

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION  
MONTHLY MONITORING REPORT**

<b>PERMITTEE NAME</b> Benton County, Arkansas Suburban Sewer District No 1 Villages of Cross Creek
<b>PERMITTEE ADDRESS</b> PO Box 9299 Fayetteville AR 72703

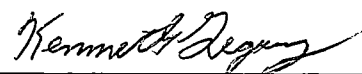
<b>FACILITY NAME (IF DIFFERENT)</b> Villages of Cross Creek
<b>FACILITY ADDRESS</b> 3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b> 4811-WR-4
<b>AFIN NO.</b> 04-00899

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
4/1/2016		4/30/2016

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.527285	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.022138	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	2.5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	28	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	< 4	colonies/100ml		
pH	6.0 - 9.0	6.5	s.u.		
Total Phosphorus (TP)	REPORT	7.1	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	35.84	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	33.5	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT	5.8	mg/l		
Plant Available Nitrogen (PAN)	REPORT	40	mg/l		
Loading Rate	REPORT	see attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	5/5/2016
TYPED OR PRINTED				MM/DD/YYYY

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

VILLAGES OF CROSS CREEK LOADING RATES

Zone Identification	GPD/sq 2
1	2,502
2	2,502
3	2,502
4	2,502
5	2,502
6	2,502
7	2,502
8	3,454
9	Not used
10	Combined with 8
11	2,922
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

# 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: 1604020221  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 04/22/16

Sample Date : 04/15/16  
 Sample Time : 1245  
 Sample Type : GRAB  
 Sample From : DOSE TANK EFFLUENT

Collected By: RHB  
 Delivery By : RHB  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
Date	Time	By					
04/18	1610	TSB	Ammonia Nitrogen	33.5 mg/L			SM 1997 4500-NH3 F
04/21	0845	TSB	Kjeldahl Nitrogen Total	35.84 mg/L			SM 1997 4500-NorgB
04/15	1245	RHB	pH	6.5 S.U.			SM 2000 4500-H+ B
04/17	0130	CLS	Phosphorous, Total (as P)	7.1 mg/L			EPA 365.3
04/20	1730	VLP	Solids, Total Suspended	28.0 mg/L			SM 1997 2540 D
04/15	1530	CLS	Coliform, Fecal	< 4 /100ml			SM 9222 D 1997
04/15	1410	TSB	BOD, Carbonaceous	2.5 mg/L			SM 2001 5210 B
04/18	1345	TSB	Nitrate + Nitrite	5.8 mg/L			SM 2000 4500-NO3 E
04/22	0845	RHB	Nitrogen, Plant Available	40.0 mg/L			SM 1997 4500-N

### Quality Assurance

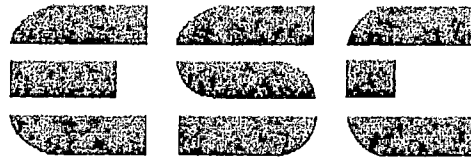
Precision	Accuracy
% RPD	% Recovery
2.54	101.5 *
2.02	99.3 *
0.00	N/A *
0.00	100.0 *
11.76	N/A *
0.00	N/A *
0.00	81.1 *
0.00	104.0 *

\* 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 Brown  
 Environmental Services Co., Inc.

Environmental Services Company, Inc.  
 Northwest Arkansas  
 1107 Century Street  
 Springdale, Arkansas 72762  
 website: www.esclabs.com



Corporate Office, Little Rock, Arkansas  
 501-221-2565  
 Carlsbad, New Mexico  
 575-887-1ESC

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

### CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters									
Company Name:		Dixieland Utility LLC.				Permit/Project #:					pH(23)	Phos(25), NH <sub>3</sub> -N(15.A)	TKN(16.A)N+N(91)	CBOD(70), TSS(28), PAN(99.99)	Fecal Coliform(43)					
Address:		3302 N. Dixieland Rogers AR				Purchase Order #:														
Telephone:		(479)936-0333 (Cell)				Sampler Name(s):		RICHARD BROWN												
Telephone:						and Signature(s):		Richard Brown												
ESC Client Number:		1698																		
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	160402022	4/15/16	12:45	GRAB	Water	teflon	150 ml	none	1	X										
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X	X								
				GRAB	Water	Plastic	1 qt	none/ice	1				X							
				GRAB	Water	Whirlpak	300ml	NaS <sub>2</sub> O <sub>4</sub>	1					X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
Richard Brown RICHARD BROWN		4/15/16	13:28					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:												
				Samer Brooks Samer Brooks		4/15/16	13:28	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>										
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units								
						Analyst:	pH:	12:50	RAB	6.5	6.5									
						Time:	Temp.:	+	+	22.7	22.7	°C								
						Reading:	DO:													
						Units:	Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1											