

**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

PERMIT NO.
4811-WR-4


FACILITY ADDRESS
3302 N Dixieland Rd Little Flock AR

AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2020	7/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.589,694	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.028,063	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	3.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	23.3	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	< 5.0	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	7.25	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	40.9	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	30.6	mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	6.4	mg/l		
Plant Available Nitrogen (PAN)	REPORT	40.1	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	8/15/2020
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

June 2020 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max	28,063
Zone Identification	GPD/sq 2
1	3171
2	3171
3	3171
4	3171
5	3171
6	3171
7	3003
8	2947
9	Not used
10	Combined with 8
11	3,087
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: 2007020052
 Customer Name : DIXIELAND UTILITY LLC
 Customer/Permit No. : 1698 / 4811-WR-4 001
 Report Date : 07/16/20

Sample Date : 07/09/20
 Sample Time : 1850
 Sample Type : GRAB
 Sample From : DOSETANK/EFFLUENT

Collected By: JWS
 Delivery By : JWS
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
07/10	1330	TSB	Ammonia as N, (HACH 10205)	30.60 mg/L			SM 2011 4500-NH3 F	0.78	98.0 *
07/13	0830	NTR	Total Kjeldahl Nitrogen	40.9 mg/L			02/2014 HACH 10242	1.53	110.8 *
07/09	1853	JWS	pH	7.2 S.U.			SM 2011 4500-H+ B	0.00	N/A *
07/13	1000	NTR	Phosphorous, Total (as P)	7.25 mg/L			EPA 365.3	0.49	95.8 *
07/13	1515	TSB	Solids, Total Suspended	23.3 mg/L			SM 2011 2540 D	6.80	N/A *
07/09	1750	TSB	Fecal Coliform (MPN/100mL)	< 5.0 /100ml			06/2012 Colilert18	0.00	N/A *
07/10	1400	TSB	BOD, Carbonaceous	3.8 mg/L			SM 2001 5210 B	7.82	83.0 *
07/14	1640	NTR	Nitrate + Nitrite	6.40 mg/L			01/2013 HACH 10206	0.65	101.8 *
07/15	1000	TWM	Nitrogen, Plant Available	40.1 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.

NR
 589694
 28043

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



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

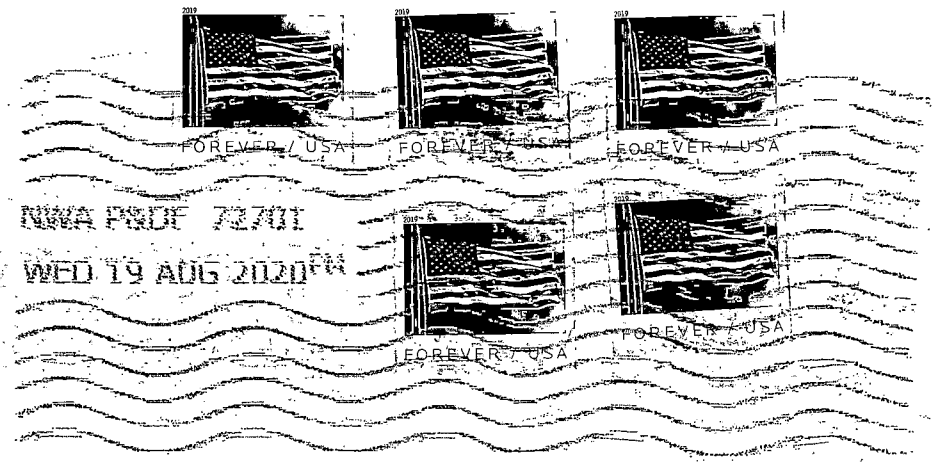
Carlsbad, New Mexico
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information						Project Information						Requested Parameters			
Company Name: Dixieland Utility LLC.			Permit/Project #: Monthly			CBOD (70), TSS (28)	T-Phosphorus (25)	Fecal Coliform (43.IF)	pH (23)						
Address: 3302 N. Dixieland Rogers AR			Purchase Order #:												
Telephone: (479)936-0333 (Cell)			Sampler Name(s): <u>James Jones</u>												
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	2257020052	7/9/20	18:30	GRAB	Water	plastic	1/2 gal	None, Cool	1	X					
Dose Tank/Effluent	2257020052	7/9/20	19:50	GRAB	Water	plastic	250 ml	H ₂ SO ₄ , pH < 2	1		X				
Dose Tank/Effluent	2257020052	7/9/20	18:50	GRAB	Water	Sterile	100 mL	NaS ₂ O ₄ , Cool	1			X			
Dose Tank/Effluent	2257020052	7/9/20	18:50	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:							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Used? <input type="checkbox"/>		Intact? <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular <input 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:		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units			
						Analyst:	pH:	18:53	JWS	7.2	7.2				
						Time:	Temp.:					°C, °F			
						Reading:	DO:								
						Units:	Debris:								
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___						

Vertical barcode lines



NWA PRDF 72703
WED 19 AUG 2020 PM

 **NWA UTILITY SERVICES, INC**
PO Box 9299
Fayetteville, AR 72703

Arkansas Dept. of Energy and Environment
Water Division Permits Branch
5301 Northshore Drive
North Little Rock, AR
72118-5317