

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: 1203010182
 Customer Name : CATERPILLAR, INC. - OUTFALL 001
 Customer/Permit No. : 2681 / AR0051454
 Report Date : 03/14/12

Sample Date : 03/08/12
 Sample Time : 1635
 Sample Type : GRAB STORMWATER
 Sample From : OUTFALL 001

Collected By: DMC
 Delivery By : DMC
 Work Order :
 Purchase Order :

Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Quality Precision % RPD	Assurance Accuracy % Recovery
03/11	1900	NTR	Chemical Oxygen Demand, L	114.00			EPA 410.4	1.75	98.3
03/10	0900	NTR	Oil & Grease, Total	2.400			EPA 1664 A	0.51	97.0 *
03/08	1637	DMC	pH	7.6	S.U.		SM 18 4500 H+B	0.00	N/A *
03/10	1100	NTR	Solids, Total Suspended	< 1.00			SM 18th 2540 D	1.38	N/A *
03/08	1637	DMC	Temperature	11.40	°C		SM 18th 2550 B	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
Environmental Services Company
13715 W. Markham - 72211
P.O. Box 55146
Little Rock, AR 72115
OMB No. 2060-0004

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

AR0051454
PERMIT NUMBER

001-S
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY
FROM 01/01/2012 TO 06/30/2012

001-SEMI-ANNUAL STORMWATER
External Outfall

No Discharge

ATTN: JON HARRISON, GENERAL MANAGER

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	114.0	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7.6	*****	7.6	mg/L	0	1/6M	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6	*****	MINIMUM	SU	0	Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 1.0	mg/L	0	1/6M	GRAB
00330 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.4	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for providing false information.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA Code	NUMBER	DATE
RICHARD BARETT	TYPED OR PRINTED EHS Manager			501	228-2740	7/20/2012

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

SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 80-01529

STORM WATER GENERAL PERMIT
ADDITIONAL MONITORING REQUIREMENTS

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

Waterpillar
1203010182

OUTFALL NUMBER 1

DATE OF STORM EVENT SAMPLED: 3/8/12

DURATION OF EVENT: 16 hours

ESTIMATE OF RAINFALL EVENT: 2 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 7 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 6000 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.

Printed Name of Official Dave Carroll

Signature [Handwritten Signature]

Date 3/8/12

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: 1203010183
 Customer Name : CATERPILLAR, INC. - OUTFALL 002
 Customer Number : 2682
 Report Date : 03/14/12

Sample Date : 03/08/12
 Sample Time : 1555
 Sample Type : GRAB STORMWATER
 Sample From : OUTFALL 002

Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/11	1900	NTR	Chemical Oxygen Demand, L	26.20 mg/L			EPA 410.4	1.75	98.3 *
03/10	0900	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.51	97.0 *
03/08	1558	DWC	pH	7.8	S.U.		SM 18 4500 H+B	0.00	N/A *
03/10	1100	NTR	Solids, Total Suspended	< 1.00 mg/L			SM 18th 2540 D	1.38	N/A *
03/08	1558	DWC	Temperature	11.40 °C			SM 18th 2550 B	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)

Environmental Services Corp
13715 W. Markham - 72211
P.O. Box 55146
Little Rock, AR 72115
(501) 221-2503
FACILITY ID: 2800-0004

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

AR0051454	002-S
PERMIT NUMBER	DISCHARGE NUMBER

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


MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	06/30/2012
FROM	TO

ATTN: JON HARRISON, GENERAL MANAGER

002-SEMI-ANNUAL STORMWATER
External Outfall

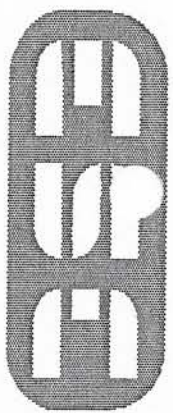
No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	
RICHARD BARCH EHS Manager		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE
		7/20/2012
TELEPHONE	AREA CODE	NUMBER
501 225-2740	501	225-2740
DATE	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
 Phone 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information

Company Name: Caterpillar, Inc.
 Address: 9201 Faulkner Lake Road
 North Little Rock, AR 72117
 Telephone: 501-955-5240
 FAX: stephens_katina@cat.com
 Contact: Ms. Katina Stephens
 ESC Client Number: 2682

