From: <u>Harbin, Danielle</u>

To: <u>Deardoff, Amy; Grimes, Garrett</u>

Cc: <u>Cousins, Sarah</u>

Subject: FW: 4811-WR-4 Villages of Cross Creek Missing MMRs

Date: Monday, March 22, 2021 8:09:31 PM

Attachments: image001.png

CCF02122021.pdf image004.png

I can't remember who was asking about the missing MMRs for the facility above, but here they are. I hope it was at least one of you! I deleted the past messages, so I can't go back and see.

Thanks,

Danielle Harbin | Enforcement Analyst

Division of Environmental Quality | Office of Water Quality

5301 Northshore Drive | North Little Rock, AR 72118 t: 501.682.0056 | e: danielle.harbin@adeq.state.ar.us



From: Kathy Bartlett [mailto:kathy@aquatechsys.com]

Sent: Monday, March 22, 2021 5:05 PM

To: Harbin, Danielle

Subject: RE: 4811-WR-4 Villages of Cross Creek Missing MMRs

Here they are... Thanks Danielle

From: Harbin, Danielle [mailto:Danielle.Harbin@adeq.state.ar.us]

Sent: Thursday, March 18, 2021 12:02 PM

To: Kathy Bartlett

Subject: 4811-WR-4 Villages of Cross Creek Missing MMRs

Importance: High

Ms. Bartlett,

A DEQ inspector has made me aware that we are missing August and September 2020 MMRs from your file. If they were submitted, they did not get saved to your file. Can you please resubmit them by March 25, 2021?

Thanks,

Danielle Harbin | Enforcement Analyst

Division of Environmental Quality | Office of Water Quality

5301 Northshore Drive | North Little Rock, AR 72118 t: 501.682.0056 | e: danielle.harbin@adeq.state.ar.us



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

PERMIT NO. 4811-WR-4

FACILITY ADDRESS

3302 N Dixieland Rd

Little Flock AR

AFIN NO. 04-00899

MM/DD/YYYY
8/1/2020

MASTEWATER EFFLUENT MONITORING PERIOD

MM/DD/YYYY
8/31/2020

v, Monthly total Flow, daily maximun		Limit	Sample Measurement UNITS		T					
		REPORT	0.594,277		Monitoring	Reporting				
		REPORT	0.020,347	MG	Total Flow per calendar month					
Carbonaceous Biochemical Oxygen Demand (C	BOD5)	30		MGD	Daily					
otal Suspended Solids (TSS)		30	< 2.0	mg/l						
ecal Coliform Bacteria (FCB)		10,000	14	mg/l						
Н			< 4.0	colonies/100ml	Grab Sample once per month					
otal Phosphorus (TP)		6.0 - 9.0	7.2	s.u.						
otal Kjeldahl Nitrogen (TKN)		REPORT	6.56	mg/i		Prior to the 15th of the following Month				
mmonia Nitrogen	-	REPORT		mg/l						
trate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-		REPORT		mg/l						
ant Available Nitrogen (PAN)	-N)	REPORT		mg/l	Grab sample once per quarter					
ading Rate		REPORT		mg/l						
		REPORT								
The state of the s	UNDER PEN	ALTY OF LAW THAT I HAVE PERSONALLY E	XAMINED AND AM WITH THE	INFORMATION	Daily					
SOBMITIE	D HEREIN; AI	ND BASED ON MY INQUIRY OF THOSE INDI	IVIDUALS IMMEDIATELY RESP	ONCIDI E TOO	1 mushat	TELEPHONE	DATE			
Kathy Bartlatt	3 THE INFO	RMATION, I BELIEVE THE SUBMITTED II	CUBATE AND	UNWIT						
TYPED OR PRINTED	=. I AM AVVAR	E THAT THERE ARE SIGNIFICANT PENALTII	ES FOR SUBMITTING FALSE IF	NEORMATION	SIGNATURE OF PRINCIPAL	(479) 530-	9/14/2020			
MMENTS AND EXPLANATION OF VIOLATION		EXECUTIVE OFFICER OR	5926							
THE TOTAL	IONS (Refe	rence all attachments here)			AUTHORIZED AGENT		MM/DD/YYYY			

