



Caterpillar Inc.
North Little Rock Facility
9201 Faulkner Lake Road
North Little Rock, AR 72117

May 21, 2013

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

NPDES Enforcement Branch:

The following report contains our January-July 2013 DMR for NPDES Permit number AR0051454. The oil & grease benchmark parameters exceeded at stormwater outfall numbers 001 and 004 on 4/18/13. An investigation and SWPPP review was conducted, as required by the permit. Outfalls 001 and 004 were resampled during a storm event on 5/10/13 and were within the benchmark parameter values. The exact cause of the exceedance was undetermined, but BMPs have been put in place. The investigation report will be included with the annual comprehensive report.

If you have any questions, please do not hesitate to contact me.

Kind regards,

Justin R Ganschow, CHMM
Environment, Health & Safety Supervisor
North Little Rock
Earthmoving Division
Caterpillar Inc.
Ganschow_Justin_R@cat.com
Desk 501.228.2764
Cell 309.297.0032

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	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 06/30/2013

DMR Mailing ZIP CODE: 72117
MINOR

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 Grasechow 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: 1304010611

Sample Date : 04/18/13

Collected By: DWC

Customer Name : CATERPILLAR, INC. - OUTFALL 001

Sample Time : 1403

Delivery By : DWC

Customer/Permit No. : 2681 / AR0051454

Sample Type : GRAB STORMWATER

Work Order :

Report Date : 04/29/13

Sample From : OUTFALL 001

Purchase Order :

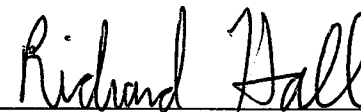
Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
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.

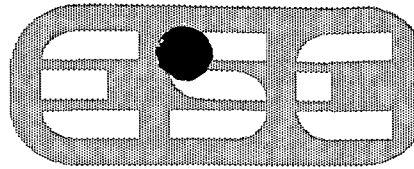
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

Signature _____



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 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(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 Callout</i>												
Email: stephens_katina@cat.com				and Signature(s): <i>D-a Callout</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	1304010611	4/18/13	1403	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:		Used?	Intact?					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No					
								Flow Data		Field Test	Time	Analyst	Result	Result	Units	
Comments:				Analyst:		pH:	1409	DWC	7.6	7.6	S.U.					
				Time:		Temp:	1409	DWC	10.1	10.2	°C					
Field Service Hours:				Reading:												
				Units:												
				Fecal Start:								This Document is Page 1 of 1				

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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 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.

Doree Calloway

Printed Name of Official

Doree 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	002-S
PERMIT NUMBER	DISCHARGE NUMBER


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

DMR Mailing ZIP CODE: 72117
MINOR

002-SEMI-ANNUAL STORMWATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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 Justin Ganschow 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

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

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

Control Number: 1304010612

Sample Date : 04/18/13

Collected By: DWC

Customer Name : CATERPILLAR, INC. - OUTFALL 002

Sample Time : 1412

Delivery By : DWC

Customer Number : 2682

Sample Type : GRAB STORMWATER

Work Order :

Report Date : 04/29/13

Sample From : OUTFALL 002

Purchase Order :

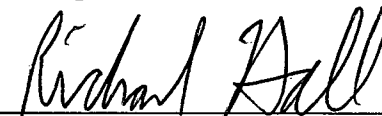
Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
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.

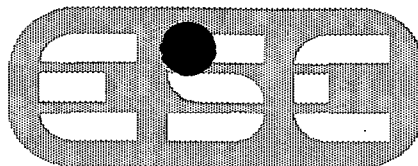
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

Signature _____



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 Springdale, AR 72764

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

CHAIN OF CUSTODY

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

Client Information				Project Information						Requested Parameters												
Company Name: Caterpillar, Inc.				Permit/Project #:						Oil & grease (21.)	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): David Cantel																		
FAX: stephens_katina@cat.com				and Signature(s): <i>David Cantel</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	1304010612	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:		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:	1413	DWC	7.5	7.5	S.U.												
				Time:	Temp:	1413	DWC	10.0	10.0	°C												
Field Service Hours:				Reading:																		
				Units:																		
														Fecal Start:								
														This Document is Page 1 of 1								

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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 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: .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 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	003-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 06/30/2013

DMR Mailing ZIP CODE: 72117
MINOR

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 Garslow 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

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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 :

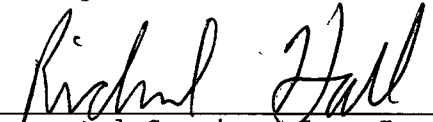
Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
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.

