivery By : DWC Work Order :

Purchase Order:

	-	Laboratory Analysis	•	* * * * * * * * * * * * * * * * * * * *	Quality A	<u>Assurance</u>
Analysis					Precision	Accuracy
Date Time By	<u>Parameter</u>	Result Notes	<u>Ouantity</u>	<u>Method</u>	<u>% RPD</u>	% Recovery
09/24 0800 NTR	Chemical Oxygen Demand, L	10.90 mg/L	0.05 #/day	EPA 410.4	7.81	108.1 *
09/26 0730 NTR	Oil & Grease, Total	< 1.400 mg/L	0.01 #/day	EPA 1664 A	2.34	98.5 *
09/20 1011 DWC	рН	7.7 S.U [.] .		2000 4500 H+B	0.00	N/A *
09/24 0600 NTR	Solids, Total Suspended	27.00 mg/L	0.12 #/day	1997 2540 D	7.41	N/A

Flow 0.000540 MGD

* OA 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.

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

CATERPILLAR, INC., NORTH AMERICAN MOTOR G

LOCATION: 9201 FAULKNER LAKE ROAD

FACILITY:

NORTH LITTLE ROCK, AR 72117

ATTN: JON HARRISON, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

005-S DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2013 12/31/2013 TO

DMR Mailing ZIP CODE:

72117

MINOR

005-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	*****	****	*****	****	*****	10.90	mg/L	0	1/6 MO	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	***	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
рН	SAMPLE MEASUREMENT	****	*****	. *****	7.7	*****	7.7	s.v.	0	1/6 MO	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	27.0	mg/L	Ó	1/6 MO	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	****	****	****	****	<1.40	mg/L	0	1/6 MO	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

MANUEL TRINCIPAL EXECUTIVE OFFICER	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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE	DATE
1 1	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 significent to penalize for submitting folso information, including the possibility of fine and introgramment for knowing.		501-228-2764	1-23-2014
TYPED OR PRINTED	violations.	SIGNATURE OF PRINCIPAL-ÉXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

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

En mental Services Company, Inc.
Corporate Office

13715 West Markham Little Rock, AR 72211

P.O. Box 55146 Little Rock, AR 72215

website: www.esclabs.com

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



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

CHAIN OF CUSTODY

1 Holle: 301-221-2305	Fax: 501-221-1341		CI	JAIN (ノト じじ	510	DY	•	Phone	479) ₋₇₅₍	1_117	'n	Fav:	470	750	1172
	Client Information			1 40	Pro	oiect In	formation						uest				
Company Name:	Caterpillar, Inc.			Permit/Pr		-,	· · · · · · · · · · · · · · · · · · ·				╀─	Teg	uesi	ea	Para	Ime	ters
Address:	9201 Faulkner Lal	e Road	···	Purchase	*						1				- 1		
	North Little Rock,			Work Ord		<u> </u>											
Telephone:	501-955-5240			Sampler I			5	11 11	75.	·				1		1	
FAX:	stephens katina@	cat com		Sampler	vame(s):		David	(allu			-						
Contact:	Ms. Katina Stephe				4		77	17	<u> </u>			ا أ					
ESC Client Number:	2685			and Signa	ature(s):	-1	era.	6 lus			(21.)	28.					
Sample Ide		<u> </u>	Sample	Collection	*	,					grease	pH(23.), TSS(28.)	COD(6.0)			-	
Identification	ESC Control #	Date			7			Container			୦୪	(23)					
Outfall 005	1309010374		Time	Туре	Matrix	Туре	Volume	Preserv	ative	#	ō	표	LR.	_	\bot		,
- 441411	. 00 101 0 314	9/20/13	1010	Grab	Stormwater	Glass	1 Liter	H2SO4		1	Х						
	 			Grab	Stormwater	Plastic	1 Liter	≤6 Deg C		1		х					
		,		Grab	Stormwater	Plastic	1 Liter	H2SO4		1			х		\Box		
														\Box		T	
			•	<u> </u>		1 1										T	
														\Box			
•																丁	
Relinquished By: (Signature and Print	ed Name)	Date	Time											T		\top	
		Date	me	Received By: (Si	gnature and Printed	Name)		Date	Tim	ie	Custo Used?	ody Sea	als:				
Relinquished By: (Signature and Print	ed Name)	Date	Time	Received By. (Si	gnature and Printed	Name)		Date	Tim	е		round:	4		Intact?		
elinquished By: (Signature and Printe	ed Name)	Qate .	Time	Received for Lab	By: (Signature and	Printed Nam	a) .	Data			Regul		प्र		Specia		
Apol all samples to ≤ 6 degree	act at but	9/20/13	1400	Duce	out Du	dla	llut	9/20/13	11/0				les prop	perly p	reșerv N	_	
comments:	o o wat loc.				. Flow Da	ld .	Field Test	Time	Analys	st	Resu		Result			nits	
		*				109	рН:	1011	100	اعد	7.	7	7.7	工			
							,0005	10		\dashv		-		+			
					Units: n	gol								士			
					Chlorinated?	ΥN	Fecal Start:		1	1	This	Doc	ument	t is F	age.	/ of	

