

**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 1 4 5 4</u>	
Permittee Name: Caterpillar Inc.	
Facility Name: North Little Rock	
Facility Physical Address ( <u>not</u> mailing address): 9201 Faulkner Lake Rd.	
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 <sup>st</sup> to December 31 <sup>st</sup> <u>2013</u> (Year)	

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

**1. Benchmarks Exceeded**

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

Yes  - **Complete Sections 2, 3, 4, 5 and 6.**

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

Include any additional comments here:

**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
Comprehensive Site Compliance Evaluation Date	10/24/13

### 3. Stormwater Problems Identified At the Facility

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

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

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

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

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

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

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

No source of the Parameter Benchmark Value exceedances was identified as a result of the investigations. However, as a Best Management Practice (BMP), the North Little Rock EHS department will maintain oil absorbent booms at all outfalls #001-005. Booms will be inspected as an item on the monthly SPCC/SWPPP inspection and replaced as necessary. Booms were installed on 5-10-13. The facility SPCC and SWPPP were reviewed and updated with this BMP on 5-13-13. Resampling of outfalls #001 and #004 on 5/10/13 showed Oil & Grease results were both <1.400mg/L, which is below the Parameter Benchmark Value of 15mg/L.

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

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  
Printed Name

Facility Manager  
Title

1/17/14  
Date

Signature\* 

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

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

A person is a duly authorized representative only if:

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

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

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



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,

A handwritten signature in black ink, appearing to read "Paul Rivera". The signature is stylized and written over the word "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

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

001-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Justin Genschow EHS Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			AREA Code	NUMBER

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

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

# Environmental Services Company, Inc.

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

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

Control Number: 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

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
04/26	1600	DWC	Chemical Oxygen Demand, L	16.00 mg/L			EPA 410.4	6.56	86.9 *
04/25	1500	ACF	Oil & Grease, Total	80.000 mg/L			EPA 1664 A	5.97	99.0 *
04/18	1404	DWC	pH	7.6 S.U.			SM 18 4500 H+B	0.00	N/A
04/19	1310	ACF	Solids, Total Suspended	5.00 mg/L			SM 18th 2540 D	0.00	N/A *
04/18	1404	DWC	Temperature	10.10 °C			SM 18th 2550 B	0.99	N/A

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

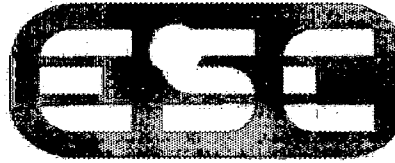
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

Signature \_\_\_\_\_

*Richard Hall*

Environmental Services Co., Inc.

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



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

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

### CHAIN OF CUSTODY

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

Client Information						Project Information					Requested Parameters								
Company Name: Caterpillar, Inc.						Permit/Project #:					Oil & grease (21)	TSS(28)	COD LR(60)						
Address: 9201 Faulkner Lake Road						Purchase Order #:													
North Little Rock, AR 72117						Work Order #:													
Telephone: 501-955-5240						Sampler Name(s): <i>Dust Cellout</i>													
Email: <i>stephens_katina@cat.com</i>						and Signature(s): <i>Katina Stephens</i>													
Contact: Ms. Katina Stephens						ESC Client Number: 2681													
Sample Identification			Sample Collection			Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Outfall 001	<i>1304010611</i>	<i>4/18/13</i>	<i>1403</i>	Grab	Stormwater	Glass	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1	X									
	<i>1</i>	<i>1</i>	<i>1</i>	Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C	1		X								
				Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1			X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:											
								Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:											
								Regular <input type="checkbox"/> Special <input type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:											
<i>Katina Stephens</i>		<i>4/18/13</i>	<i>1600</i>	<i>Dust Cellout</i>		<i>4/18/13</i>	<i>1600</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Comments:						Flow Data	Field Test	Time	Analyst	Result	Result	Units							
Field Service Hours:						Analyst:	pH:												
						Time:	Reading:												
						Units:													
						Fecal Start:							This Document is Page 1 of 1						

*C/S*



**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 - 611

DATE OF STORM EVENT SAMPLED: 4/18/13

DURATION OF EVENT: 4 hours

ESTIMATE OF RAINFALL EVENT: 1 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 5 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: .0010 gallons