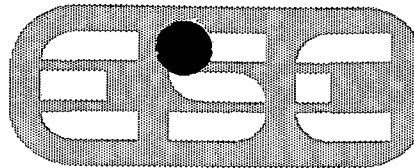
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Signature _____



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

CHAIN OF CUSTODY

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

Client Information				Project Information				Requested Parameters															
Company Name: Caterpillar, Inc.				Permit/Project #:				Oil & grease (21.)	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>David Callant</i>																			
Contact: Ms. Katina Stephens																							
ESC Client Number: 2683																							
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
Outfall 003	1304010613	4/18/13	1420	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	Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>	Were samples properly preserved:									
<i>David Callant David Callant</i>		4/18/13	1600	<i>David Callant David Callant</i>				4/18/13	1600	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>										
Comments:						Flow Data	Field Test	Time	Analyst	Result	Result	Units											
						Analyst:	pH:	1422	DWC	7.8	7.8	S.U.											
						Time:	Temp:	1422	DWC	12.3	12.2	°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 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: 10040 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 Cullow

Printed Name of Official

D. Cullow

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	004-S
PERMIT NUMBER	DISCHARGE NUMBER


DMR Mailing ZIP CODE: 72117
MINOR

MONITORING PERIOD	
MM/DD/YYYY	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 Justin Ganschaw 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
			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: 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 :

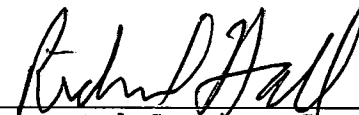
Laboratory Analysis

<u>Analysis</u>							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
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.

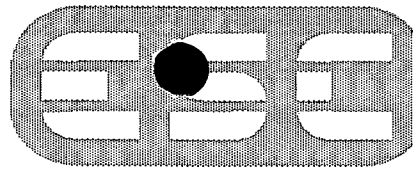
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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 #:						<table border="1"> <tr><td></td><td></td><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><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><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><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><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><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): <i>David Callant</i>																																																																																			
FAX: stephens_katina@cat.com				and Signature(s): <i>David Callant</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	#	Oil & grease (21.)	TSS(28.)	LR COD(6.0)																																																																											
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:																																																																													
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"/>																																																																													
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"/>																																																																													
Comments:				Flow Data	Field Test	Time	Analyst	Result	Result	Units																																																																													
				Analyst:	pH:	1427	DWC	7.6	7.6	S.U.																																																																													
				Time:	Temp	1427	DWC	10.0	10.0	°C																																																																													
Field Service Hours:				Reading:																																																																																			
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								This Document is Page 1 of 1																																																																															

CAF

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 Calland
Printed Name of Official

David Calland
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

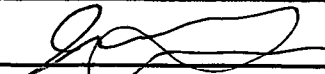
AR0051454	005-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 06/30/2013

DMR Mailing ZIP CODE: 72117
MINOR

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)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.50	mg/L	0	1/6M	GRAB
00335 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/6M	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.0	mg/L	0	1/6M	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	mg/L	0	1/6M	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 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.		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 :

<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>
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 Richard J. Ad
 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 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 Callow
Printed Name of Official

David Callow
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	006-S
PERMIT NUMBER	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	00	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 Justin Ganschaw 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	MM/DD/YYYY
			501-228-2764	5-22-2013	

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 :

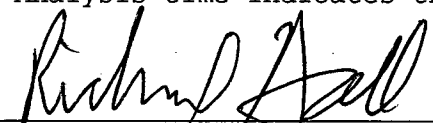
Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
04/26	1600	DWC	Chemical Oxygen Demand, L	24.00 mg/L			EPA 410.4	6.56	86.9 *
04/25	1500	ACF	Oil & Grease, Total	2.500 mg/L			EPA 1664 A	5.97	99.0 *
04/18	1439	DWC	pH	7.3 S.U.			SM 18 4500 H+B	0.00	N/A *
04/19	1310	ACF	Solids, Total Suspended	44.00 mg/L			SM 18th 2540 D	0.00	N/A *
04/18	1439	DWC	Temperature	9.90 °C			SM 18th 2550 B	0.99	N/A *

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

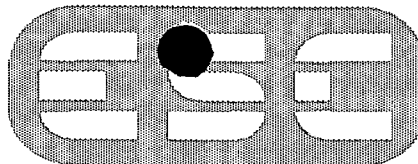
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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): David Callant																
FAX: stephens_katina@cat.com				and Signature(s): <i>David Callant</i>																
Contact: Ms. Katina Stephens																				
ESC Client Number: 2686																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Outfall 006	1384010615	4/18/13	1439	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:		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:		1439		DWC		7.3		7.3		S.U.				
				Time:		Temp		1439		DWC		9.9		10.0		°C				
Field Service Hours:				Reading:																
				Units:																
								Fecal Start:								This Document is Page 1 of 1				

14

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: 2013 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 Callow

Printed Name of Official

D. Callow

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	007-S
PERMIT NUMBER	DISCHARGE NUMBER

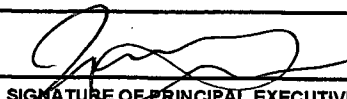
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
01/01/2013		06/30/2013

DMR Mailing ZIP CODE: 72117
MINOR

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 Garschow 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: 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 :

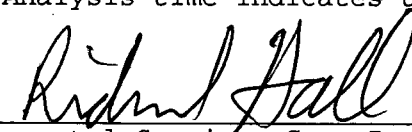
Laboratory Analysis

<u>Analysis</u>							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
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.

