# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

PERMITTEE NAME		yo a		PERMIT NO.					
Benton County, Arkansas Suburban Sewer District No 1 Villages of Cross Creek			FACILITY NAME (IF DIFFERENT)  Villages of Cross Creek						
PERMITTEE ADDRES	S	n de la companya de	FACILITY ADDR		AND THE SECOND S		AFIN NO.		
PO Box 9299	l		3302 N Dixieland				04-00899		
Fayetteville AR 72703			Little Flock AR						
		WASTI							
		MM/DD/YYYY		MM/DD/YYYY 1/31/2021					
		1/1/2021	l						
TREATED WASTEWATER EFFLUE	NT SAMPLING					* 1			
PARAMETER		Limit	Limit Sample Measurement UNITS		Monitoring	R	eporting		
Flow, Monthly total		RÉPORT	0.591,740	MG	Total Flow per calendar month				
Flow, daily maximun		REPORT	0.029,811	MGD	Daily				
Carbonaceous Biochemical Oxygen Demand (CBOD5)		30	9.9	mg/l				•	
Total Suspended Solids (TSS)		30	30 20.5 mg/l						
Fecal Coliform Bacteria (FCB)		10,000	>12,098	colonies/100ml	Grab Sample once per month				
рН		6.0 - 9.0	6.9	s.u.		Prior to	the 15th of the	•	
Total Phosphorus (TP)		REPORT	7.41	mg/l		folio	wing Month		
Total Kjeldahl Nitrogen (TKN)		REPORT	52.6	mg/l					
Ammonia Nitrogen	Ammonia Nitrogen		46.7	mg/l	Crah sample ener par quarter	-1			
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)		REPORT	1.54	mg/l	Grab sample once per quarter				
Plant Available Nitrogen (PAN)		REPORT	50	mg/l					
Loading Rate		REPORT	SEE ATTACHED	gpd/ft 2	Daily				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	LTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION				TELEPHONE	DATE	
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN							
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL	5926		2/12/2021	
Kathy Bartlett	COMPLETE. I AM AW	ARE THAT THERE ARE SIGNIFICANT PENA	LTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR				
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT.	<u> </u>	AUTHORIZED AGENT		MM/DD/YYYY			
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference all attachments here)							

January 2021 VILLAGES OF CROSS CREEK LOADING RATES								
Daily Max	29,811							
Zone Identification	GPD/sq 2							
1	3369							
2	3369							
3	3369							
4	3369							
5	3369							
6	3369							
7	3190							
8	3074							
9	Not used							
10	Combined with 8							
11	3,333							
12	Not used							
13	Not used							
14	Not used							
15	Not used							
16	Not used							
17	Not used							

#### NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality Office of Water Quality – Enforcement Branch 5301 Northshore Drive North Little Rock, AR 72118

-WR-4	Di	scharge Number:	
Cross Creek			
eland Rd			
	State: AR	Zip:	
	Phone:	· · · · · · · · · · · · · · · · · · ·	
Parameter Exceeded	Quantity or Loading	Quality or Concentration	Permit Limits
Fecal Coliform Bacteria	12,098		10,000
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it will take to correct prob	lem:		
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Dett	a/	12/21	
	Date		
	Parameter Exceeded Fecal Coliform Bacteria  was due to: determine the cause of  it will take to correct prob	Cross Creek eland Rd  State: AR Phone:  Parameter Exceeded Quantity or Loading Fecal Coliform Bacteria 12,098  In was due to: determine the cause of elevated FCB  it will take to correct problem:	Parameter Exceeded Quantity or Loading Concentration  Fecal Coliform Bacteria 12,098  a was due to: determine the cause of elevated FCB  it will take to correct problem:  A MACA  A M

Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Revised March 2016)

Submitted electronically via NetDMR

### 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: 2101020058

Customer Name : DIXIELAND UTILITY LLC

Customer/Permit No.: 1698 / 4811-WR-4 001

Report Date : 02/02/21

Sample Date : 01/20/21

Sample Time : 1210

Sample Type : GRAB
Sample From : EFFLUENT

Collected By: HNS

Delivery By : HNS Work Order :