Project Information

Permit/Project #: _____
 Purchase Order #: _____
 Work Order #: _____
 Sampler Name(s): *Rad Coll*
 and Signature(s): *Rad Coll*

Requested Parameters

Oil & grease (21.)
 pH(23.), TSS(28.),
 LR COD(6.0)

Identification	ESC Control #	Date	Time	Sample Collection		Sample Containers			Used?	Intact?
				Type	Matrix	Type	Volume	Preservative		
Outfall 002	1203010183	3/8/12	1555	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 _____										
Relinquished By: (Signature and Printed Name) _____ Date _____ Time _____										
Relinquished By: (Signature and Printed Name) <i>Rad Coll</i> Date <i>3/8/12</i> Time <i>1715</i>										
Cool all samples to ≤ 6 degrees C with ice.										
Comments: _____										
Flow Data										
Analyst: _____ pH: _____										
Time: _____ Temp _____										
Reading: _____										
Units: _____										
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):

Caterpillar
1303010183

OUTFALL NUMBER 2

DATE OF STORM EVENT SAMPLED: 3/8/12

DURATION OF EVENT: 16 hours

ESTIMATE OF RAINFALL EVENT: 2 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 77 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 10,000 gallons

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

Printed Name of Official

David Calvert

Signature

David Calvert

Date

3/8/12

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: 1203010185
 Customer Name : CATERPILLAR, INC. - OUTFALL 003
 Customer Number : 2683
 Report Date : 03/14/12

Sample Date : 03/08/12
 Sample Time : 1559
 Sample Type : GRAB STORMWATER
 Sample From : OUTFALL 003

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

Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Quality Precision % RPD	Assurance % Recovery
03/11	1900	NTR	Chemical Oxygen Demand, L	32.90			EPA 410.4	1.75	98.3 *
03/10	0900	NTR	Oil & Grease, Total	< 1.400			EPA 1664 A	0.51	97.0 *
03/08	1600	DWC	pH	7.7			SM 18 4500 H+B	0.00	N/A *
03/10	1100	NTR	Solids, Total Suspended	3.00			SM 18th 2540 D	0.00	N/A *
03/08	1600	DWC	Temperature	11.70			SM 18th 2550 B	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)

Environmental Services Company
13715 W. Markham - 72211
P.O. Box 55146
Little Rock, AR 72115
(501) 228-2740
MINOR

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

AR0051454
PERMIT NUMBER

003-S
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2012 TO 06/30/2012

ATTN: JON HARRISON, GENERAL MANAGER

003-SEMI-ANNUAL STORMWATER
External Outfall

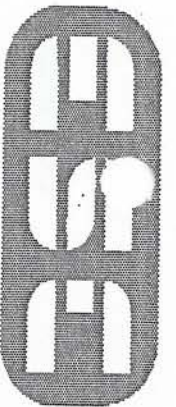
No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	32.9	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	7.7	mg/L	0	1/6M	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	6 MINIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MAXIMUM	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	<1.4	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	NUMBER	DATE
Richard Bach, EHS Manager				<i>[Signature]</i>	501	228-2740	7/20/2012
TYPED OR PRINTED							MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEMI-ANNUAL REPORTING (JAN-JUN) (JUL-DEC) 80-01529

Environmental Services Company, Inc.
 Corporate Office
 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
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Environmental Services Company, Inc.
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 1107 Century
 Springdale, AR 72764

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

CHAIN OF CUSTODY

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

Client Information

Company Name: Caterpillar, Inc.
 Address: 9201 Faulkner Lake Road
 North Little Rock, AR 72117
 Telephone: 501-955-5240
 FAX: stephens_katrina@cat.com
 Contact: Ms. Katrina Stephens
 ESC Client Number: 2683

Project Information

Permit/Project #:
 Purchase Order #:
 Work Order #:
 Sampler Name(s):
 and Signature(s):

Pat Cost

Requested Parameters

Oil & grease (21.)
 pH(23.), TSS(28.),
 LR COD(6.0)

