

**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
2/1/2019	2/28/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.533414	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021329	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	11.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	38	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	727	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.8	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	3/7/2019
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) We feel our solids were still high due to tanks settling after removal of sludge, we have observed effluent becoming clearer, and will monitor to see if further steps are needed such as increasing recycle pump rates.

Feb 2019 VILLAGES OF CROSS CREEK LOADING RATES ^{21,329} *maxday*

Zone Identification	GPD/sq 2
1	2,410
2	2,410
3	2,410
4	2,410
5	2,410
6	2,410
7	2,858
8	3,327
9	Not used
10	Combined with 8
11	2,815
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: 1902020058
 Customer Name : DIXIELAND UTILITY LLC
 Customer/Permit No. : 1698 / 4811-WR-4 001
 Report Date : 02/21/19

Sample Date : 02/15/19
 Sample Time : 1510
 Sample Type : GRAB DIXIELAND
 Sample From : DOSE TANK EFFLUENT

Collected By: JEW
 Delivery By : JEW
 Work Order :
 Purchase Order :

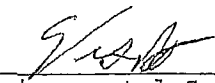
Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
02/15	1510	JEW	pH	7.2	S.U.		SM 2000 4500-H+ B	0.00	N/A
02/18	1400	AKA	Phosphorous, Total (as P)	6.800	mg/L		EPA 365.3	1.71	106.0
02/18	1330	TSB	Solids, Total Suspended	38.0	mg/L	(b)	SM 2011 2540 D	3.47	N/A *
02/15	1630	AKA	Fecal Coliform (MPN/100mL)	727.0	/100ml		06/2012 Colilert18	0.00	0.0 *
02/15	1330	AKA	BOD, Carbonaceous	11.7	mg/L		SM 2001 5210 B	0.00	82.7 *
02/11		ESC	Sample Collection/Travel		1 each				

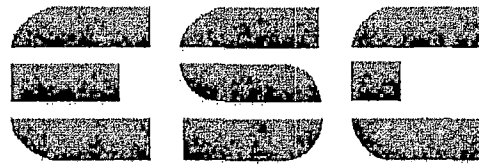
* QA data shown is from a different sample or standard on the same date.
 (b) Exceeds Permit Limits for Maximum Concentration

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)	CBOD(70), TSS(28)	Fecal Coliform(43.1F)						
Address: 3302 N. Dixieland				Purchase Order #:															
Rogers AR				Sampler Name(s): <i>James Wilth James Witse</i>															
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	1902020058	2-15-19	1510	GRAB	Water	teflon	150 mL	None	1	x									
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x								
				GRAB	Water	Plastic	1 qt	None, Cool†	1			x							
				GRAB	Water	Whirlpak	125 mL	Na ₂ S ₂ O ₄ Cool†	1				x						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:									
<i>James Wilth James Witse</i>		2-15-19	1630	<i>James Wilth James Witse</i>						Used?	<input 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 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:									
				<i>Damen P. ...</i>				2-15-19	1630	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
				Analyst:	pH:	1510	<i>JEW</i>	7.2	7.2										
				Time:	Temp.:	1510	<i>JEW</i>	16.9	16.8	(C)	°F								
				Reading:	DO:														
				Units:	Debris:														
†Cool all samples to 6 degrees C.				Chlorinated? Yes No				This Document is Page ___ of ___											