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

PERMITTEE NAME		:	FACILITY NAME (IF DIF	PERMIT NO.			
Benton County, Arkansas Suburban			Villages of Cross C	reek		4811-WR-4	l
No 1 Villages of Cross Cre PERMITTEE ADDRESS			AFIN NO.				
PO Box 9299	<u>'</u>		Anna and the second sec	04-00899			
Fayetteville AR 72703							
		WASTE	WATER EFFLUENT MO	NITORING PERI	OD _		
		MM/DD/YYYY			MM/DD/YYYY		
		6/1/2018			6/30/2018		
TREATED WASTEWATER EFFLUER	NT SAMPLING	under der der der der der der der der der		, ·			1
PARAMETER	^	Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total		REPORT	0.538687	MG	Total Flow per calendar month		
Flow, daily maximun		REPORT	0.02426¢	MGD	Daily		
Carbonaceous Blochemical Oxygen De	mand (CBOD5)	30	9.9	mg/l			
Total Suspended Solids (TSS)		30	26.5	mg/l			
Fecal Coliform Bacteria (FCB)		10,000	200	colonies/100ml	Grab Sample once per month	ı	
рН		6.0 - 9.0	7.1	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	7.1	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l			
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrog	gen (NO2-N)	REPORT	No Report	mg/l			ļ t
Plant Available Nitrogen (PAN)		REPORT	No Report 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	Y EXAMINED AND AM WITH TH	HE INFORMATION	h/	TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE I	NDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Samuel Dealer		0/00/0040
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE,	ACCURATE, AND	SIGNATURE OF FRINCIPAL		6/30/2018
Kathy Bartlett	COMPLETE. 1 AM AWA	ARE THAT THERE ARE SIGNIFICANT PENA	LTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926	
TYPED OR PRINTED		AUTHORIZED AGENT		MM/DD/YYYY			
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	eference all attachments here)					

Zone Identification	GPD/sq 2
1	2,741
2	2,741
3	2,741
4	2,741
5	2,741
6	2,741
7	3,251
8	3,785
9	Not used
10	Combined with 8
11	3,202
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: 1806020079

Customer Name : DIXIELAND UTILITY LLC

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

Report Date : 06/13/18

Sample Date : 06/08/18

Sample Time : 1530

Sample Type : GRAB

Sample From : DOSETANK/EFFLUENT

Collected By: CLS Delivery By : CLS

Work Order :

Purchase Order :

	Quality Assurance						
Analysis						Precision	Accuracy
<u>Date Time By</u>	<u> Parameter</u>	Result	Notes	Quantity	Method	% RPD	% Recovery
06/08 1530 CLS	рН	7.1 S.U.			SM 2000 4500-H+ B	0.00	N/A *
06/12 0800 TSB	Phosphorous, Total (as P)	7.1 mg/L			EPA 365.3	1.71	109.7 *
06/12 1430 JCB	Solids, Total Suspended	26.5 mg/L	26.5 mg/L			17.75	N/A *
06/09 1530 JCB	Coliform, Fecal	200 /100ml	1		SM 9222 D 1997	0.00	N/A *
06/08 1400 TSB	BOD, Carbonaceous	9.9 mg/L			SM 2001 5210 B	0.00	95.5 *
06/08 1530 JCB	Sample Collection/Travel	1 each					

* 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							Rec	ues	ted	l Parameters				
Company Name:	Dixieland Utility LLC.			Permit/Project #:														
Address:	3302 N. Dixieland			Purchase Order #:														
Rogers AR			1															
Telephone:				Sampler Name(s): Cho's Strase								1						
· ————	(+10)000-0000	(Ocii)		Sampler Name(s): Cho's Strase and Signature(s):														
Telephone:											TSS(28)	(43						
				and Signature(s):									SZ	E I				
ESC Client Number:	1698		 	<u> </u>								İ						
Sample Ider	ntification	Sample Collection		Collection		Sample 0		Containers			(23)	Phos(25)	CBOD(70),	alC				.
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	Ŧ	F.	B	Fecal				
Dose Tank/Effluent	1806020079	6/8/18	15:30	GRAB	Water	teflon	150 ml	none		1	х							
	7	1		GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	22	1		x						
			1	GRAB	Water	Plastic	1 qt	none/ice		1	H	Ê	x	<u> </u>				
								1						<u> </u>				
	 			GRAB	Water	Whiripak	300ml	NaS2O4		1				X	$\vdash\vdash\vdash$			
				-		ļ						<u> </u>			 			\dashv
······································								ļ										_
				<u> </u>														
		***************************************			· · · · · · · · · · · · · · · · · · ·													\neg
Relinguished By: (Signature and Printed Name) Date Time		Received By: (Signature and Printed Name) Date Time		е	Custo	dy Se	als:					ᅱ						
Relinguished By: (Signature and Printed Name)		6/5/18 Date	17:30 Time	Received By: (Signeture and Printed Name) Date Time			Used'	? round	1		Intac	it?						
Talling of St. (organization and Filling Hallie)		Received by. (aig	Herote Stir Littler	i Name)		Date	''''	_ i	Regul			i	Spec	cial		ļ		
Relinquished By: (Signature and Printed Name) Date Time		Reger or Lab By) (Signature and Brinted Name)		Date // 8/18	12 ^{Tim}				operly	perly preserved:								
Comments:		Man 1	FLOW DATA Pield Test				_		Yes 🔫			No No						
Comments:			Analyst: pH:			Time 15:30	Analys		Resu		Ty,		Units					
				Time:		Temp.:	12.20	4		₹Ý.		29 .		© °F		٩F	一	
······································					Reading:		DO:	,						\Box				\Box
Cool all samples to 6 degrees C.					Units: Debris:							لب		-	 /	_		
Cool all samples to 6 degrees C.							Chlorinated	? Yes N	0		INIS	noc	ume	nt is	Page) د	of <u>{</u>	