

**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
7/1/2018	7/31/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.644382	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021766	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	8.2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	21	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	10	colonies/100ml		
pH	6.0 - 9.0	7	s.u.		
Total Phosphorus (TP)	REPORT	6.4	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	28.2	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	27.1	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	9.4	mg/l		
Plant Available Nitrogen (PAN)	REPORT	36.8	mg/l		
Loading Rate	REPORT	see attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	8/7/2018
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS ( <i>Reference all attachments here</i> )				

VILLAGES OF CROSS CREEK LOADING RATES

Zone Identification	GPD/sq 2
1	2,460
2	2,460
3	2,460
4	2,460
5	2,460
6	2,460
7	2,917
8	3,395
9	Not used
10	Combined with 8
11	2,873
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: 1807020143  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 07/20/18

Sample Date : 07/13/18  
 Sample Time : 1235  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

Collected By: CLS  
 Delivery By : CLS  
 Work Order :  
 Purchase Order :

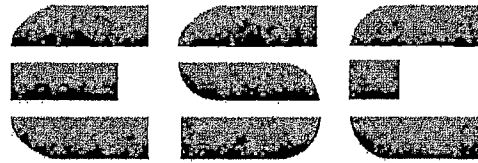
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
07/13	1000	JCB	Ammonia Nitrogen	27.1 mg/L		SM 1997 4500-NH3 F	0.00	101.0 *
07/19	1000	TSB	Total Kjeldahl Nitrogen	28.2 mg/L		02/2014 HACH 10242	10.99	98.5 *
07/13	1235	CLS	pH	7.0 S.U.		SM 2000 4500-H+ B	0.00	N/A *
07/18	1245	CLS	Phosphorous, Total (as P)	6.4 mg/L		EPA 365.3	4.15	109.0
07/17	1300	TSB	Solids, Total Suspended	21.0 mg/L		SM 1997 2540 D	8.12	N/A *
07/13	1430	CLS	Fecal Coliform	10.0 /100ml		06/2012 Colilert18	2.74	0.0 *
07/13	1400	TSB	BOD, Carbonaceous	8.2 mg/L		SM 2001 5210 B	0.92	109.0 *
07/16	1345	TSB	Nitrate + Nitrite	9.4 mg/L		01/2013 HACH 10206	1.74	95.7 *
07/19	1500	TSB	Nitrogen, Plant Available	36.8 mg/L		SM 1997 4500-N		
07/13	1230	CLS	Sample Collection/Travel	1 each			0.00	100.0 *

\* 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  
 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 <sub>3</sub> -N(15.A) S-TKN(16.C)N+N(91) CBOD(70), TSS(28), PAN(99.99) Fecal Coliform(43)					
Address: 3302 N. Dixieland Rogers AR						Purchase Order #:										
Telephone: (479)936-0333 (Cell)						Sampler Name(s): <i>Chris Stange</i>										
Telephone:						and Signature(s): <i>[Signature]</i>										
ESC Client Number: 1698																
Sample Identification			Sample Collection			Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	Phos(25), NH <sub>3</sub> -N(15.A)	S-TKN(16.C)N+N(91)	CBOD(70), TSS(28), PAN(99.99)	Fecal Coliform(43)		
Dose Tank/Effluent	1807020143	7/13/18	1235	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>[Signature]</i>		7/13/18	1400	<i>[Signature]</i>				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:								
				<i>[Signature]</i>				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>[Signature]</i>		7/13/18	1400	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units				
						Analyst:	pH:	1235	CS	7.0	7.0					
						Time:	Temp.:	Y	Y	30.2	32.2 (°C)	°F				
						Reading:	DO:									
						Units:	Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1							