Sample Identification	ESC Control #	Date	Time	Sample Collection			Sample Containers			Custody Seals:			
				Type	Matrix	Type	Volume	Preservative	#		Used?	Intact?	
Outfall 003	1203010184	3/8/12	1539	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X			
	185	3/8/12	1	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:		
<i>Pat Cost</i>						<i>Pat Cost</i>					Used? <input type="checkbox"/>	Intact? <input type="checkbox"/>	
Relinquished By: (Signature and Printed Name)				Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:	Regular <input checked="" type="checkbox"/>	Special <input type="checkbox"/>
<i>Pat Cost</i>						<i>Pat Cost</i>					Were samples properly preserved:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:				Flow Data									
				Analyst:	Time:	Field Test	Date	Analyst	Time	Result	Result	Units	
						pH:	3/8/12	DSC	1715	7.7	7.7	5.0	
						Temp:		DSC		11.7	11.7	°C	
						Reading:							
						Units:							
						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):

1203010185
Caterpillar

OUTFALL NUMBER 3

DATE OF STORM EVENT SAMPLED: 3/8/12

DURATION OF EVENT: 16 hours

ESTIMATE OF RAINFALL EVENT: 2 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) > 7 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 12,000 gallons

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

David Carlisle
Printed Name of Official

David Carlisle
Signature

3/8/12
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: 1203010184
 Customer Name : CATERPILLAR, INC. - OUTFALL 004
 Customer Number : 2684
 Report Date : 03/14/12

Sample Date : 03/08/12
 Sample Time : 1604
 Sample Type : GRAB STORMWATER
 Sample From : OUTFALL 004

Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/11	1900	NTR	Chemical Oxygen Demand, L	21.30 mg/L			EPA 410.4	1.75	98.3 *
03/10	0900	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.51	97.0 *
03/08	1606	DWC	pH	7.7	S.U.		SM 18 4500 H+B	0.00	N/A
03/10	1100	NTR	Solids, Total Suspended	8.00 mg/L			SM 18th 2540 D	0.00	N/A
03/08	1606	DWC	Temperature	11.90 °C			SM 18th 2550 B	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 *Neil Papp*
 Environmental Services Co., Inc.

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

Environmental Services Company
13715 W. Markham - 72211
P.O. Box 55146
Little Rock, AR 72115
CITY STATE ZIP
(501) 224-2805
MINOR
004-SEMI-ANNUAL STORMWATER
External Outfall

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	004-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2012	TO 06/30/2012

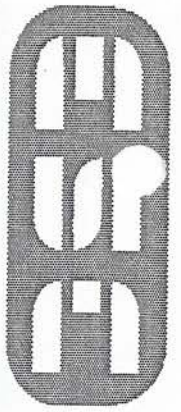
004-SEMI-ANNUAL STORMWATER
External Outfall
No Discharge

PARAMETER	SAMPLING MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	21.3	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	7.7	mg/L	0	1/6M	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	6 MINIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	8.0	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	< 1.4	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or 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(s) who provided the information and my review of the information submitted, I am aware that there are no significant omissions or false information and, to the best of 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.	
Richard Bach, EHS Manager		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	AREA CODE	NUMBER
	501	224-2140
DATE	MM/DD/YYYY	
	7/20/2012	

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

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

CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters				
Company Name:		Caterpillar, Inc.		Permit/Project #:								
Address:		9201 Faulkner Lake Road		Purchase Order #:								
Telephone:		North Little Rock, AR 72117		Work Order #:								
FAX:		501-955-5240		Sampler Name(s):		Dad Cat						
Contact:		stephens_katina@cat.com		and Signature(s):		Dad Cat						
ESC Client Number:		2684										
Sample Identification				Sample Collection				Sample Containers				
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	Oil & grease (21.)	pH(23.), TSS(28.),	LR COD(6.0)
Outfall 004	1203010184	3/8/12	1604	Grab	Stormwater	Glass	1 Liter	H2SO4	1	X	X	X
				Grab	Stormwater	Plastic	1 Liter	< 6 Deg C	1			
				Grab	Stormwater	Plastic	1 Liter	H2SO4	1			X
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Custody Seals:				
								Used? <input type="checkbox"/> Intact? <input type="checkbox"/>				
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Turnaround: Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>				
								Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Relinquished By: (Signature and Printed Name)				Received for Lab By: (Signature and Printed Name)				Result				
Dad Cat				Dad Cat				7.7 7.7 7.7 5.4				
Date				Date				Units				
3/8/12				3/8/12				16.9 16.9 16.9				
Time				Time				Chlorinated? Y N				
1715				1715				Fecal Start:				
Comments:				Flow Data				Field Test				
				Analyst: DDC				pH: 7.7				
				Time: 1606				Temp: 16.9				
				Reading: DDC				Units: 16.9				
				Units:				This Document is Page 1 of 2				

