

**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

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY 1/1/2016	MM/DD/YYYY 1/31/2016

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.496,339	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.023,223	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	22.5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	32	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	600	colonies/100ml		
pH	6.0 - 9.0	7	s.u.		
Total Phosphorus (TP)	REPORT	6.6	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	30.5	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	28	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	3.7	mg/l		
Plant Available Nitrogen (PAN)	REPORT	32.5	mg/l		
Loading Rate	REPORT		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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	2/4/2016
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) Solids were high due to a pump down in lift station, and we had to pump excess through system, so tank did not settle properly. We also have drip field ponding. Please see letter from Kathy Bartlett you have on file for possible CAP if needed.

# 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: 1601020135	Sample Date : 01/29/16	Collected By: WDS
Customer Name : GREENFIELD CAP DEV-VIL @ CC EFF	Sample Time : 1035	Delivery By : WDS
Customer/Permit No. : 1698 / 4811-WR-2 001	Sample Type : GRAB	Work Order :
Report Date : 02/04/16	Sample From : DOSE TANK EFFLUENT	Purchase Order :

### Laboratory Analysis

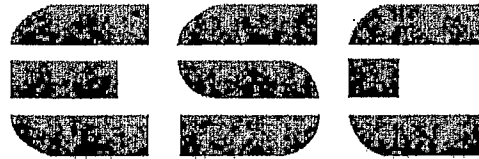
<u>Analysis</u>							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								% RPD	% Recovery
02/01	1500	TSB	Ammonia Nitrogen	28.0 mg/L			SM 1997 4500-NH3 F	0.69	110.0 *
02/02	0930	MDR	Kjeldahl Nitrogen Total	30.50 mg/L			SM 1997 4500-NorgB	2.15	96.9 *
01/29	1035	WDS	pH	7.0 S.U.			SM 2000 4500-H+ B	1.87	N/A *
02/01	1545	TSB	Phosphorous, Total (as P)	6.6 mg/L			EPA 365.3	1.77	103.1 *
02/03	1515	MDR	Solids, Total Suspended	32.0 mg/L	(b)		SM 1997 2540 D	0.00	N/A *
01/29	1415	RHB	Coliform, Fecal	600 /100ml			SM 1997 9222 D	0.00	N/A *
01/29	1330	TSB	BOD, Carbonaceous	22.5 mg/L			SM 2001 5210 B	0.00	101.7 *
02/02	1530	TSB	Nitrate + Nitrite	3.7 mg/L			SM 2000 4500-NO3 E	0.00	102.9 *
02/04	1415	TSB	Nitrogen, Plant Available	32.5 mg/L			SM 1997 4500-N		

\* 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 Richard Brown  
 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: Greenfield Capital-Villages @ Cross C						Permit/Project #:					pH(23) Phos(25), NH <sub>3</sub> -N(15.A) TKN(16.A)/N+N(91) CBOD(70), TSS(28), PAN(99.99) Fecal Coliform(43)										
Address: 3302 N. Dixieland						Purchase Order #:															
Rogers AR						Sampler Name(s): <i>Waldo Schmitt</i>															
Telephone: (479)936-0333 (Cell)						and Signature(s): <i>Waldo Schmitt</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	1601020135	1-29-16	10:35	GRAB	Water	teflon	150 ml	none	1	X											
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X	X									
				GRAB	Water	Plastic	1 qt	none/ice	1				X								
				GRAB	Water	Whirlpak	300ml	NaS <sub>2</sub> O <sub>4</sub>	1						X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:											
<i>Waldo Schmitt</i>		1-29-16	11:50	<i>Richard Brown</i>						Used? <input checked="" type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:											
										Regular <input checked="" 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>Richard Brown</i>				1-29-16	11:50	Yes <input checked="" type="checkbox"/>											
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
						Analyst:	pH:	10:35	WDS	7											
						Time:	Temp.:	10:35	WDS	17.6		°C °F									
						Reading:	DO:														
						Units:	Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___											