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

David Calloway  
Printed Name of Official

David Calloway  
Signature

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

002-S  
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 72117  
MINOR

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

002-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29.60	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.80	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Justin Genschow EHS Manager</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			501-228-2764	5-22-2013
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MMDD/YYYY

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

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

## Environmental Services Company, Inc.

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

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

Control Number: 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 :

### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
04/26	1600	DWC	Chemical Oxygen Demand, L	29.60 mg/L			EPA 410.4	6.56	86.9 *
04/25	1500	ACF	Oil & Grease, Total	8.800 mg/L			EPA 1664 A	5.97	99.0 *
04/18	1413	DWC	pH	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 *

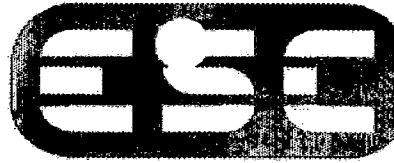
\* QA data shown is from a different sample or standard on the same date.

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

Signature \_\_\_\_\_

  
 Environmental Services Co., Inc.

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



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

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

### CHAIN OF CUSTODY

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

Client Information				Project Information						Requested Parameters								
Company Name: Caterpillar, Inc.				Permit/Project #:						Oil & grease (21.)	TSS(28.)	LR COD(6.0)						
Address: 9201 Faulkner Lake Road				Purchase Order #:														
North Little Rock, AR 72117				Work Order #:														
Telephone: 501-955-5240				Sampler Name(s): <i>Dave Cant</i>														
FAX: stephens_katina@cat.com				and Signature(s): <i>Dave Cant</i>														
Contact: Ms. Katina Stephens				ESC Client Number: 2682														
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
Outfall 002	150401612	4/18/13	1412	Grab	Stormwater	Glass	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1	X								
	/	/	/	Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C	1	X								
				Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1	X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Turnaround: Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>								
<i>Dave Cant Dave Cant</i>		4/18/13	1600	<i>Dave Cant Dave Cant</i>				4/18/13	1600	Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Comments:				Flow Data	Field Test	Time	Analyst	Result	Result	Units								
				Analyst:	pH:	1413	DWC	7.5	7.5	S.U.								
				Time:	Temp:	1413	DWC	10.0	10.0	°C								
Field Service Hours:				Reading:	Units:													
				Units:	Fecal Start:													
											This Document is Page 1 of 1							

# 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 - 612

DATE OF STORM EVENT SAMPLED: 4/18/13

DURATION OF EVENT: 4 hours

ESTIMATE OF RAINFALL EVENT: 1 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 5 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 6040 gallons

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

Daniel Calloway

Printed Name of Official

Daniel Calloway

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

003-S  
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 72117  
MINOR

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

003-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.80	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Justin Craschow EHS Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			AREA Code	NUMBER

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

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

# Environmental Services Company, Inc.

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

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

Control Number: 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 :

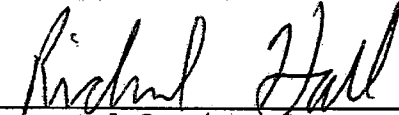
### Laboratory Analysis

Analysis				Laboratory Analysis			Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % 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	pH	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 \_\_\_\_\_



Environmental Services Co., Inc.





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

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

OUTFALL NUMBER 3 - 613

DATE OF STORM EVENT SAMPLED: 4/18/13

DURATION OF EVENT: 4 hours

ESTIMATE OF RAINFALL EVENT: 1 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 5 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: .0040 gallons

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

David Cullum  
Printed Name of Official

P. A. Cullum  
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

004-S  
DISCHARGE NUMBER

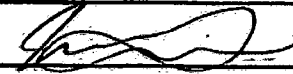
DMR Mailing ZIP CODE: 72117  
MINOR

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

004 SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.35	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1618.90	mg/L	1	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Justin Ganschaw EHS Manager</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
			701-228-2764	5-22-2013
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

# Environmental Services Company, Inc.

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

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

Control Number: 1304010614  
 Customer Name : CATERPILLAR, INC. - OUTFALL 004  
 Customer Number : 2684  
 Report Date : 04/29/13

Sample Date : 04/18/13  
 Sample Time : 1425  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 004