Purchase Order : QUARTERLY

	Quality Assurance					
Analysis		<u>Laboratory Analysis</u>			Precision	Accuracy
Date Time By	Parameter	Result Notes	Quantity	<u>Method</u>	% RPD	<pre>% Recovery</pre>
01/25 1000 HNS	Ammonia as N, (HACH 10205)	46.70 mg/L		SM 2011 4500-NH3 F	6.17	102.0 *
02/02 1115 TWM	Total Kjeldahl Nitrogen	52.6 mg/L		02/2014 HACH 10242	3.17	95.3 *
01/20 1214 HNS	На	6.9 S.U.		SM 2011 4500-H+ B	.0.00	N/A *
01/22 1130 HNS	Phosphorous, Total (as P)	7.41 mg/L		EPA 365.3	1.65	102.0 *
01/25 1330 HNS	Solids, Total Suspended	20.5 mg/L		SM 2011 2540 D	25.94	N/A *
01/20 1630 HNS	Fecal Coliform (MPN/100mL	> 12098.0 /100ml (b)		06/2012 Colilert18	0.00	N/A
01/21 0730 TWM	BOD, Carbonaceous	9.9 mg/L	•	SM 2001 5210 B	0.00	101.3 *
01/26 1210 HNS	Nitrate + Nitrite	1.54 mg/L	•	01/2013 HACH 10206	5.23	108.0 *
02/02 1455 TWM	Nitrogen, Plant Available	50.0 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

Environmental Services Co., Inc.

091740

Kristin Mullins

#### 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

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Client Information												amete	ers				
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Dixieland Rogers AR  (479)936-0333 (Cell)  Sampler Name(s):  Haycles Smith  Rogers AR  (479)936-0333 (Cell)  And Signature(s):  Haycles Smith  Beer: 1698  Sampler Name(s):  Haycles Smith  Rogers AR  (479)936-0333 (Cell)  And Signature(s):  Haycles Smith  Beer: 1698  Sampler Name(s):  Haycles Smith  Beer: 1698  Sampler Name(s):  Haycles Smith  Beer: 1698  Sampler Name(s):  Haycles Smith  Beer: 1698  Sample Containers  Sample Containe	Client Information  Project Information  Reques  Dixieland Utility LLC.  Permit/Project #: Quarterly  3302 N. Dixieland  Rogers AR  (479)936-0333 (Cell)  Sampler Name(s): Hayden Smith  and Signature(s): Hayden Smith  ber: 1698  Dele Identification  Sample Collection  Sample Containers  Done ESC Control # Date Time Type Matrix Type Volume Preservative # 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Client Information  Dixieland Utility LLC.  3302 N. Dixieland Rogers AR  (479)936-0333 (Cell)  Sampler Name(s):  Analysis Filluent  GRAB  GRAB  Water  GRAB  Water  GRAB  Water  Glass  250 mt.  None  Date  Time  Requested  Quarterly  Quarterly	Client Information  Dixieland Utility LLC.  Permit/Project #:  Quarterly  3302 N. Dixieland  Rogers AR  (479)936-0333 (Cell)  Sampler Name(s):  ### Analyst:  Project Information  Requested Para  Quarterly  Quarterly  Quarterly  Quarterly  Quarterly  Requested Para  Quarterly  Requested Para  Quarterly  Requested Para  Quarterly  Quarterly  Requested Para  Requested Para  Quarterly  Requested Para  Quarterly  Requested Para  Requested Para  Quarterly  Requested Para  Requested Para  Quarterly  Requested Para  Requested Para  Requested Para  Quarterly  Requested Para  Requested Para  Requested Para  Quarterly  Requested Para  Requested Para  Requested Para  Requested Para  Quarterly  Requested Para  Requ	Client Information  Project Information  Requested Paramete  Quarterly  3302 N. 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NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

ADEQ WATER DIVISION/PERMITS BRANCH 5301 Northshore Drive N Little Rock, AR 72118-5317