STORM WATER GENERAL PERMIT
ADDITIONAL MONITORING REQUIREMENTS

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

Caterpillar
1a3010184

OUTFALL NUMBER 4

DATE OF STORM EVENT SAMPLED: 3/8/12

DURATION OF EVENT: 16 hours

ESTIMATE OF RAINFALL EVENT: 2 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 2 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 12000 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.

Printed Name of Official Dana Calloway

Signature *Dana Calloway*

Date 3/8/12

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: 1203010186
 Customer Name: CATERPILLAR, INC. - OUTFALL 005
 Customer Number: 2685
 Report Date: 03/14/12

Sample Date: 03/08/12
 Sample Time: 1610
 Sample Type: GRAB STORMWATER
 Sample From: OUTFALL 005

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


Laboratory Analysis

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/11	1900 NTR	Chemical Oxygen Demand, L	88.00 mg/L			EPA 410.4	1.75	98.3 *
03/10	0900 NTR	Oil & Grease, Total	3.400 mg/L			EPA 1664 A	0.51	97.0 *
03/08	1612 DWC	pH	7.8 S.U.			SM 18 4500 H+B	0.00	N/A *
03/10	1100 NTR	Solids, Total Suspended	58.00 mg/L			SM 18th 2540 D	0.00	N/A *
03/08	1612 DWC	Temperature	11.50 °C			SM 18th 2550 B	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)

Environmental Services Corp
13715 W. Markham - 72211
P.O. Box 55146
Little Rock, AR 72115
MINOR
019 No. 2000-0004

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

AR0051454
PERMIT NUMBER

005-S
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2012 TO 06/30/2012

ATTN: JON HARRISON, GENERAL MANAGER

005-SEMI-ANNUAL STORMWATER
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	88.0	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7.8	*****	7.8	mg/L	0	1/6M	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6	*****	MAXIMUM	SU	0	Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	58.0	mg/L	0	1/6M	GRAB
00630 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.4	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
RICHARD BARR EHS Manager

TELEPHONE: 501 228 2140 DATE: 7/20/2012

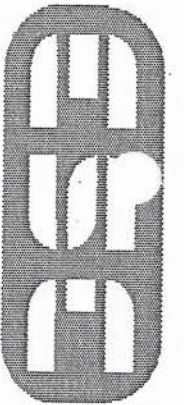
AREA CODE: NUMBER: MM/DD/YYYY

Signature of Principal Executive Officer or Authorized Agent: *[Signature]*

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, evaluate, and report the information. I am a duly licensed professional engineer in the State of Arkansas. I am personally responsible for gathering the information, for its accuracy, and for its timely reporting to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowingly violating.

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 #:								
Address:		9201 Faulkner Lake Road		Purchase Order #:								
Telephone:		North Little Rock, AR 72117		Work Order #:								
FAX:		501-955-5240		Sampler Name(s):		Dad Catlett						
Contact:		stephens_katina@cat.com		and Signature(s):		Dad Catlett						
ESC Client Number:		2685										
Sample Identification			Sample Collection			Sample Containers						
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	Oil & grease (21.)	pH(23.), TSS(28.),	LR COD(6.0)
Outfall 005	1203010186	3/8/12	1610	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)				Received By: (Signature and Printed Name)				Custody Seals:				
Date				Date				Used? <input type="checkbox"/> Intact? <input type="checkbox"/>				
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Turnaround: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Special				
Date				Date				Were samples properly preserved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Relinquished By: (Signature and Printed Name)				Received for Lab By: (Signature and Printed Name)				Special <input type="checkbox"/>				
Date				Date				Units				
Time				Time								
Comments:				Flow Data								
Analyst:				Field Test								
Time:				pH:								
Reading:				Temp								
Units:				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):

