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

Benton County, Arkansas Suburban Sev No 1 Villages of Cross Creek	vor Dietriet	1								
			Villages of Cross C	Dreek		4811-WR-4				
PERMITTEE ADDRESS			AFIN NO.							
PO Box 9299			3302 N Dixieland Rd							
Fayetteville AR 72703										
		WAS	TEWATER EFFLUENT MO	NITORING PERI	OD					
		MM/DD/YYYY								
	Į	7/1/2017								
TREATED WASTEWATER EFFLUENT	SAMPLING						3			
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting				
Flow, Monthly total		REPORT	0.661759	MG	Total Flow per calendar month					
Flow, daily maximun		REPORT	0.026659	MGD	Daily					
Carbonaceous Biochemical Oxygen Demand (CBOD5)		30	8.5	mg/l						
Total Suspended Solids (TSS)		30 <u>20</u> mg/l								
Fecal Coliform Bacteria (FCB)		10,000	12	colonies/100ml	Grab Sample once per month					
рН		6.0 - 9.0	6.7	s.u.		Prior to the 15th of the				
Total Phosphorus (TP)		REPORT	6,1	mg/l		following Month				
Fotal Kjeldahl Nitrogen (TKN)		REPORT	28.9	mg/l						
Ammonia Nitrogen		REPORT	28,9	mg/l	- Grab sample once per quarter					
litrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)		REPORT	6.1	mg/l	Glab sumple onse per quarter					
Plant Available Nitrogen (PAN)		REPORT	35	mg/l						
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C	ERTIFY UNDER PEN	ALTY OF LAW THAT I HAVE PERSONAL	0/ //	TELEPHONE	DATE					
. st	JBMITTED HEREIN; A	ND BASED ON MY INQUIRY OF THOSE	Kernell degen	2						
OI	OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL									
/-# D# -#		G THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL (479) 530- TE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, EXECUTIVE OFFICER OR 5926								
TYPED OR PRINTED	INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. AUTHORIZED AGENT									
COMMENTS AND EXPLANATION OF V			e have been repairing bad	d areas in the dri	p fields, and have found a lot	of areas that have been	chewed into			

July 2017 VILLAGES OF CROSS CREEK	LOADING RATES 26,659 Max day flow
Zone Identification	GPD/sq 2
1	3,012
2	3,012
3	3,012
4	3,012
5	3,012
6	3,012
7	3,572
8	4,159
9	Not used
10	Combined with 8
11	3,519
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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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: 1707020161 Customer Name: DIXIELAND UTILITY LLC Customer/Permit No.: 1698 / 4811-WR-4 001 Sample Date : 07/14/17 Sample Time : 1320 Sample Type : GRAB Collected By: JCB
Delivery By : JCB
Work Order :

Report Date : 07/24/17

Sample from : DOSE TANK EFFLUENT

Purchase Order :

		Laboratory Analysis			Quality A	lssurance
Analysis				İ	Precision	Accuracy
Date Time By	Parameter	Result Notes	Quantity	Method	_ % RPD_	१ Recovery
07/14 1000 TSB	Ammonia Nitrogen	28.9 mg/L		SM 1997 4500-NH3 F	0.00	93.3 *
07/18 1000 TSB	Total Kjeldahl Nitrogen	28.90 mg/L		02/2014 HACH 10242	0.00	102.0 *
07/14 1320 JCB	На	6.7 S.U.		SM 2000 4500-H+ B	0.00	N/A *
07/18 1300 TSB	Phosphorous, Total (as P)	6.1 mg/L		EPA 365.3	1.38	101.2 *
07/20 1400 JCB	Solids, Total Suspended	20.0 mg/L		SM 1997 2540 D	7.61	$N/A \star$
07/14 1030 JCB	Coliform, Fecal	12 /100ml		SM 9222 D 1997	12.12	N/A *
07/14 1400 TSB	BOD, Carbonaceous	8.5 mg/L	•	SM 2001 5210 B	5.80	91.0 *
07/17 1400 TSB	Nitrate + Nitrite	6.1 mg/L		SM 2000 4500-NO3 E	1.74	98.9 *
07/21 1620 TSB	Nitrogen, Plant Available	35.0 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.

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170

Corporate Office, Little Rock, Arkansas 501-221-2565

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Reginquished By: (Signature and Printed Name) Date Time Received for Lab By: (Signature and Printed Name) Pichard Receive	Client Information				Project Information				Requested Parameters									
Rogers AR Telephone: (479)936-0333 (Cell) Sampler Name(s): ### 1698 Sample Identification Sample Collection Sample Containers Collection Sample Containers Sa	Company Name:	Dixieland Utility LL	C.		Permit/Pro	ject #:												
Dose Tank/Effluent 107006 7 14 17 1320 GRAB Water Lefton 150 ml none 1 X X X X X X X X X	Address:	3302 N. Dixieland			Purchase Order #:						1			66				
Dose Tank/Effluent 107006 7 14 17 1320 GRAB Water Lefton 150 ml none 1 X X X X X X X X X]			0	0 1				7		(99			}	
Dose Tank/Effluent 107006 7 14 17 1320 GRAB Water Lefton 150 ml none 1 X X X X X X X X X	Telephone:	(479)936-0333	(Cell)		Sampler N	Sampler Name(s); John Byrd							15.4		AN			
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GRAB Water Plastic 8 oz H ₂ SO _{4,PH<2} 1			2/14/12			Water	teflon	150 ml	none	····· •	1							
GRAB Water Plastic 1 qt none/ice 1		1	70.00	1			Plastic	8 oz	H ₂ SO ₄ ,pH<	2	1		×	x				
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Reginquished By: (Signature and Printed Name) Date Time Received for Lab By: (Signature and Printed Name) Pichard Receive	John Byrd John Blood 7/14/17 /420			Received By: /Signature and Printed Name) Date Date			Tin	ne	1:		<u> </u>	<u></u>	Inta	ct?				
	Tolling Indiana, Columnia and Filling (Mallie)									Regu	ular	X	X Special					
Comments: FLOW DATA Field Test Time Analyst Result Result Units Analyst: pH: 1320 TcB G-7 G-7 Time: Temp.: Y 03.9 25-8 °C °F	Relinquished By: (Signeture and Printed Name) Date Time			Received for Lab By: (Signature and Printed Name) Date Time 7/44/m 142.0			D C	Were										
Analyst: pH: 13.20 JcB 6-7 6.7 Time: Temp.: J 93.9 25.8 °C °F	Comments:				FLOW DATA Field Test Time Ana					Res						 3		
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Units: Debris:	·					Reading:						<u> </u>				├ ──		
Cool all samples to 6 degrees C. Chlorinated? Yes No This Document is Page 1 of 1			Offics.	· -		12 Yes N	ln		Thi	s Dor	Cume	ent is	Pag	e i	of I			