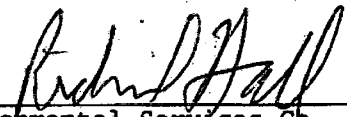
Collected By: DWC  
 Delivery By : DWC  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

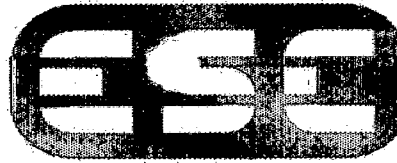
Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
04/26	1600	DWC	Chemical Oxygen Demand, L	7.35 mg/L			EPA 410.4	6.56	86.9 *
04/25	1500	ACF	Oil & Grease, Total	1618.900 mg/L			EPA 1664 A	5.97	99.0 *
04/18	1427	DWC	pH	7.6 S.U.			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 *

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

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

Signature   
 Environmental Services Co., Inc.

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



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

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

### CHAIN OF CUSTODY

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

Client Information				Project Information							Requested Parameters								
Company Name: Caterpillar, Inc.				Permit/Project #:							Oil & grease (21)	TSS(28)	LR COD(6.0)						
Address: 9201 Faulkner Lake Road				Purchase Order #:															
North Little Rock, AR 72117				Work Order #:															
Telephone: 501-955-5240				Sampler Name(s): <i>David Callant</i>															
FAX: stephens_katina@cat.com				and Signature(s): <i>[Signature]</i>															
Contact: Ms. Katina Stephens																			
ESC Client Number: 2684																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Outfall 004	1304010614	4/18/13	1425	Grab	Stormwater	Glass	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1	X									
	1	1	1	Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C	1		X								
				Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1			X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:				Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:				Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
								Flow Data	Field Test	Time	Analyst	Result	Result	Units					
Comments:				Analyst:		pH:	1427	DWC	7.6	7.6	S.U.								
				Time:		Temp	1427	DWC	10.0	10.0	°C								
Field Service Hours:				Reading:															
				Units:															
				Fecal Start:								This Document is Page 1 of 1							

*CAS*

**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 4 - 614

DATE OF STORM EVENT SAMPLED: 4/18/13

DURATION OF EVENT: 4 hours

ESTIMATE OF RAINFALL EVENT: 1 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 5 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: .0080 gallons

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

David Callard  
Printed Name of Official

David Callard  
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 C  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR C  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON, GENERAL MANAGER

AR0051454  
PERMIT NUMBER

005-S  
DISCHARGE NUMBER

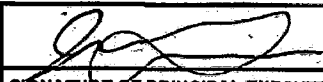
DMR Mailing ZIP CODE: 72117  
MINOR

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

005 SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.50	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Justin Gonslow EHS Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			501-228-2764	5-22-2013	
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

# Environmental Services Company, Inc.

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

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

Control Number: 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 :

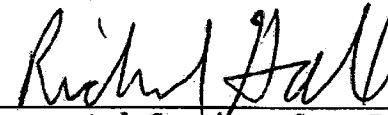
### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % 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	pH	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 °C			SM 18th 2550 B	0.99	N/A *

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

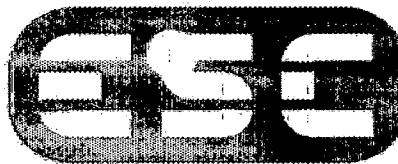
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

Signature \_\_\_\_\_



Environmental Services Co., Inc.

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



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

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

### CHAIN OF CUSTODY

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

Client Information				Project Information							Requested Parameters										
Company Name: Caterpillar, Inc.				Permit/Project #:							Oil & grease (21.0)	TSS(28.1)	LR COD(6.0)								
Address: 9201 Faulkner Lake Road				Purchase Order #:																	
North Little Rock, AR 72117				Work Order #:																	
Telephone: 501-955-5240				Sampler Name(s): <i>Dana L. Callant</i>																	
FAX: stephens_katina@cat.com				and Signature(s): <i>Dana L. Callant</i>																	
Contact: Ms. Katina Stephens				ESC Client Number: 2685																	
Sample Identification			Sample Collection			Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Outfall 005	1304010616	4/18/13	1432	Grab	Stormwater	Glass	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1	X											
	616	1	7	Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C	1		X										
				Grab	Stormwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1			X									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>								
								Flow Data		Field Test	Time	Analyst	Result	Result	Units						
Comments:				Analyst:		pH:	1434	DWC	2.6	2.6	S.U.										
Field Service Hours:				Time:		Temp:	1434	DWC	10.3	10.2	°C										
				Reading:																	
				Units:																	
				Fecal Start:								This Document is Page 1 of 2									