Daniel Callow
Printed Name of Official

Daniel Callow
Signature

4/18/13
Date

Environmental Services Company, Inc.

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

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 0
 Customer/Permit No. : 2681 / AR0051454
 Report Date : 05/14/13

Collected By: KATINA STEPHENS
 Delivery By : TMO
 Work Order :
 Purchase Order :

Analysis			Lab
Date	Time	By	Parameter
05/13	1800	NTR	Oil & Grease, Total

Follow-up
 Samples
 Outfall
 #001 + 004

Method	Quality Assurance	
	Precision % RPD	Accuracy % Recovery
EPA 1664 A	1.81	96.5 *

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

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

Signature 
 Environmental Services Co., 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 (Z1)				
Address: 9201 Faulkner Lake Road				Purchase Order #:								
North Little Rock, AR 72117				Work Order #:								
Telephone: 501-955-5240				Sampler Name(s): <i>Katina Stephens</i>								
Email: stephens_katina@cat.com				and Signature(s): <i>[Signature]</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	1305010357	5-10-13	8:41 AM	Grab	Stormwater	Glass	1 Liter	H2SO4	1			
Relinquished By: (Signature and Printed Name) <i>Katina Stephens</i>		Date	Time	Received By: (Signature and Printed Name) <i>Timothy O'Neal</i>		Date	Time	Custody Seals:				
Relinquished By: (Signature and Printed Name) <i>Timothy O'Neal</i>		5-10-13	12:00 PM	Received By: (Signature and Printed Name) <i>Timothy O'Neal</i>		5-10-13	1205	Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>	
Relinquished By: (Signature and Printed Name) <i>Timothy O'Neal</i>		Date	Time	Received for Lab By: (Signature and Printed Name) <i>Timothy O'Neal</i>		Date	Time	Turnaround:	Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>
Cool all samples to ≤ 8 degrees C with ice.		5-10-13	1400	Received for Lab By: (Signature and Printed Name) <i>Timothy O'Neal</i>		5-10-13	1400	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:								
		Time:										
Field Service Hours:		Reading:										
		Units:										
		Chlorinated? Y N		Fecal Start:				This Document is Page <u> </u> of <u> </u>				

Environmental Services Company, Inc.

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

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

Control Number: 1305010358	Sample Date : 05/10/13	Collected By: KATINA STEPHENS
Customer Name : CATERPILLAR, INC. - OUTFALL 004	Sample Time : 0830	Delivery By : TMO
Customer Number : 2684	Sample Type : GRAB STORMWATER	Work Order :
Report Date : 05/14/13	Sample From : OUTFALL 004	Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
05/13	1800	NTR	Oil & Grease, Total	< 1.400 mg/L			EPA 1664 A	1.81	96.5 *

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

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

Signature _____


 Environmental Services Co., 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> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																															
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Telephone: 501-955-5240				Work Order #:																																																																					
FAX: stephens_katina@cat.com				Sampler Name(s): <i>Katina Stephens</i>																																																																					
Contact: Ms. Katina Stephens				and Signature(s): <i>Katina Stephens</i>																																																																					
ESC Client Number: 2684																																																																									
Sample Identification		Sample Collection				Sample Containers				Oil & Grease (21.)																																																															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#																																																																
Outfall 004	1300010358	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:																																																																	
<i>Katina Stephens</i>		5-10-13	12:00 PM	<i>Timothy O'Neal</i>		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:																																																																	
<i>Timothy O'Neal</i>		5-10-13	14:00	<i>Timothy O'Neal</i>		5-10-13	14:00	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>Timothy O'Neal</i>		5-10-13	14:00	<i>Timothy O'Neal</i>		5-10-13	14:00	Yes <input type="checkbox"/>	No <input type="checkbox"/>																																																																
Comments: <i>Sample taken by Caterpillar</i>				Flow Data	Field Test	Time	Analyst	Result	Result	Units																																																															
				Analyst:	pH:					S.U.																																																															
Field Service Hours:				Time:																																																																					
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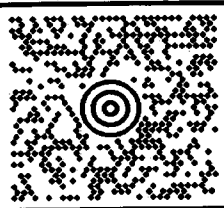
TARYN BURGIN
5019555276
CATERPILLAR, INC
9201 FAULKNER LAKE ROAD
NORTH LITTLE ROCK AR 72117

0.0 LBS LTR

1 OF 1

SHIP TO:

PERMITS ENFORCEMENT BRANCH
AR DEPT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 NORTSHORE DRIVE
NORTH LITTLE ROCK AR 72118-5328



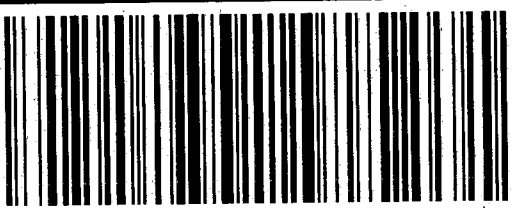
AR 722 9-21



UPS NEXT DAY AIR

1

TRACKING #: 1Z 2A8 212 01 9737 4752



BILLING: P/P

US 15.1.10.

WNIE90 39.0A 04/2013