	OUTFALL NUMBER 005 9-379
DATE OF STORM EVENT SAMPLED:	9/20/13
DURATION OF EVENT:	/Z hours
ESTIMATE OF RAINFALL EVENT:	inches
TIME SINCE LAST MEASURABLE EVEN	NT (i.e., > 0.1 in.) 9 days
ESTIMATE OF TOTAL VOLUME DISCH	ARGED: <u>\$6,700</u> gallons
of the certification on the DMR form a III.B.9 of the general storm water pe	ave read and understand the conditions and described in further detail in Part rmit. Furthermore, I believe that the onal monitoring requirements meets all
David Callout	
Printed Name of Official	
Ded Callet	
Signature	·
9/20/13	
Date	

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: 1309010375

Customer Name : CATERPILLAR, INC. - OUTFALL 006

Customer Number: 2686

Report Date : 09/27/13

Sample Date : 09/20/13

Sample Time : 1017

Sample Type : GRAB STORMWATER Sample From : OUTFALL 006

Collected By: DWC

Delivery By : DWC Work Order :

Purchase Order:

,	•	Laboratory Analysis	*		•	Quality 2	Assurance
Analysis	•			,		Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result	Notes _	Ouantity	Method	% RPD	% Recovery
09/24 0800 NTR	Chemical Oxygen Demand, L	35.80 mg/L	*	25.78 #/day	EPA 410.4	7.81	108.1 *
	Oil & Grease, Total	< 1.400 mg/L		1.01 #/day	EPA 1664 A	2.34	98.5 *
09/20 1018 DWC		7.5 S.U.		-	2000 4500 H+B	0.00	N/A *
09/24 0600 NTR	Solids, Total Suspended	23.00 mg/L		16.56 #/day	1997 2540 D	7.41	N/A *
		_		-		i .	

Flow 0.086400 MGD

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.

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

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, GENERAL MANAGER

AR0051454 **PERMIT NUMBER**

FROM

006-S DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2013 TO 12/31/2013

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			1
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	****	****	*****	*****	*****	35.80	mg/L	0	1/6 MO	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	有金色的	****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	S.U.	0	1/6 MO	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	未来放弃	*****	*****	****	23.0	mg/L	0	1/6 MO	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	计水桥 电流	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	
Oil & grease	SAMPLE , MEASUREMENT	****	*****	*****	****	****	<1.40	mg/L	0	1/6 MO	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

Signature of period of the per	MAND HILL MINON AL EXECUTIVE OFFICER	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 menage the	1	TEL	EPHONE	· DATE
TYPED OF PRINTED	1 1 1	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 sware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing.		501-2	228-2764	1-23-2014
		Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

En

mental Services Company, Inc. Corporate Office

13715 West Markham

Company Name:

Address:

Telephone:

Contact:

ESC Client Number:

Identification

Outfall 006

Relinquished By: (Signature and Printed Name)

Relinquished By: (Signature and Printed Name)

Relinquished By: (Signature and Printed Name)

FAX:

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

Client Information

Caterpillar, Inc.