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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 NUMBER 5 - 616

DATE OF STORM EVENT SAMPLED: 4/18/13

DURATION OF EVENT: 4 hours

ESTIMATE OF RAINFALL EVENT: 1 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 5 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 0081 gallons

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

David Cottrell  
Printed Name of Official

David Cottrell  
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

006-S  
DISCHARGE NUMBER

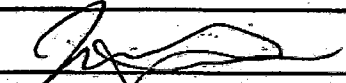
DMR Mailing ZIP CODE: 72117  
MINOR

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

006-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.0	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	44.00	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.5	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Justin Gonzalez EHS Manager</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	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

# Environmental Services Company, Inc.

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

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

Control Number: 1304010615  
 Customer Name : CATERPILLAR, INC. - OUTFALL 006  
 Customer Number : 2686  
 Report Date : 04/29/13

Sample Date : 04/18/13  
 Sample Time : 1438  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 006

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

### Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
04/26	1600	DWC	Chemical Oxygen Demand, L	24.00 mg/L			EPA 410.4
04/25	1500	ACF	Oil & Grease, Total	2.500 mg/L			EPA 1664 A
04/18	1439	DWC	pH	7.3 S.U.			SM 18 4500 H+B
04/19	1310	ACF	Solids, Total Suspended	44.00 mg/L			SM 18th 2540 D
04/18	1439	DWC	Temperature	9.90 °C			SM 18th 2550 B

### Quality Assurance

Precision % RPD	Accuracy % Recovery
6.56	86.9 *
5.97	99.0 *
0.00	N/A *
0.00	N/A *
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 Richard J. Bell  
 Environmental Services Co., Inc.



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

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

OUTFALL NUMBER 6 - 615

DATE OF STORM EVENT SAMPLED: 4/18/13

DURATION OF EVENT: 4 hours

ESTIMATE OF RAINFALL EVENT: 1 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 5 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: .0213 gallons

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

David Catal

Printed Name of Official

David Catal

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

007-S  
DISCHARGE NUMBER

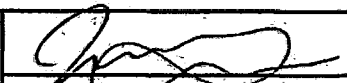
DMR Mailing ZIP CODE: 72117  
MINOR

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

007-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61.40	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.00	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.80	mg/L	0	1/6M	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Justin Ganselow EHS Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			AREA Code	NUMBER

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

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

# Environmental Services Company, Inc.

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

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

Control Number: 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 :

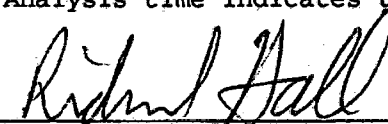
### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
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	pH	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 *

\* 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.





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

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

OUTFALL NUMBER 7 -617

DATE OF STORM EVENT SAMPLED: 4/18/13

DURATION OF EVENT: 4 hours

ESTIMATE OF RAINFALL EVENT: 1 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 5 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 0.0213 gallons

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

David Caldwell  
Printed Name of Official

David Caldwell  
Signature

4/18/13  
Date

## Environmental Services Company, Inc.

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

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

Control Number: 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

<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>			
05/13	1800	NTR	Oil & Grease, Total	< 1.400 mg/L		EPA 1664 A

### Quality Assurance

<u>Precision</u>	<u>Accuracy</u>
<u>% RPD</u>	<u>% Recovery</u>
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., Inc.

