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

SAGMAN.	FACILITY NAME (IF DIFFERENT)
	Villages of Cross Creek
	FACILITY ADDRESS
And Control of the Control of the Control of	3302 N Dixieland Rd
	Little Flock AR

04-00899

PERMIT NO.

W	ASTEWATER EFFLUENT MONITORING PERIO	OD .
MM/DD/YYYY		MM/DD/YYYY
112/1/2016		12/31/2016

TREATED WASTEWATER EFFLUE	NT SAMPLING									
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting				
Flow, Monthly total		REPORT	0.564771	MG	Total Flow per calendar month					
Flow, daily maximun	maximun REPORT			MGD	Daily					
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30 7 mg/l								
Total Suspended Solids (TSS)		30	14.5	mg/i						
Fecal Coliform Bacteria (FCB)		10,000	8	colonies/100ml	Grab Sample once per month					
рн		6.0 - 9.0	7,2	s.u.		Prior to the 15th of the				
Total Phosphorus (TP)		REPORT	5.8	mg/l		following Month				
Total Kjeldahi Nitrogen (TKN)		REPORT	No Report	mg/i						
Ammonia Nitrogen		REPORT	No Report	mg/l	- Grab sample once per quarter					
litrate Nitrogen (NO3-N) + Nitrite Nitrog	en (NO2-N)	REPORT	No Report	mg/l	Glab sample once per quarter					
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 PE	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	HE INFORMATION	21 12 1	TELEPHONE	DATE			
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Kenneth Learn		4.44.0/0.04			
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	ACCURATE, AND	SIGNATURE OF PRINCIPAL		1/10/2010			
Kathy Bartlett	COMPLETE. I AM AW	PLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, EXECUTIVE OFFICER OR 5926								
TYPED OR PRINTED	INCLUDING THE POSS	SIBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT					
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference all attachments here)								

VILLAGES OF CROSS CREE	K LOADING RATES
Zone Identification	GPD/sq 2
1	2,294
2	2,294
3	2,294
4	2,294
5	2,294
6	2,294
7	2,721
8	3,167
9	Not used
10	Combined with 8
11	2,680
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: 1612020139

Customer Name : DIXIELAND UTILITY LLC

Customer/Permit No. : 1698 / 4811-WR-4 001 Report Date : 12/20/16

Sample Date : 12/09/16 Sample Time : 1435

Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Delivery By : AU Work Order: Purchase Order :

Collected By: AU

	Quality Assurance					
Analysis					Precision	Accuracy
Date Time By	<u> Parameter</u>	Result Notes	Quantity	<u> </u>	용 RPD	% Recovery
12/09 1438 AEU	рH	7.2 S.U.		SM 2000 4500-H+ B	0.00	N/A *
12/19 1300 TSB	Phosphorous, Total (as P)	5.8 mg/L		EPA 365.3	1.83	101.9 *
12/16 0915 JCB	Solids, Total Suspended	14.5 mg/L		SM 1997 2540 D	18.18	n/a *
12/09 1630 AEU	Coliform, Fecal	8 /100ml		SM 9222 D 1997	50.00	N/A *
12/09 1200 TSB	BOD, Carbonaceous	7.8 mg/L		SM 2001 5210 B	6.26	93.2 *

* 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.

Environmental Services Co., Inc.

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

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170

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

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information					Project Information					Requested Parameters								
Company Name:	Dixieland Utility LL	.C.	C. Permit/Project #:							(66.								
Address: 3302 N. Dixieland Rogers AR				Purchase Order #:										TSS(28),PAN(99.99)				
						${I}$	1	. 0		7		8		PAN				
Telephone:	(479)936-0333	(Cell)		Sampler N	Sampler Name(s):		Anibe (Indusor)					15.		28),		,		
Telephone:				1							Ž	91)	55.	(43				
					ature(s):		The last of the la					Ę)N+		Jrm.			
ESC Client Numbe	r: 1698				```			1				2)	A)N	6	olife			
Sample	Identification		Sample	Collection			Sample (Container	s	-	23)	Phos(25), NH ₃ -N(15.A)	TKN(16.A)N+N(91)	CBOD(70),	Fecal Coliform(43)			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	pH(23)	뜐	X	8	Feca		<u>.</u>	
Dose Tank/Efflu	ent 11012020139	B/9/14	1435	GRAB	Water	teflon	150 ml	none		1	х							
	1/4/10/10/10/10/10	1 1		GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	-2	1	5	x	x					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				GRAB	Water	Plastic	1 qt	none/ice		1				x				
				GRAB	Water	Whirlpak		NaS2O4		1					х			
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Relinquished By: (Signature an	d Printed Neme)	Date	Time	Received By: (Signature and Printed Name)				Date	Tim	1 0		ody Se	als:		•			
relinquished By: (Signature an	Ame Undawed	12/9/10 Bale	11011 Time	Received By: (6)	gnature and Print	d Name)		Date .	<u>Ilu</u>	10	Used Tuma	around	لبابا		Inte	CTY		
								Regu	_	Ź		Special						
Relinquished By: (Signature and Printed Name) Date Time		Time	Received for Lab By: (Signature and Printed Name)		Date 12/9/16	16/1			Yes			operly preserve						
Comments:			FLOW D		Field Test	Time	Analy	st	Resu		Resi			Units	3			
			Analyst:			pH:			\supset	7,2		7,2		Á		4-1-1		
			Time: Reading:		Temp.: DO:		1	-	9.5	<u> </u>	Q.	4_	(C)	<u> </u>	°F			
				<u></u>	Chits:		Debris:	<u> </u>	 					p	_			
Cool all samples to 6 degrees C.				· · · · · · · · · · · · · · · · · · ·			Chlorinated	? Yes N	lo		This	Doc	ume	nt is	Page	e (of/	
	A DATE OF A PRINCIPLE OF A MEDICAL AND															_		

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