

**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


1/1/2019

MM/DD/YYYY

1/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.577204	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021277	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	6.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	36	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	< 4	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	6.3	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	44.4	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	40.1	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	1.72	mg/l		
Plant Available Nitrogen (PAN)	REPORT	43.1	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	1/7/2019
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) High TSS was due to recycle pump in one unit clogging. We have since desludged entire system, Cleaned pumps. We will monitor and report next month.

Jan 2019 VILLAGES OF CROSS CREEK LOADING RATES Max Day 21,277

Zone Identification	GPD/sq 2
1	2,404
2	2,404
3	2,404
4	2,404
5	2,404
6	2,404
7	2,851
8	3,319
9	Not used
10	Combined with 8
11	2,809
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: 1901020124
 Customer Name : DIXIELAND UTILITY LLC
 Customer/Permit No. : 1698 / 4811-WR-4 001
 Report Date : 02/07/19

Sample Date : 01/30/19
 Sample Time : 1250
 Sample Type : GRAB DIXIELAND
 Sample From : DOSE TANK EFFLUENT

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

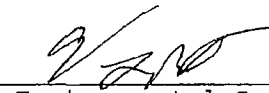
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>				<u>% RPD</u>	<u>% Recovery</u>
02/01	1025	AKA	Ammonia as N, (HACH 10205)	40.10 mg/L		SM 2011 4500-NH3 F	4.65	102.2
02/04	1130	AKA	Total Kjeldahl Nitrogen	44.4 mg/L		02/2014 HACH 10242	1.77	86.2 *
01/31	1250	JEW	pH	7.6 S.U.		SM 2000 4500-H+ B	0.00	N/A
01/31	0900	TSB	Phosphorous, Total (as P)	6.300 mg/L		EPA 365.3	0.90	107.0 *
01/31	1046	AKA	Solids, Total Suspended	36.0 mg/L	(b)	SM 2011 2540 D	6.41	N/A *
01/30	1635	TSB	Fecal Coliform (MPN/100mL)	< 4.0 /100ml		06/2012 Colilert18	0.00	0.0 *
01/30	1400	TSB	BOD, Carbonaceous	6.7 mg/L		SM 2001 5210 B	4.69	107.7 *
02/05	842	AKA	Nitrate + Nitrite	1.72 mg/L		01/2013 HACH 10206	4.56	105.0
02/07	0900	TSB	Nitrogen, Plant Available	43.1 mg/L		SM 1997 4500-N		
01/11	0900	SR	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

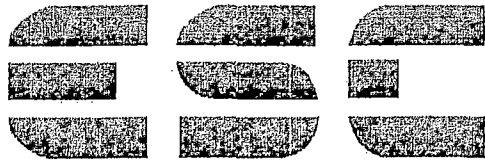
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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), NH ₃ -N(15.A)	s-TKN(16.C)N+N(91)	CBOD(70), TSS(28), PAN(99.99)	Fecal Coliform(43.IF)						
Address: 3302 N. Dixieland				Purchase Order #:																	
Rogers AR				Sampler Name(s): <i>James Willett, James Willett</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	1901020124	1-30-19	1250	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:		Used?	Intact?									
<i>James Willett, James Willett</i>		1-30-19	1630								<input type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	Special									
											<input type="checkbox"/>	<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	No									
				<i>Damen Brock, Tamara Brock</i>			1-30-19	1630			<input type="checkbox"/>	<input type="checkbox"/>									
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units											
				Analyst:	pH:	1250	<i>UPW</i>	7.6	7.6												
				Time:	Temp.:	1250	<i>UPW</i>	18.1	18.1	°C											
				Reading:	DO:																
				Units:	Debris:																
Cool all samples to 6 degrees C.							Chlorinated? Yes No			This Document is Page ___ of ___											