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



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

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

## CHAIN OF CUSTODY

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

Client Information				Project Information					Requested Parameters																																																					
Company Name:		Caterpillar, Inc.		Permit/Project #:					<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
Address:		9201 Faulkner Lake Road		Purchase Order #:																																																										
		North Little Rock, AR 72117		Work Order #:																																																										
Telephone:		501-955-5240		Sampler Name(s):		Katina Stephens																																																								
Email:		stephens_katina@cat.com		and Signature(s):																																																										
Contact:		Ms. Katina Stephens		ESC Client Number:		2881																																																								
Sample Identification		Sample Collection				Sample Containers																																																								
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	Off & Grease (21)																																																				
Outfall 001	1305010357	5-10-13	8:41 AM	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X																																																				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seal:																																																						
Katina Stephens		5-10-13	12:00 PM	Timothy O'Neal		5-10-13	12:05	Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>																																																						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:																																																						
Timothy O'Neal		5-10-13	14:00	Timothy O'Neal		5-10-13	14:00	Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>																																																						
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:																																																						
Timothy O'Neal		5-10-13	14:00	Timothy O'Neal		5-10-13	14:00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																						
Cool all samples to ± 5 degrees C with ice.																																																														
Comments:						Flow Data	Field Test	Time	Analyst	Result	Result	Units																																																		
Field Service Hours:						Analyst:	pH:																																																							
						Time:																																																								
						Reading:																																																								
						Units:																																																								
						Chlorinated? Y N	Fecal Start:			This Document is Page of																																																				

CS

# Environmental Services Company, Inc.

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

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

Control Number: 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

Analysis		Parameter	Result	Notes	Quantity	Method
Date	Time By					
05/13	1800 NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A

### Quality Assurance

Precision % RPD	Accuracy % Recovery
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 \_\_\_\_\_

*Katrina Stephens*  
 Environmental Services Co., Inc.

P. 001/002

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



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

Phone: 501-221-2665 Fax: 501-221-1341

### CHAIN OF CUSTODY

Phone 479-750-1170 Fax 479-760-1172

Client Information				Project Information						Requested Parameters				
Company Name: Caterpillar, Inc.				Permit/Project #:						Oil & grease (21.)				
Address: 9201 Faulkner Lake Road				Purchase Order #:										
North Little Rock, AR 72117				Work Order #:										
Telephone: 501-955-5240				Sampler Name(s): <u>Katina Stephens</u>										
FAX: stephens_katina@cat.com				and Signature(s): <u>[Signature]</u>										
Contact: Ms. Katina Stephens				ESC Client Number: 2684										
Sample Identification		Sample Collection				Sample Containers								
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#					
Outfall 004	1306010358	5-10-13	8:30 AM	Grab	Stormwater	Glass	1 Liter	cool to 5°C, H2SO4 to pH < 2	1	X				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Status:						
<u>[Signature]</u> Katina Stephens		5-10-13	12:00 PM	<u>[Signature]</u> Timothy O'Neal		5-10-13	12:05	Used?	<input type="checkbox"/>	Intact?	<input type="checkbox"/>			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:	<input type="checkbox"/>	Special	<input type="checkbox"/>			
<u>[Signature]</u> Timothy O'Neal		5-10-13	14:00	<u>[Signature]</u> Timothy O'Neal		5-10-13	14:00	Were samples properly preserved:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Comments: <u>Sample taken by Caterpillar</u>		Flow Data		Field Test		Time	Analyst	Result	Result	Units				
Field Service Hours:		Analyst:		pH:						S.U.				
		Time:		Reading:										
		Units:		Fecal Start:										
										This Document is Page ___ of ___				

MAY-09-2013 (THU) 11:09 ENVIRONMENTAL SERVICES

# Environmental Services Company, Inc.

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

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

Control Number: 1309010370  
 Customer Name : CATERPILLAR, INC. - OUTFALL 001  
 Customer/Permit No. : 2681 / AR0051454  
 Report Date : 09/27/13

Sample Date : 09/20/13  
 Sample Time : 1034  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 001


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

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
09/24	0800	NTR	Chemical Oxygen Demand, L	< 3.00 mg/L	4.32 #/day	EPA 410.4	7.81	108.1
09/24	1130	ACF	Oil & Grease, Total	1.700 mg/L	2.45 #/day	EPA 1664 A	2.79	104.5 *
09/20	1035	DWC	pH	7.9 S.U.		2000 4500 H+B	0.00	N/A
09/24	0600	NTR	Solids, Total Suspended	20.00 mg/L	28.80 #/day	1997 2540 D	0.00	N/A *
			Flow	0.172800 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.