501-955-5240

9201 Faulkner Lake Road

North Little Rock, AR 72117

stephens katina@cat.com

Date

9/20/13

Time

1017

Time

400

Ms. Katina Stephens

2686

ESC Control#

1309 01 0375

website: www.esclabs.com

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

Sample Identification



Environmental Services Comp. Northwest Branch 1107 Century Springdale, AR 72764

CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172 **Project Information** Requested Parameters Permit/Project #: Purchase Order #: Work Order # Sampler Name(s): Oil & grease (21.) and Signature(s): COD(6.0) TSS(28.), Sample Collection Sample Containers œ Type Matrix Type Volume Preservative # Cool <u><</u> 6° C, H2SO4 to pH <2 Grab Stormwater X Glass 1 Liter Grab Stormwater Plastic X 1 Liter Cool ≤ 6° C 1 Cool ≤ 6° C, H2SO4 to pH <2 Grab Stormwater **Plastic** 1 Liter Χ Received By: (Signature and Printed Name Custody Seals: 0 Used? Intact? Received By: (Signature and Printed Name) Turnaround: Regular Special Were samples properly preserved: Yes 10 No Flow Data Field Test Time Analyst Result Result Units pH: 1018 Trisc 7.5 7.5 5. U. 1016 Reading: 62/2/90 Units:

Fecal Start:

Comments:

Field Service Houirs:

This Document is Page of

	OUTFALL NUMBER	006	7-375
DATE OF STORM EVENT SAMPLED:		9/20	/13
DURATION OF EVENT:		12	hours
ESTIMATE OF RAINFALL EVENT:	•	2	inches
TIME SINCE LAST MEASURABLE EVENT (i	i.e., > 0.1 in.)	9	days
ESTIMATE OF TOTAL VOLUME DISCHARG	ED:	<i>El</i> 6, 400	gallons
By signature below, I certify that I have rof the certification on the DMR form and a III.B.9 of the general storm water permit information submitted in these additional conditions of such certification. Dad Called Printed Name of Official	described in furthe . Furthermore, I b	er detail in Delieve that	Part t the
Ded Callet			
? Signature	•		
9/20/13			
Date			

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: 1309010376

Customer Name : CATERPILLAR, INC. - OUTFALL 007

Customer Number : 2687 Report Date : 09/27/13 Sample Date : 09/20/13

Sample Time : 1022

Sample Type : GRAB STORMWATER Sample From : OUTFALL 007 Collected By: DWC Delivery By : DWC

Work Order: Purchase Order:

	<u>Li</u>	aboratory Analysis				Ouality A	Assurance
Analysis					t.	Precision	Accuracy
<u>Date Time By</u>	<u> Parameter</u>	Result	Notes _	Ouantity	Method	% RPD	% Recovery
	Chemical Oxygen Demand, L	115.00 mg/L		82.80 #/day	EPA 410.4	7.81	108.1 *
	Oil & Grease, Total	< 1.400 mg/L		1.01 #/day	EPA 1664 A	2.34	98.5 *
09/20 1024 DWC		7.4 S.U.	•		2000 4500 H+B	0.00	N/A *
09/24 0600 NTR	Solids, Total Suspended	2.00 mg/L		1.44 #/day	1997 2540 D	7.41	N/A *

Flow 0.086400 MGD

* 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.

