

**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 |
| 2/1/2017 | | 2/28/2017 |

TREATED WASTEWATER EFFLUENT SAMPLING

| PARAMETER | Limit | Sample Measurement | UNITS | Monitoring | Reporting |
|---|-----------|--------------------|----------------|-------------------------------|--|
| Flow, Monthly total | REPORT | 0.543656 | MG | Total Flow per calendar month | Prior to the 15th of the following Month |
| Flow, daily maximum | REPORT | 0.025843 | MGD | Daily | |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | 30 | 23.5 | mg/l | Grab Sample once per month | |
| Total Suspended Solids (TSS) | 30 | 22.3 | mg/l | | |
| Fecal Coliform Bacteria (FCB) | 10,000 | 52,500 | colonies/100ml | | |
| pH | 6.0 - 9.0 | 6.9 | s.u. | | |
| Total Phosphorus (TP) | REPORT | 6.5 | mg/l | Grab sample once per quarter | |
| Total Kjeldahl Nitrogen (TKN) | REPORT | No Report | mg/l | | |
| 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 Kathy Bartlett | 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 |
| | | | (479) 530-5926 | 3/7/2017 MM/DD/YYYY |

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) We have re-worked lift station floats and pumps to better control flow into system and will add chlorine if needed and monitor to see if our fecal numbers lower.

VILLAGES OF CROSS CREEK LOADING RATES *Feb 2017*

| Zone Identification | GPD/sq 2 |
|---------------------|-----------------|
| 1 | 2,921 |
| 2 | 2,921 |
| 3 | 2,921 |
| 4 | 2,921 |
| 5 | 2,921 |
| 6 | 2,921 |
| 7 | 3,463 |
| 8 | 4,032 |
| 9 | Not used |
| 10 | Combined with 8 |
| 11 | 3,411 |
| 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: 1702020130
 Customer Name : DIXIELAND UTILITY LLC
 Customer/Permit No. : 1698 / 4811-WR-4 001
 Report Date : 02/17/17

Sample Date : 02/10/17
 Sample Time : 1330
 Sample Type : GRAB
 Sample From : DOSETANK/EFFLUENT

Collected By: JCB
 Delivery By : JCB
 Work Order :
 Purchase Order :

Laboratory Analysis

| Analysis | | | Laboratory Analysis | | | Quality Assurance | | | |
|----------|------|-----|---------------------------|--------|------------|-------------------|-------------------|--------------------|------------------------|
| Date | Time | By | Parameter | Result | Notes | Quantity | Method | Precision % RPD | Accuracy % Recovery |
| 02/10 | 1330 | JCB | pH | 6.9 | S.U. | | SM 2000 4500-H+ B | 0.00 | N/A * |
| 02/14 | 0845 | TSB | Phosphorous, Total (as P) | 6.5 | mg/L | | EPA 365.3 | 1.65 | 102.0 * |
| 02/16 | 1300 | AEU | Solids, Total Suspended | 22.3 | mg/L | | SM 1997 2540 D | 0.00 | N/A * |
| 02/10 | 1630 | RHB | Coliform, Fecal | 52500 | /100ml (b) | | SM 9222 D 1997 | 0.00 | N/A * |
| 02/10 | 1200 | AEU | BOD, Carbonaceous | 23.5 | mg/L | | SM 2001 5210 B | 3.92 | 93.2 * |

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

(b) Exceeds Permit Limits for Maximum Concentration

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), NH ₃ -N(45-A) | TKN(45-A)M(99) | CBOD(70), TSS(28), PAN(99-99) | Fecal Coliform(43) | | | | | | |
| Address: | | 3302 N. Dixieland | | Purchase Order #: | | | | | | | | | | | | | | | | |
| | | Rogers AR | | Sampler Name(s): | | John Byrd | | | | | | | | | | | | | | |
| Telephone: | | (479)936-0333 (Cell) | | and Signature(s): | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | | | | | |
| ESC Client Number: 1698 | | | | | | | | | | | | | | | | | | | | |
| Sample Identification | | Sample Collection | | | | Sample Containers | | | | | | | | | | | | | | |
| Identification | ESC Control # | Date | Time | Type | Matrix | Type | Volume | Preservative | # | | | | | | | | | | | |
| Dose Tank/Effluent | 1702020130 | 2/10/17 | 1330 | GRAB | Water | teflon | 150 ml | none | 1 | X | | | | | | | | | | |
| | | | | GRAB | Water | Plastic | 8 oz | H ₂ SO ₄ pH<2 | 1 | | X | X | | | | | | | | |
| | | | | GRAB | Water | Plastic | 1 qt | none/ice | 1 | | | | X | | | | | | | |
| | | | | GRAB | Water | Whirlpak | 300ml | Na ₂ S ₂ O ₄ | 1 | | | | | X | | | | | | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received By: (Signature and Printed Name) | | Date | Time | Custody Seals: | | | | | | | | | | | | |
| | | 2/10/17 | 1430 | | | | | 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: | | | | | | | | | | | | |
| | | | | | | 2/10/17 | 1430 | Yes <input checked="" type="checkbox"/> | | No <input type="checkbox"/> | | | | | | | | | | |
| Comments: | | | | FLOW DATA | | Field Test | Time | Analyst | Result | Result | Units | | | | | | | | | |
| | | | | Analyst: | | pH: | 1336 | JCB | 6.9 | 6.9 | | | | | | | | | | |
| | | | | Time: | | Temp.: | | | 20.3 | 20.3 | °F | | | | | | | | | |
| | | | | Reading: | | DO: | | | | | | | | | | | | | | |
| | | | | Units: | | Debris: | | | | | | | | | | | | | | |
| Cool all samples to 6 degrees C. | | | | | | Chlorinated? Yes No | | | This Document is Page 1 of 1 | | | | | | | | | | | |