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

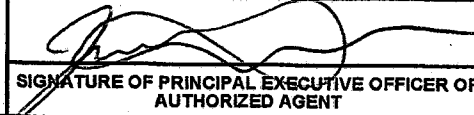
DMR Mailing ZIP CODE: 72117  
MINOR

001-SEMI-ANNUAL STORMWATER  
External Outfall

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

No Discharge

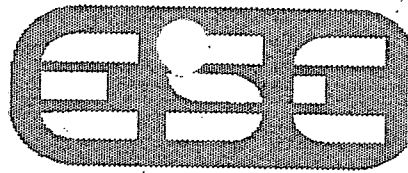
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3.00	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	S.U.	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.0	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.70	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Justin Conshaw TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			AREA Code	NUMBER

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

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

Environmental Services Company, Inc.  
 Corporate Office  
 13715 West Markham 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

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

# CHAIN OF CUSTODY

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

Client Information				Project Information							Requested Parameters										
Company Name: Caterpillar, Inc.				Permit/Project #:							Oil & grease (21.)	pH(23.), TSS(28.)	COD LR(6.0)								
Address: 9201 Faulkner Lake Road				Purchase Order #:																	
North Little Rock, AR 72117				Work Order #:																	
Telephone: 501-955-5240				Sampler Name(s): <i>Dana Calhoun</i>																	
Email: stephens_katina@cat.com				and Signature(s): <i>Dana Calhoun</i>																	
Contact: Ms. Katina Stephens																					
ESC Client Number: 2681																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Outfall 001	1309010370	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									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>								
Relinquished By: (Signature and Printed Name) <i>Dana Calhoun</i>		Date	Time	Received for Lab By: (Signature and Printed Name) <i>Dana Calhoun</i>		Date	Time	Were samples properly preserved:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>								
Cool all samples to ≤ 6 degrees C with ice.																					
Comments:				Flow Data		Field Test		Time	Analyst	Result	Result	Units									
				Analyst: <i>DWC</i>		pH:		<i>1035</i>	<i>DWC</i>	<i>7.9</i>	<i>7.9</i>	<i>S.U.</i>									
				Time: <i>1033</i>																	
				Reading: <i>6172,800</i>																	
				Units: <i>mg/L</i>																	
				Chlorinated? <i>Y N</i>		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 001 9-370

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.e., > 0.1 in.) 9 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 172,800 gallons

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

Dana Callat  
Printed Name of Official

Dana Callat  
Signature

9/20/13  
Date

# Environmental Services Company, Inc.

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

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

Control Number: 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 :

### Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
Date	Time	By					
09/24	0800	NTR	Chemical Oxygen Demand, L	21.20 mg/L		0.06 #/day	EPA 410.4
09/24	1130	ACF	Oil & Grease, Total	< 1.400 mg/L		0.00 #/day	EPA 1664 A
09/20	0959	DWC	pH	7.5 S.U.			2000 4500 H+B
09/24	0600	NTR	Solids, Total Suspended	9.00 mg/L		0.03 #/day	1997 2540 D
			Flow	0.000350 MGD			

### Quality Assurance

Precision	Accuracy
% RPD	% Recovery
7.81	108.1 *
2.79	104.5 *
0.00	N/A *
0.00	N/A *

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

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

Signature \_\_\_\_\_

  
 Environmental Services Co., Inc.

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 C  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR C  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON, GENERAL MANAGER

AR0051454  
PERMIT NUMBER

002-S  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

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

002-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.20	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	S.U.	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.0	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.40	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Justin Ganschow</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			AREA Code	NUMBER

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

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



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

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

OUTFALL NUMBER 002 9-311

DATE OF STORM EVENT SAMPLED: 9/20/13

DURATION OF EVENT: 12 hours

ESTIMATE OF RAINFALL EVENT: .02 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 9 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 350 gallons

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

Dana Calloway

Printed Name of Official

Dana Calloway  
Signature

9/20/13

Date

# Environmental Services Company, Inc.

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

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

Control Number: 1309010372  
 Customer Name : CATERPILLAR, INC. - OUTFALL 003  
 Customer Number : 2683  
 Report Date : 09/27/13

Sample Date : 09/20/13  
 Sample Time : 1003  
 Sample Type : GRAB STORMWATER  
 Sample From : OUTFALL 003

