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

PERMITTEE NAME			PERMIT NO.						
Benton County, Arkansas Suburban Sewer District			4811-WR-4						
No 1 Villages of Cross Creek  PERMITTEE ADDRESS  PO Box 9299  Fayetteville AR 72703			<b>AFIN NO.</b> 04-00899						
		WASTE							
		MM/DD/YYYY 3/1/2020							
TREATED WASTEWATER EFFLUE	NT SAMPLING								
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting			
Flow, Monthly total		REPORT	0.584,324	MG	Total Flow per calendar month				
Flow, daily maximun		REPORT	0.026998	MGD	Daily				
Carbonaceous Biochemical Oxygen De	emand (CBOD5)	30	< 2.0	mg/l					
Total Suspended Solids (TSS)		30	22	mg/l					
Fecal Coliform Bacteria (FCB)		10,000	73.2	colonies/100ml	Grab Sample once per month				
pH		6.0 - 9.0	7.4	s.u.		Prior to the 15th of the			
Total Phosphorus (TP)		REPORT	6.67	mg/l		following Month			
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/l					
Ammonia Nitrogen		REPORT		mg/l	Grab sample once per quarter				
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)		REPORT		mg/l	Grab sample office per quarter				
Plant Available Nitrogen (PAN)		REPORT		mg/l	]				
Loading Rate		REPORT		gpd/ft 2	Daily				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	x man 1	TELEPHONE	DATE				
Kathy Bartlett	OBTAINING THE INF	AND BASED ON MY INQUIRY OF THOSE IN ORMATION, I BELIEVE THE SUBMITTED ARE THAT THERE ARE SIGNIFICANT PENAL	) INFORMATION IS TRUE, /	ACCURATE, AND	SIGNATURE OF PRINCIPAL	5926	4/13/2020		
TYPED OR PRINTED	1	SIBILITY OF FINE AND IMPRISONMENT.	E INFORMATION,	EXECUTIVE OFFICER OR  AUTHORIZED AGENT		MM/DD/YYYY			
COMMENTS AND EXPLANATION O Doing repairs on North drip field					No				

Mar 2020 VILLAGES OF CROSS CREEK LOADING RATES									
Daily Max	26,998								
Zone Identification	GPD/sq 2								
1	3051								
2	3051								
3	3051								
4	3051								
5	3051								
6	3051								
7	3618								
8	4212								
9	Not used								
10	Combined with 8								
11	862								
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: 2003020097 Customer Name : DIXIELAND UTILITY LLC

Customer Name: DIXIEDAND UTILITY LLC
Customer/Permit No.: 1698 / 4811-WR-4 001

Report Date : 03/20/20

Sample Date : 03/12/20 Sample Time : 1610

Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Collected By: BRS
Delivery By : BRS

Work Order :

Purchase Order :

	Quality Assurance					
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	S Quantity	Method	% RPD	% Recovery
03/12 1615 BRS	рН	7.4 S.U.		SM 2011 4500-H+ B	0.00	N/A *
03/17 0815 TSB	Phosphorous, Total (as P)	6.67 mg/L		EPA 365.3	2.26	106.0 *
03/17 1430 TSB	Solids, Total Suspended	22.0 mg/L		SM 2011 2540 D	0.75	N/A *
03/12 1710 TSB	Fecal Coliform (MPN/100mL	73.2 /100ml		06/2012 Colilert18	0.00	0.0 *
03/13 1200 TSB	BOD, Carbonaceous	< 2.0 mg/L	•	SM 2001 5210 B	9.69	90.0 *

\* 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.



584,324 20,998

## 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

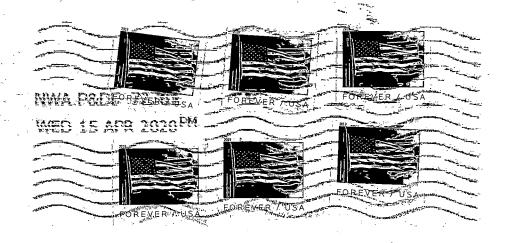
Fax: 479-750-1172

## **CHAIN OF CUSTODY**

Client Information				Project Information					T	Requested				Parameters				
Company Name: Address:	Dixieland Utility LLC. 3302 N. Dixieland			1	Permit/Project #: Month Purchase Order #:													
Rogers AR  Telephone: (479)936-0333 (Cell)  Telephone:		Sampler Name(s): <u>Br;</u> And Signature(s):		Brian Bu	i an iteichnan				, TSS (28)	T-Phosphorus (25)	Coliform (43.1F)							
ESC Client Number: 1698										(3)	sphoi	Colific	<u>@</u>					
Sample Ider	esc Control #	Date	Sample Time	e Collection  Type Matrix		Туре	Sample (Volume	Containers  Preservative #		#	CBOD	F-Pho	Fecal	pH (23)				
Dose Tank/Effluent	2003020097	3/12/20		GRAB	Water	plastic	1/2 gal	None, C	<del></del>		x			12.				
	<del>                                     </del>	<b> </b>		GRAB	Water	plastic	250 MI	H₂SO₄, pl	1<2	1	_	Х						
				GRAB	Water	Sterile	100 mL	NaS2O4,		1	-	_	<u> </u>				_	
	<u> </u>		· ·	GRAB	Water	Glass	250 mL	None		-	$\dashv$	-		Х			-	
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					//					$\dagger$	寸	一	$\dashv$				$\dashv$	
Relinquished By: (Signature and Printed Name) Relinquished By: (Signature and Printed Name)		Date Date	Time	Received By: (Signature and Printed Name)  Received By: (Signature and Printed Name)				Date Date	Time	Use		stody Seals; ed? rnaround;			Intact?			
·				h			<del>)</del>		1		Regular Were samples prope		operly	Special rly preserved:				
Relinquished By: (Signature and Printed Narra)  Brian 9telchmen Will A 3/18/30 17:05  Comments:		Janverts	Received for Lab By: (\$ignature and Printed(Name)		Field Test	312-20 Time			Yes Result		ılı l	No Units			_			
				Analyst: Time: Reading:		pH: Temp.: DO:		BR4	7	7. <i>U</i> 21,		7, L	1	°C		۴		
One letter service to O. L					Units:		Debris:	L										
Cool all samples to 6 degrees C.				<del></del>	,		Chlorinated	? Yes N	0	Ţ	his I	Doc	ume	nt is	Pagr	, <u>t</u>	of _	

NWA UTILI

PO Box 9299 Fayetteville, AR 72703



ADEQ Water DIV. Parmits Branch 5301 Northshore Dr. N LITTLE ROCK, AR 72118

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