

**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

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
1/1/2020	1/31/2020

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.676150	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.023834	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	13.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	23.9	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	1,483	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	6.56	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	55	mg/l		
Ammonia Nitrogen	REPORT	36.3	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	3.17	mg/l		
Plant Available Nitrogen (PAN)	REPORT	45	mg/l		
Loading Rate	REPORT		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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	2/12/2020
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS ( <i>Reference all attachments here</i> )				

Jan 2020 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

29,678

Zone Identification

GPD/sq 2

1

3354

2

3354

3

3354

4

3354

5

3354

6

3354

7

3977

8

4630

9

Not used

10

Combined with 8

11

950

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: 2001020090  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 01/24/20

Sample Date : 01/09/20  
 Sample Time : 1605  
 Sample Type : GRAB  
 Sample From : DOSE TANK EFFLUENT

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

### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
01/10	1400	TSB	Ammonia as N, (HACH 10205)	36.30 mg/L			SM 2011 4500-NH3 F	1.37	98.2 *
01/14	0850	TSB	Total Kjeldahl Nitrogen	55.0 mg/L			02/2014 HACH 10242	10.99	101.0 *
01/09	1605	JEW	pH	7.4 S.U.			SM 2011 4500-H+ B	0.00	N/A *
01/14	0915	TSB	Phosphorous, Total (as P)	6.56 mg/L			EPA 365.3	0.46	109.0 *
01/14	1530	TSB	Solids, Total Suspended	23.9 mg/L			SM 2011 2540 D	0.00	N/A *
01/09	1700	TWM	Fecal Coliform (MPN/100mL)	1483.0 /100mL			06/2012 Colilert18	0.00	0.0 *
01/10	1200	TSB	BOD, Carbonaceous	13.8 mg/L			SM 2001 5210 B	12.83	92.0 *
01/14	0945	TSB	Nitrate + Nitrite	3.17 mg/L			01/2013 HACH 10206	1.12	98.0 *
01/23	1115	TSB	Nitrogen, Plant Available	45.1 mg/L			SM 1997 4500-N		

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

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.

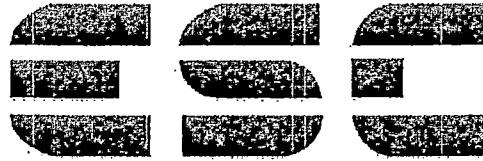
Signature

Environmental Services Co., Inc.

076,150  
 23,834

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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

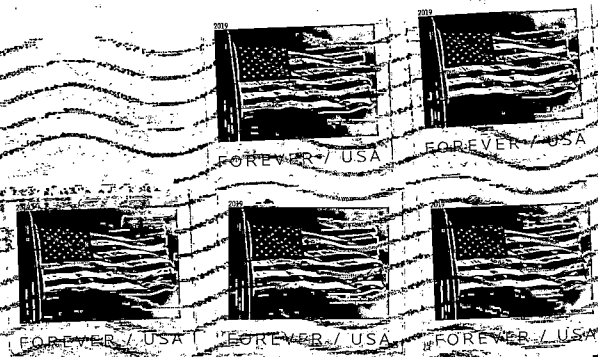
### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters											
Company Name: Dixieland Utility LLC.				Permit/Project #: Quarterly						CBOD (70), TSS (28)	T-Phosphorus (25)	NH3-N (15.A), s-TKN (16.C)	NO3-N+NO2-N (91), PAN (99.99)	Fecal Coliform (43.IF)	pH (23)						
Address: 3302 N. Dixieland Rogers AR				Purchase Order #:																	
Telephone: (479)936-0333 (Cell)				Sampler Name(s): <i>James Wiltse, James Wiltse</i>																	
Telephone:				and Signature(s):																	
ESC Client Number: 1698																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Dose Tank/Effluent	2001020090	1-9-20	1605	GRAB	Water	plastic	1/2 gal	None, Cool	1	X											
				GRAB	Water	plastic	250 ml	H2SO4, pH < 2	1		X	X	X								
				GRAB	Water	Sterile	100 mL	NaS2O4, Cool	1					X							
				GRAB	Water	Glass	250 mL	None	0							X					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:											
<i>James Wiltse, James Wiltse</i>		1-9-20	1645							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:											
				<i>Tyler Meek</i>				1-9-20	1645	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units									
				Analyst:		pH:		1605	<i>JEW</i>	7.9	7.9										
				Time:		Temp.:		1605	<i>JEW</i>	17.5	17.4	°F									
				Reading:		DO:															
				Units:		Debris:															
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1											

NWA UTILITY SERVICES, INC

PO Box 9299  
Fayetteville, AR  
72703

Little Rock  
SAT 15 FEB



ADEQ  
WATER DIV. Permits  
Branch  
5301 Northshore Dr  
N Little Rock, AR

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