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

### Laboratory Analysis

Analysis			Result	Notes	Quantity	Method
Date	Time	By	Parameter			
09/24	0800	NTR	Chemical Oxygen Demand, L	16.50 mg/L	0.07 #/day	EPA 410.4
09/24	1130	ACF	Oil & Grease, Total	< 1.400 mg/L	0.01 #/day	EPA 1664 A
09/20	1005	DWC	pH	7.5 S.U.		2000 4500 H+B
09/24	0600	NTR	Solids, Total Suspended	6.00 mg/L	0.03 #/day	1997 2540 D
			Flow	0.000540 MGD		

### Quality Assurance

Precision	Accuracy
% RPD	% Recovery
7.81	108.1 *
2.79	104.5 *
0.00	N/A *
0.00	N/A *

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

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

Signature:   
 Environmental Services Co., Inc.

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

003-S  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

MONITORING PERIOD

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

003-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.50	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	S.U.	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.0	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.40	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Justin Ganshaw</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>[Signature]</i>	TELEPHONE	DATE
			501-228-2764	1-23-2014
		AREA Code	NUMBER	MM/DD/YYYY

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

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





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

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

OUTFALL NUMBER 003 9-372

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.e., > 0.1 in.) 9 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 540 gallons

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

Dave Callant

Printed Name of Official

Dave Callant

Signature

9/20/13

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

004-S  
DISCHARGE NUMBER

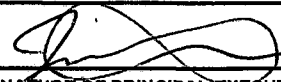
DMR Mailing ZIP CODE: 72117  
MINOR

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

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	*****	*****	*****	*****	*****	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	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	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	*****	*****	*****	*****	*****	< 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  Justin Goslow TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			501-228-2764 AREA Code NUMBER	1-23-2014 MM/DD/YYYY

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

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



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

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

OUTFALL NUMBER 004 9-373

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.e., > 0.1 in.) 9 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1,080 gallons

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

David Callant

Printed Name of Official

David Callant  
Signature

9/20/13  
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	005-S
PERMIT NUMBER	DISCHARGE NUMBER

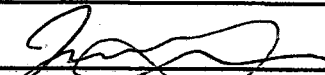
DMR Mailing ZIP CODE: 72117  
MINOR

005-SEMI-ANNUAL STORMWATER  
External Outfall

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

No Discharge

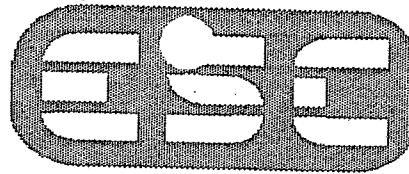
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.90	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	S.U.	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.0	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.40	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Justin Consi Low TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	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)

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

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



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

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

# CHAIN OF CUSTODY

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

Client Information						Project Information					Requested Parameters										
Company Name: Caterpillar, Inc.						Permit/Project #:					Oil & grease (21.)	pH(23), TSS(28),	LR COD(6.0)								
Address: 9201 Faulkner Lake Road						Purchase Order #:															
North Little Rock, AR 72117						Work Order #:															
Telephone: 501-955-5240						Sampler Name(s): <i>Dad Calcut</i>															
FAX: stephens_katina@cat.com						and Signature(s): <i>Dad Calcut</i>															
Contact: Ms. Katina Stephens						ESC Client Number: 2685															
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Outfall 005	1309010374	9/20/13	1010	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X											
	/	/	/	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X										
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input checked="" type="checkbox"/>		Intact? <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>									
Cool all samples to ≤ 6 degrees C with ice.																					
Comments:						Flow Data	Field Test	Time	Analyst	Result	Result	Units									
						Analyst: DWC	pH: 1011	DWC	7.7	7.7											
						Time: 1009															
						Reading: <del>0.06400</del> 0.00540															
						Units: mgd															
						Chlorinated? Y N	Fecal Start:						This Document is Page 1 of 1								



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

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

OUTFALL NUMBER 005 9-374

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.e., > 0.1 in.) 9 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 86,400<sup>540</sup> gallons

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

David Callout

Printed Name of Official

David Callout  
Signature

9/20/13

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 C  
ADDRESS: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
FACILITY: CATERPILLAR, INC., NORTH AMERICAN MOTOR C  
LOCATION: 9201 FAULKNER LAKE ROAD  
NORTH LITTLE ROCK, AR 72117  
ATTN: JON HARRISON, GENERAL MANAGER