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, GENERAL MANAGER

AR0051454 PERMIT NUMBER

FROM

007-S DISCHARGE NUMBER

MONITORING PERIOD						
- MM/DD/YYYY		MM/DD/YYYY				
07/01/2013	то	12/31/2013				

DMR Mailing ZIP CODE:

72117

MINOR

007-SEMI-ANNUAL STORMWATER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QI	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ΕX	e e	
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT	水会和水水水	****	*****	****	*****	115.00	mg/L	0	1/6 MO	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	******	****	*****	Reg. Mon. DAILY MX	mg/L	<u> </u>	Once Every 6	
pH	SAMPLE MEASUREMENT	****	*****	*****	7.4	- *****	7.4	s.u.	0	1/6 MO	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.0	mg/L	0	1/6 MO	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	ļ
Oil & grease	SAMPLE MEASUREMENT	*****	****	*****	*****	***	< 1.40	mg/L	0	1/6 MO	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ustin 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 property gather and evaluate the information submitted. Based on my inquity of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted in, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are submitted in penalties for submitting false information, including the possibility of fine and impresonment for knowing

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 501-228-2764 1-23-2014 AREA Code NUMBER MM/DD/YYYY

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

mental Services Company, Inc. Ent Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211 Little Rock, AR 72215

website: www.esclabs.com

ervices Company, Inc. est Branch Century le, AR 72764

	Environmental Se Northw 1107 Springdal
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CHAIN OF CUSTODY Phone: 501-221-2565 Fax: 501-221-1341 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): FAX: stephens katina@cat.com Contact: Ms. Katina Stephens and Signature(s): pH(23.), TSS(28. **ESC Client Number:** 2687 COD(6.0) Sample Identification Sample Collection Sample Containers Identification ESC Control # \<u>\o</u> Date Time Type Matrix Type Volume Preservative # 2 1309010376 Outfall 007 1027 Grab Stormwater Glass 1 Liter H2SO4 X Grab Stormwater **Plastic** 1 Liter ≤ 6 Deg C X Grab Stormwater Plastic 1 Liter H2SO4 X Relinquished By: (Signature and Printed Name) Date Received By: (Signature and Printed Name) Custody Seals: Relinquished By: (Signature and Printed Name) Used? Intact? Date Received By: (Signature and Printed Name) Turnaround: S Relinquished By: (Signature and Printed Name) Regular Were samples properly preserved: 400 1400 Gool all samples to ≤ 6 degrees C with ice. Yes 🔊 No Flow Data Field Test Analyst Result Comments: Result Units Analyst: TOUC pH: 1024 DINC 7.4 7.4 5.11. 1020 Reading: 086400 Units: mad Chlorinated? This Document is Page 2 of Fecal Start:

	OUTFALL NUMBE	R 007 9-376
DATE OF STORM EVENT SAMPLED:		9/20/13
DURATION OF EVENT:		12 hours
ESTIMATE OF RAINFALL EVENT:		inches
TIME SINCE LAST MEASURABLE EVENT	(i.e., > 0.1 in.)	9 days
ESTIMATE OF TOTAL VOLUME DISCHAR	GED:	B6 400 gallons
By signature below, I certify that I have of the certification on the DMR form and III.B.9 of the general storm water perminformation submitted in these additionation of such certification.	l described in furth it. Furthermore, I	er detail in Part believe that the
Printed Name of Official	4	
Ocd Callet Signature		
Date		

UPS Internet Shipping: View/Print Label

- 1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
- 2. Fold the printed sheet containing the label at the line so that the entire shipping label is visible. Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
- 3. GETTING YOUR SHIPMENT TO UPS

UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.

Schedule a same day or future day Pickup to have a UPS driver pickup all of your Internet Shipping packages.

Hand the package to any UPS driver in your area.

Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the 'Find Locations' Quick link at ups.com.

Customers with a Daily Pickup

Your driver will pickup your shipment(s) as usual.

FOLD HERE OF AR 72118-5328 ATTN: INDUSTRIAL STORMWATER ANNUEI WATER DIVISION, GENERAL PERMITS SEC AR DEPT OF ENVIRONMENTAL QUALITY FRACKING #: 1Z 2A8 212 A2 9658 6423 0.0 LBS DAY AIR UIS 16.0.38. **5301 NORTHSHORE DRIVE** ADULT SIGNATURE REQUIRED-MIN 21 SHIP TO