AUG 2020 VILLAGES OF CRO	OSS CREEK LOADING RATES				
Daily Max	20,347				
Zone Identification	GPD/sq 2				
1	2299				
2	2299				
3	2299				
4	2299				
5	2299				
6	2299				
7	2177				
8	2138				
9	Not used				
10	Combined with 8				
11	2,238				
12	Not used				
13	Not used				
14	Not used				
15	Not used				
16	Not used				
17	Not used				

Environmental Services Company,

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: 2008020038

Customer Name : DIXIELAND UTILITY LLC

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

Report Date : 08/18/20

Sample Date : 08/13/20

Sample Time : 1340

Sample Type : GRAB

Sample From : DOSE TANK/EFFLUENT

Collected By: TWM Delivery By : TWM

Work Order : Purchase Order :

* 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

1 Hone. 479-750-1170	rax: 479-750-1172	•			IN-VIII A	OF CU	OIC	U										
Client Information					Project Information							Requested Parameters						
Company Name:	Dixieland Utility LLC.			Permit/P	Permit/Project #: Monthly					+	T	1	T	T	T	13		
Address:	3302 N. Dixieland			Purchase Order #:					-									
	Rogers AR		*********			o order n.						+						
Telephone:	(479)936-0333				Sampler Name (a)			-1	, ,					-				
Telephone:	(110)000 0000	5)330-0333 (Cell)			Sampler Name(s):			DIRTH	meet The				6	3.1				
- Olophono.							***************************************					TSS	T-Phosphorus (25)	Coliform (43.1F)				
ESC Client Number:	4000		***************************************		and Sign	ature(s):	-						Sing.	orn				
CONTRACTOR OF THE PERSON OF TH	1698	_						Letter to the state of the stat				(3)	pho	등				
THE RESIDENCE AND PARTY OF THE	The state of the s		Sample	Collection			Sample Containers				8	hos		(23)				
Identification	ESC Control #	Da		Time	Туре	Matrix	Туре	Volume	Preser	vative	#	CBOD	d-	Fecal	H			
Dose Tank/Effluent	2008125038	K/13	ho	13:40	GRAB	Water	plastic	1/2 gal	None,	Cool ·	1				-	-	_	-
Dose Tank/Effluent	·	_ ' '	1		GRAB	Water	plastic	250 MI	H₂SO₄,	-	1	Ĥ	х				+-	+
Dose Tank/Effluent					GRAB	Water	Sterile	100 mL			1		^	X		_	+	\vdash
Dose Tank/Effluent		11			GRAB		Glass		NaS2O4, Cool				_	^	+	_	+	\vdash
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, (Signature and Printer	u Name)	Date		Time	Received By: (Si	gnature and Printed	Name)		Date	Time	θ	Tuman	ound:			*/140,		-
elinquished By: (Signature and Printer	Name)	18/13	4	, Time F	Received for Lab	By: (Signature and I	Printed Name	9)	Date	Time		Regula		20,000	orly n	Special reserved:		
omments:		(3/13	Ca	1620	Tank	LIM			8/13/20	1420		Y	es	Spion	city p	No No		
			1		FLOW DAT		NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	Field Test		Analys	OTTO DESCRIPTION	Result	the control bears	Result	_	Unit	s	
						Time:		pH: Temp.:	1345	The	-	7.2	4	7.1		5	°F	
***************************************						Reading:		DO:			+		+	-	+			
A - Care						Units:		Debris:			+	***************************************	+		+			
Cool all samples to 6 degrees C.					in province and an annual section.	***************************************		Chlorinated [*]	? Yes N	0	1	This C	ocu	ment	is P	age	of	a lucius