AR0051454  
PERMIT NUMBER

006-S  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

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


FROM

TO

006-SEMI-ANNUAL STORMWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	35.80	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	S.U.	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.0	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.40	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Justin Ganschow TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			701-228-2764	1-23-2014
			AREA Code	NUMBER
				MM/DD/YYYY

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

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



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

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

OUTFALL NUMBER 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.e., > 0.1 in.) 9 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 86,400 gallons

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

Dana Collins  
Printed Name of Official

Dana Collins  
Signature

9/20/13  
Date

# Environmental Services Company, Inc.

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

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

Control Number: 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 :

### Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
09/24	0800	NTR	Chemical Oxygen Demand, L	115.00 mg/L		82.80 #/day	EPA 410.4	7.81	108.1 *
09/26	0730	NTR	Oil & Grease, Total	< 1.400 mg/L		1.01 #/day	EPA 1664 A	2.34	98.5 *
09/20	1024	DWC	pH	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.

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	007-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72117  
MINOR

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

007-SEMI-ANNUAL STORMWATER  
External Outfall

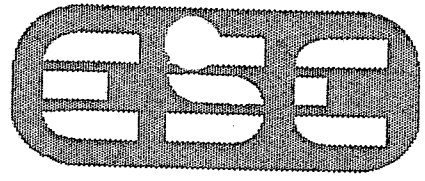
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (low level) (COD) 00335 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	115.00	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	S.U.	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.0	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.40	mg/L	0	1/6 MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Justin Grasechow</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>[Signature]</i>	TELEPHONE	DATE
			501-228-2764	1-23-2014
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

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



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

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

# CHAIN OF CUSTODY

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

Client Information				Project Information						Requested Parameters								
Company Name: Caterpillar, Inc.				Permit/Project #:						Oil & grease (21.)	pH(23), TSS(28),	LR COD(60)						
Address: 9201 Faulkner Lake Road				Purchase Order #:														
North Little Rock, AR 72117				Work Order #:														
Telephone: 501-955-5240				Sampler Name(s): <i>David Calvert</i>														
FAX: stephens_katina@cat.com				and Signature(s): <i>David Calvert</i>														
Contact: Ms. Katina Stephens																		
ESC Client Number: 2687																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
Outfall 007	1309010376	9/20/13	1022	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X								
	/	/	/	Grab	Stormwater	Plastic	1 Liter	≤ 6 Deg C	1		X							
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Turnaround:	Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>				
<i>David Calvert</i>		9/20/13	1400	<i>David Calvert</i>				9/20/13	1400	Were samples properly preserved:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>				
Cool all samples to ≤ 6 degrees C with ice.																		
Comments:						Flow Data	Field Test	Time	Analyst	Result	Result	Units						
						Analyst: DWC	pH:	1024	DWC	7.4	7.4	J.L.						
						Time: 1020												
						Reading: 0.056400												
						Units: mgd												
						Chlorinated? Y N	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 007 9-376

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.e., > 0.1 in.) 9 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 86,400 gallons

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

David Callahan  
Printed Name of Official

David Callahan  
Signature

9/20/13  
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

<p>TARYN BURGIN 5019555276 CATERPILLAR, INC 9201 FAULKNER LAKE ROAD NORTH LITTLE ROCK AR 72117</p> <p><b>0.0 LBS LTR 1 OF 1</b></p> <p><b>SHIP TO:</b> WATER DIVISION, GENERAL PERMITS SEC AR DEPT OF ENVIRONMENTAL QUALITY ATTN: INDUSTRIAL STORMWATER ANNUEL 5301 NORTSHORE DRIVE NORTH LITTLE ROCK AR 72118-5328</p>	<p><b>AR 722 9-21</b></p> 	<p><b>UPS NEXT DAY AIR</b></p> <p>TRACKING #: 1Z 2A8 212 A2 9658 6423</p> <p><b>1</b></p>		<p>BILLING: P/P ADULT SIGNATURE REQUIRED-MIN 21</p>  <p>US 16.0.38. WNTIE90 48.04.01/2014-</p>
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