Caterpillar
1203010186

OUTFALL NUMBER 5

DATE OF STORM EVENT SAMPLED: 3/8/12

DURATION OF EVENT: 16 hours

ESTIMATE OF RAINFALL EVENT: 2 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 27 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 10,000 gallons

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

Printed Name of Official
David Cantelero

Signature
David Cantelero

Date
3/8/12

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: 1203010187
 Customer Name : CATERPILLAR, INC. - OUTFALL 006
 Customer Number : 2686
 Report Date : 03/14/12

Sample Date : 03/08/12
 Sample Time : 1619
 Sample Type : GRAB STORMWATER
 Sample From : OUTFALL 006

Collected By: DMC
 Delivery By : DMC
 Work Order :
 Purchase Order :

Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/11	1900	NTR	Chemical Oxygen Demand, L	40.50 mg/L			EPA 410.4	1.75	98.3 *
03/10	0900	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.51	97.0 *
03/08	1621	DWC	pH	7.9	S.U.		SM 18 4500 H+B	0.00	N/A *
03/10	1100	NTR	Solids, Total Suspended	15.00 mg/L			SM 18th 2540 D	0.00	N/A *
03/08	1621	DWC	Temperature	11.00 °C			SM 18th 2550 B	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.

**STORM WATER GENERAL PERMIT
ADDITIONAL MONITORING REQUIREMENTS**

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

Caterpillar
1203010187

OUTFALL NUMBER 6

DATE OF STORM EVENT SAMPLED: 3/8/12

DURATION OF EVENT: 16 hours

ESTIMATE OF RAINFALL EVENT: 2 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 7 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 1.0 mgd 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.

Printed Name of Official

Brend Calloway

Signature

Brend Calloway

Date

3/8/12

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: 1203010188
 Customer Name : CATERPILLAR, INC. - OUTFALL 007
 Customer Number : 2687
 Report Date : 03/19/12

Sample Date : 03/08/12
 Sample Time : 1626
 Sample Type : GRAB STORMWATER
 Sample From : OUTFALL 007

Collected By: DMC
 Delivery By : DMC
 Work Order :
 Purchase Order :

Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/11	1900	NTR	Chemical Oxygen Demand, L	37.00 mg/L			EPA 410.4	1.75	98.3 *
03/17	1000	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	0.77	98.0 *
03/08	1629	DMC	pH	7.8 S.U.			SM 18 4500 H+B	0.00	N/A *
03/10	1100	NTR	Solids, Total Suspended	9.00 mg/L			SM 18th 2540 D	0.00	N/A *
03/08	1629	DMC	Temperature	11.10 °C			SM 18th 2550 B	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)

Environmental Services Company
13715 W. Markham - 72211
P.O. Box 55146
Little Rock, AR 72115
(501) 221-2505
MINOR

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

AR0051454
PERMIT NUMBER

007-S
DISCHARGE NUMBER

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

ATTN: JON HARRISON, GENERAL MANAGER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2012 TO 06/30/2012

007-SEMI-ANNUAL STORMWATER
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen demand, chem. (low level) (COD)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	37.0	mg/L	0	1/6 M	GRAB
00335 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7.8	*****	7.8	mg/L	0	1/6M	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MAXIMUM	SU	0	Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	9.0	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 1.4	mg/L	0	1/6M	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard Bach, EHS Manager

TELEPHONE
501 228 2740

DATE
7/20/12

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

AREA CODE NUMBER
501 228 2740

MM/DD/YYYY
MM/DD/YYYY

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 and my knowledge and belief, this document, and complete, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.

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):

Caterpillar
1203010188

OUTFALL NUMBER 7

DATE OF STORM EVENT SAMPLED: 3/8/12

DURATION OF EVENT: 16 hours

ESTIMATE OF RAINFALL EVENT: 2 inches

TIME SINCE LAST MEASURABLE EVENT (i.e., > 0.1 in.) 27 days

ESTIMATE OF TOTAL VOLUME DISCHARGED: 40,000 gallons

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

Printed Name of Official

Russel Carline

Signature

Russel Carline

Date

3/8/12