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

Benton County, Arkansas Suburban Sew No 1 Villages of Cross Creek PERMITTEE ADDRESS PO Box 9299 Fayetteville AR 72703			Villages of Cross (	reek .	<b>I</b>						
PERMITTEE ADDRESS PO Box 9299	258			JICCI.		4811-WR-4	_				
Fayetteville AR 72703		## FACILITY ADDRESS AFIN NO.   04-008999   04-008999   04-008999   04-008999   04-008999   04-00899									
	Little Flock AR										
	[		WATER EFFLUENT MO	NITORING PERI	OD	1					
		MM/DD/YYYY		MM/DD/YYYY	]						
•	l	3/1/2016			3/31/2016	]					
TREATED WASTEWATER EFFLUENT S	AMPLING						]				
PARAMETER	4.	Limit	Sample Measurement	UNITS	Monitoring	Reporting					
Flow, Monthly total		REPORT	0.55324	MG	Total Flow per calendar month		]				
Flow, daily maximun		REPORT	0.026784	MGD	Daily						
Carbonaceous Biochemical Oxygen Demand (CBOD5)		. 30	< 2	mg/l							
Total Suspended Solids (TSS)		30	9 mg/l								
Fecal Coliform Bacteria (FCB)		10,000	< 4	colonies/100ml	Grab Sample once per month						
pH		6.0 - 9.0	7	s.u.		Prior to the 15th of the					
Total Phosphorus (TP)		REPORT	5.9	mg/l		following Month					
Total Kjeldahl Nitrogen (TKN)		REPORT	35.84 mg/l			1					
Ammonia Nitrogen		REPORT	34.4	mg/l	Grab sample once per quarter						
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)		REPORT	5.3	mg/l	Grab sample once per quarter						
Plant Available Nitrogen (PAN)		REPORT	36.2	mg/l							
oading Rate		REPORT	see attached	gpd/ft 2	Daily						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CE	RTIFY UNDER PEN	IALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	n/ 11 1	TELEPHONE	DATE				
SUE	MITTED HEREIN; A	AND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	Kame H Las	eg						
ОВТ	AINING THE INFO	DRMATION, I BELIEVE THE SUBMITTED	SIGNATURE OF PRINCIPAL	(479) 530-	4/8/2016						
Kathy Bartlett con	IPLETE. I AM AWA	RE THAT THERE ARE SIGNIFICANT PENAI	TIES FOR SUBMITTING FALSI	EXECUTIVE OFFICER OR	5026						
		BILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYYY				
COMMENTS AND EXPLANATION OF VI	OLATIONS (Ref	ference all attachments here)		<u> </u>							

VILLAGES OF CROSS CF	REEK LOADING RATES
Zone Identification	GPD/sq 2
1	3,027.00
2	3,027.00
3	3,027.00
4	3,027.00
5	3,027.00
6	3,027.00
7	3,589
8	4,178.00
9	Reserve Zone
10	Combined with zone 8
11	3,535.00
12	Reserve Zone
13	Reserve Zone
14	Reserve Zone
15	Reserve Zone
16	Reserve Zone
17	Reserve Zone

## 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: 1603020100

Customer Name : GREENFIELD CAP DEV-VII, @ CC EFF

Customer/Permit No. : 1698 / 4811-WR-2 001

Report Date : 03/15/16

Sample Date : 03/07/16

Sample Time : 1145

Sample Type : GRAB VILLAGES
Sample From : DOSE TANK EFFLUENT

Collected By: RHB Delivery By: CS Work Order: Purchase Order:

	Quality Assurance					
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	<u>Result</u> <u>Notes</u>	Quantity	Method	% RPD	% Recovery
03/10 1000 TSB	Ammonia Nitrogen	34.4  mg/L		SM 1997 4500-NH3 F	0.93	107.5 *
	Kjeldahl Nitrogen Total	35.84 mg/L		SM 1997 4500-NorgB	1.74	99.4 *
03/07 1145 RHB	pН	7.0 S.U.	•	SM 2000 4500-H+ B	0.00	N/A
03/10 1100 TSB	Phosphorous, Total (as P)	5.9 mg/L		EPA 365.3	0.00	100.0 *
03/11 1015 TSB	Solids, Total Suspended	9.0 mg/L		SM 1997 2540 D	0.00	N/A *
03/07 1700 RHB	Coliform, Fecal	< 4 /100ml		SM 1997 9222 D	10.35	N/A *
03/09 1200 TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	4.05	107.6 *
03/10 1130 TSB	Nitrate + Nitrite	5.3 mg/L		SM 2000 4500-NO3 E	1.08	98.0 *
03/14 1045 TSB	Nitrogen, Plant Available	36.2 mg/L		SM 1997 4500-N	2100	J0.0 "

\* 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

## **CHAIN OF CUSTODY**

Phone: 479-750-1170	Fax: 479-750-1172		C	HAIN C														
Client Information				Project Information					Request			sted	ed Parameters			_		
Company Name:	Greenfield Capital-Villages @ Cross C			Permit/Project #:														
Address:	3302 N. Dixieland		Purchase Order #:										6					
			7									99.9						
Telephone:	Rogers AR (479)936-0333 (Cell)			Sampler Name(s): Kic		CHARD BROWN			ĺ	Phos(25), NH <sub>3</sub> -N(15.A)	1)	CBOD(70), TSS(28),PAN(99.99)						
Telephone:			- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· · · · · · · ·								N N	<del>1</del> 3)				
. 1010 pilotioi				and Signature(s):		Pink	Richard Brom				ľ	표	6)N	2(2	7) W.			
ESC Client Number: 1698				and digitature(s). Note		Aport provinc					Z	TKN(16.A)N+N(91)	T,	ecal Coliform(43)				
Sample Ider		1	Sample	Collection	Sample Containers					3	(25	[6.A	02)	S				
Identification	7	Date	T			T	<del>                                     </del>			#	pH(23)	hos	Š	BOD	cal		-	
		<del></del>	Time	Туре	Matrix	Туре	Volume	<u> </u>	ative			<u> </u>	F.	2	1			_
Dose Tank/Effluent	1603020100	3-7-16	1145	GRAB	Water	teflon	150 ml	none		1	<u> </u>	<del> </del>	$\vdash$					
		<del> </del>		GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pH<	:2	1		X	X					_
		<u> </u>	<del> </del>	GRAB Water		Plastic	1 qt	none/ice 1		1		L	Ш	х				
				GRAB	Water	Whirlpak	300ml	NaS2O4		1					x			
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Relinguished By: (Signature and Printe Lichard Dwan Ri	ONAME)  CHARD BROWN	3-7-16	1245	Received By: (Signature and Printed Na		Name)		Date	Time		Custo Used	Custody Seals: Used?				t?		٦
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name) Date Time				Turna	around:						-			
Relinquished By: (Signature and Printed Name)		Date	Time	Time Received for Lab By: (Signature and Printed Name) Date Ti			Time		Regul Were			operiy	Special perly preserved:					
					act Chr.		Strong		1245			Yes			No			
Comments:						Field Test pH:	Time 1145	Analys							Units		4	
					Analyst: Time:		pn: Temp.:	# + -			4-9 20.				(C) °F			┥
					Reading:		DO:											
					Units:		Debris:											
Cool all samples to 6 degrees C.							Chlorinated	? Yes N	0	f	This	Doc	umer	nt is	Page	: <u>_L</u> (	of <u>]</u>	╝