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 MO	NITORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
8/1/2019	8/31/2019

REATED WASTEWATER EFFLUE	NT SAMPLING]			
PARAMETER		Limit	Sample Measurement UNITS		Monitoring	Reporting				
Flow, Monthly total		REPORT	0.537686	0.537686 MG]			
low, daily maximun		REPORT	0.022414	MGD	Daily					
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	10.4 mg/l							
Total Suspended Solids (TSS)		30	12.4 mg/l							
Fecal Coliform Bacteria (FCB)		10,000	> 2419.6	colonies/100ml	Grab Sample once per month					
н		6.0 - 9.0	7.2	s.u.	1	Prior to the 15th of the				
Total Phosphorus (TP)		REPORT	6.32	mg/l		following Month				
otal Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l						
Ammonia Nitrogen		REPORT	No Report	mg/l	Contraction of the contraction					
trate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)		REPORT	No Report	mg/l	Grab sample once per quarter					
ant Available Nitrogen (PAN)		REPORT	No Report	mg/l						
oading Rate		REPORT	No Report	gpd/ft 2	Daily	<i></i>				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	1 1000 11/10	TELEPHONE	DA			
	SUBMITTED HEREIN;	REIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL (479) 530-								
Kathy Bartlett	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, EXECUTIVE OFFICER OR 5926									
TYPED OR PRINTED	INCLUDING THE POSS	IBILITY OF FINE AND IMPRISONMENT.		ļ	AUTHORIZED AGENT		MM/DD			

Isolated 3 areas in lower drip field where the ground was wet but not surfacing, in the process of making repairs

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: 1908020056

Customer Name : DIXIELAND UTILITY LLC

Customer/Permit No. : 1698 / 4811-WR-4 001

Report Date : 08/26/19

Sample Date : 08/15/19

Sample Time: 1405

Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Collected By: JEW Delivery By : JEW

Work Order : Purchase Order :

39		Quality Assurance				
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	% RPD	% Recovery
08/15 1405 JEW	рН	7.2 S.U.		SM 2011 4500-H+ B	0.00	N/A *
08/19 1500 TSB		6.320 mg/L		EPA 365.3	0.00	107.0 *
		12.4 mg/L		SM 2011 2540 D	1.24	N/A *
	Fecal Coliform (MPN/100mL	> 2419.6 /100ml		06/2012 Colilert18	0.00	0.0 *
08/16 0800 TSB	BOD, Carbonaceous	$10.4~{ m mg/L}$		SM 2001 5210 B	0.65	114.0 *

* 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

Environmental Services Co., Inc.

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762

Corporate Office, Little Rock, Arkansas 501-221-2565

Carlsbad, New Mexico 575-887-1ESC

website: www.esclabs.com

Phone: 479-750-1170

CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 479-750-1172		G	JAIN C	JF GU	210	זט										
(Client Information				Pr	oject Int	formation)				Rec	ques	sted	Para	mete	rs
Company Name:	Dixieland Utility LL	C.	·	Permit/Pro	oject #:												Τ
Address:	3302 N. Dixieland			Purchase	Order #:						1	İ				1	
-	Rogers AR			1]						
Telephone:	(479)936-0333	(Cell)		Sampler Name(s): James Wiltse											ŀ		
Telephone:				1		7:17.22 <u> </u>		<u> </u>	7 / 1.5		1	ĺ	8	3.IF)		ł	
			·····	and Signa					**		1		32(2)	n(4			
ESC Client Number:	1698			Jama olgila	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	-		-	i		T,	iforr			
Sample Ider	ntification		Sample	Collection		1	Sample	Dhos(25) CBOD(70), TSS(28)					18	3			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	T		#	pH(23)	þ	1083	Fecal Coliform(43.1F)		1	
Dose Tank/Effluent	1908020056	8-15-19	1405	GRAB	Water	teflon	150 mL	None		1	X		٣				╆
	1	10 /0 / /	17	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,p		1	Ĥ	Х	_			-	+
	1			GRAB	Water	Plastic	1 qt	None, C		1			х			+-	+
				GRAB	Water	Whirlpak		NaS ₂ O ₄		1	-		1	x			╁
				GIVAB	vvatei	viiiipar	100 1111	Na3 ₂ O ₄	COOL	-			\vdash			-} -	╁
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Relipquished By: (Signature and Printed	Name)	Date	Time	Received By: (Sig	nature and Printed	Name)	<u> </u>	Date	Tim	18	Custo	dy Se	als:				<u> </u>
Religioushed By: (Signature and Printed The Will De Communication of the Communication of th	es Wiltse	8-15-19	1615								Used'	?	N		Intact?		L
selliquished by. (Signature and Printed	i Name)	Date	Time	Hecelined BA: (210	gnature and Printed	Name)		Date	Tim		Tuma Regul	round ar	: X	l	Special		ī
Relinquished By: (Signature and Printed	Name)	Date	Time	Received for (ab) By: (Signature and Printed Marrie) Date Time V			Were	samp	les pro	operly	preserve		 				
Comments:	*	·		FLOW DATA		TA	Field Test	8-15-19 Time	/⇔/			Yes Regult		X No Result Unit			L_
				Analyst:			pH:	1405				الرتأ	7.5	Z,	Olliks		
					Time:		Temp.:	140.5	29.9		Ú.	4	30	.2> (c)	°F	
					Reading: Units:		DO: Debris:	· · · · · · · · · · · · · · · · · · ·				\dashv			· ·	<u> </u>	
	¹ Cool all samples to 6 d	egrees C.					Chlorinated	? Yes N	lo lo		This	Doc	ume	ntis I	Page (of /	,

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Aug 2019 VILLAGES OF CROSS CREEK LOADING RATES Max Day 22,414							
Zone Identification GPD/sq 2							
1 2,533							
2	2,533						
3 2,533							
4 2,533							
5 2,533							
6	6 2,533						
7	3,003						
8	3,497						
9	Not used						
10	Combined with 8						
11	2,959						
12	Not used						
13	Not used						
14	Not used						
15	Not used						
16	Not used						
17	Not used						

NWA Utility SUNICES POBOX 9299 FAYETTEVILLE AR 72704







FOREVER / USA



OREVER / US



FOREVER / USA

ADEQ Water DIVISION / Permits Branch 5301 Northshore BIVA N. hittle Rock, AR 72118-5317