

**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

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
12/1/2017	12/31/2017

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.470554	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.022749	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	12.5	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	32	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	6.4	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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	1/11/2017
TYPED OR PRINTED				MM/DD/YYYY

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

Dec 2017 VILLAGES OF CROSS CREEK LOADING RATES 22,747 Max Day

Zone Identification	GPD/sq 2
1	2,571
2	2,571
3	2,571
4	2,571
5	2,571
6	2,571
7	3,048
8	3,549
9	Not used
10	Combined with 8
11	3,003
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: 1712020083  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 12/15/17

Sample Date : 12/08/17  
 Sample Time : 1246  
 Sample Type : GRAB  
 Sample From : DOSE TANK EFFLUENT

Collected By: AEU  
 Delivery By : AEU  
 Work Order :  
 Purchase Order :

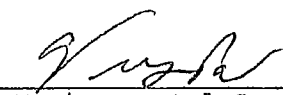
### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
12/08	1248	AEU	pH	7.4	S.U.		SM 2000 4500-H+ B	1.55	N/A *
12/12	1030	TSB	Phosphorous, Total (as P)	6.4	mg/L		EPA 365.3	0.92	102.7 *
12/14	1005	JCB	Solids, Total Suspended	12.5	mg/L		SM 1997 2540 D	3.77	N/A *
12/08	1610	TSB	Coliform, Fecal	32	/100ml		SM 9222 D 1997	0.00	N/A *
12/08	1400	TSB	BOD, Carbonaceous	5.0	mg/L		SM 2001 5210 B	1.05	88.1 *

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

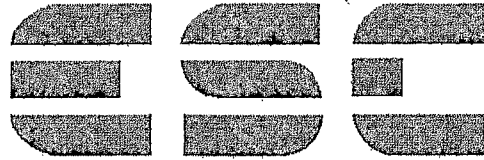
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.				Permit/Project #:						pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43)						
Address: 3302 N. Dixieland				Purchase Order #:															
Rogers AR				Sampler Name(s): <i>Amber Underwood</i>															
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>[Signature]</i>															
Telephone:																			
ESC Client Number: 1698																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	<i>F12080083</i>	<i>12/8/17</i>	<i>1246</i>	GRAB	Water	teflon	150 ml	none	1	<input checked="" type="checkbox"/>									
	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		<input checked="" type="checkbox"/>								
				GRAB	Water	Plastic	1 qt	none/ice	1			<input checked="" type="checkbox"/>							
				GRAB	Water	Whirlpak	300ml	Na <sub>2</sub> O <sub>4</sub>	1				<input checked="" type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals		Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>						
<i>Amber Underwood</i>		<i>12/8/17</i>	<i>1320</i>	<i>Amber Underwood</i>				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:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>						
				<i>Amber Underwood</i>		<i>12-8-17</i>	<i>1320</i>												
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units							
				Analyst:		pH:		<i>1248</i>	<i>AEK</i>	<i>7.4</i>	<i>7.4</i>	<i>°C</i>							
				Time:		Temp.:		<i>1</i>	<i>1</i>	<i>14.8</i>	<i>14.8</i>	<i>°F</i>							
				Reading:		DO:													
				Units:		Debris:													
Cool all samples to 6 degrees C.								Chlorinated? Yes No				This Document is Page <i>1</i> of <i>1</i>							