

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

PERMITTEE NAME

Benton County, Arkansas Suburban Sewer District
No 1 Villages of Cross Creek

PERMITTEE ADDRESS

PO Box 9299
Fayetteville AR 72703

FACILITY NAME (IF DIFFERENT)

Villages of Cross Creek

FACILITY ADDRESS

3302 N Dixieland Rd
Little Flock AR

PERMIT NO.

4811-WR-4

AFIN NO.


04-00899

WASTEWATER EFFLUENT MONITORING PERIOD

MM/DD/YYYY		MM/DD/YYYY
8/1/2018		8/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.633514	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.025675	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	5.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	24	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	86	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	6.7	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett TYPED OR PRINTED			(479) 530-5926	9/7/2018 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Aug 2018 VILLAGES OF CROSS CREEK LOADING RATES 25,675 Max Day Flow

Zone Identification	GPD/sq 2
1	2,901
2	2,901
3	2,901
4	2,901
5	2,901
6	2,901
7	3,440
8	4,005
9	Not used
10	Combined with 8
11	3,389
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: 1808020112
 Customer Name : DIXIELAND UTILITY LLC
 Customer/Permit No. : 1698 / 4811-WR-4 001
 Report Date : 08/17/18

Sample Date : 08/10/18
 Sample Time : 0950
 Sample Type : GRAB DIXIELAND
 Sample From : DOSE TANK EFFLUENT

Collected By: CLS
 Delivery By : CLS
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
08/10	0950	CLS	pH	7.1 S.U.			SM 2000 4500-H+ B	0.00	N/A *
08/14	1300	TSB	Phosphorous, Total (as P)	6.7 mg/L			EPA 365.3	3.01	101.4 *
08/16	1100	TSB	Solids, Total Suspended	24.0 mg/L			SM 1997 2540 D	6.39	N/A *
08/10	1715	JCB	Fecal Coliform	86.0 /100ml			06/2012 Colilert18	0.00	0.0 *
08/10	1400	TSB	BOD, Carbonaceous	5.1 mg/L			SM 2001 5210 B	6.97	90.0 *
08/10	0935	CLS	Sample Collection/Travel	1 each					

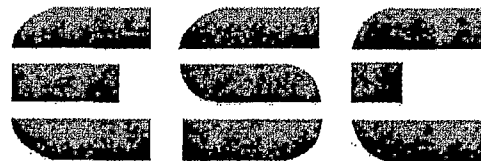
* QA data shown is from a different sample or standard on the same date.

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.
 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.			Address: 3302 N. Dixieland Rogers AR			Telephone: (479)936-0333 (Cell)			Telephone:			ESC Client Number: 1698			Permit/Project #:				
Address: 3302 N. Dixieland Rogers AR			Telephone: (479)936-0333 (Cell)			Telephone:			ESC Client Number: 1698			Purchase Order #:							
Telephone: (479)936-0333 (Cell)			Telephone:			ESC Client Number: 1698			Sampler Name(s): <i>Chris Strange</i>					pH(23) Phos(25) CBOD(70), TSS(28) Fecal Coliform(43.IF)					
Telephone:			ESC Client Number: 1698			and Signature(s): <i>[Signature]</i>													
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.IF)						
Dose Tank/Effluent	1808020112	8/10/18	6950	GRAB	Water	teflon	150 ml	none	1	X									
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X								
				GRAB	Water	Plastic	1 qt	none/ice	1			X							
				GRAB	Water	Whirlpak	300ml	NaS ₂ O ₄	1				X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:										
<i>[Signature]</i>		8/10/18	1215	<i>[Signature]</i>					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:										
				<i>[Signature]</i>			8/10/18	1215	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units							
						Analyst:	pH:		CLS	7.1	7.1								
						Time:	Temp.:			29.2	29.2	°F							
						Reading:	DO:												
						Units:	Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page <u>1</u> of <u>1</u>										