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 No 1 Villages of Cross Creek			Villages of Cross Creek							
PERMITTEE ADDRESS	S		FACILITY ADDRESS							
PO Box 9299			3302 N Dixieland Rd Little Flock AR							
Fayetteville AR 72703		L	_							
		WAS								
		MM/DD/YYYY			MM/DD/YYYY					
		5/1/2017			5/31/2017					
TREATED WASTEWATER EFFLUE	NT SAMPLING									
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting				
Flow, Monthly total		REPORT	0.631632	мд	Total Flow per calendar month					
Flow, daily maximun		REPORT	0.025298	MGD	Daily					
Carbonaceous Blochemical Oxygen Demand (CBOD5)		30	26,1	mg/l	_					
Total Suspended Solids (TSS)		30	30	mg/l]					
Fecal Coliform Bacteria (FCB)		10,000	11,700	colonies/100ml	Grab Sample once per month					
рН		6.0 - 9.0	7.4	s.u.	_	Prior to the 15th of the				
Total Phosphorus (TP)		REPORT	6.3	mg/l		following Month				
Total Kjeldahi Nitrogen (TKN)		REPORT	No Report	mg/l						
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter					
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)		REPORT	No Report	mg/l						
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/l						
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily		İ			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFY UNDER PER	NALTY OF LAW THAT I HAVE PERSONAL	LY EXAMINED AND AM WITH T	HE INFORMATION		TELEPHONE	DATE			
. SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR HOME AND LANGUAGE TO THE SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR HOME AND LANGUAGE.										
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTE	ED INFORMATION IS TRUE, A	ACCURATE, AND	SIGNATURE OF PRINCIPAL		6/8/2017			
Kathy Bartlett	COMPLETE. I AM AW	ARE THAT THERE ARE SIGNIFICANT PE	5926							
TYPED OR PRINTED		BILITY OF FINE AND IMPRISONMENT.		AUTHORIZED AGENT	MM/DD/YYYY					
COMMENTS AND EXPLANATION Of drop our fecal count. We will monite					udge for Final Dosing tank bad	ck to main Settling tanks	s to help			

VILLAGES OF CROSS CREEK LOADING RATES						
Zone Identification	GPD/sq 2					
1	2,859					
2	2,859					
3	2,859					
4	2,859					
5	2,859					
6	2,859					
7	3,390					
8	3,946					
9	Not used					
10	Combined with 8					
11	3,339					
12	Not used					
13	Not used					
14	Not used					
15	Not used					
16	Not used					
17	Not used					

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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: 1705020145

Customer Name : DIXIELAND UTILITY LLC

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

Report Date: 05/18/17

Sample Date : 05/12/17 Sample Time : 1530

Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Collected By: JCB Delivery By : JCB

Work Order:

Purchase Order :

	Quality Assurance					
Analysis				Precision	Accuracy	
<u>Date Time By</u>	Parameter	Result Notes	Quantity Method	% RPD	% Recovery	
05/12 1500 JCB	Нд	7.4 S.U.	SM 2000 4500-H+ B	0.00	N/A *	
05/15 1345 SB	Phosphorous, Total (as P)	6.3 mg/L	EPA 365.3	1.94	100.9 *	
05/17 1430 JCB	Solids, Total Suspended	30.0 mg/L	SM 1997 2540 D	8.00	N/A *	
05/12 1647 RHB	Coliform, Fecal	11700 /100ml (b)	SM 9222 D 1997	0.00	N/A *	
05/12 1400 AEU	BOD, Carbonaceous	26.1 mg/L	SM 2001 5210 B	8.37	98.9 *	

* QA data shown is from a different sample or standard on the same date.

(b) Exceeds Permit Limits for Maximum Concentration

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		Cr	IAIN C	or Cu	PIOF	JY										
Client Information				Project Information						Requested Paramet					ters		
Company Name: Dixieland Utility LLC.			Permit/Project #:														
Address: 3302 N. Dixieland			Purchase	Purchase Order #:							33			1			
Rogers AR						/				- A		99.		,			
Telephone:				Sampler Name(s): Joh		in Bird				1		TSS(28), PAIN(99:99)					
Telephone:				Jeh		Idn	m Blesco				1	F	3, E	(43)			:
Tolophione.			and Signature(s):						#	業	SS(2	m)	, }				
ESC Client Number: 1698				and digitatoro(b).							(6)		T,(C	lifo			
Sample Ide		<u> </u>	Sample Collection		Sample Cont		Containers		⊺ଛି	\$(2)	TKIN(HE-A)IVIN(91)	D(7(ار ا				
Identification ESC Control #		Date	Time	Туре	Matrix	Туре	Volume	Preserva		# pH(23)	Phos(25),-NH-18-N(45-A)	E	CBOD(70),	Fecal Coliform(43)			
Dose Tank/Effluent	1405020145	5/12/17		GRAB	Water	teflon	150 ml	none		1 x							2000/13
	1	1	1	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1	x	*					
				GRAB	Water	Plastic	1 qt	none/ice	$\neg \uparrow \neg$	1			х				
· · · · · · · · · · · · · · · · · · ·				GRAB	Water	Whirlpak	300ml	NaS2O4		1				х			
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										1	1	1					
Relinquished By) (Signature and Printed Name) Date Time 5040 Felinquished By: (Signature and Printed Name) Date Time Time		Received By: (Signature and Printed Name)					Use	Custody Seals: Used? /// Intact?									
		Time	Received By: (Signature and Printed Name)		d Name)		Date	emiT	Reg	gular	round: Page Special						
Relinquished By: (Signature and Printed Name) Date Time		Time	Received for Lab	Received for Lab By: (Signature and Printed Name)		Brew	Date Time 5-12-17 1840			Were sample: Yes		s properly		preserved: No			
Comments:				FLOW D	ATA	Field Test	Time	Analyst	Re	sult	Res			Units) 		
					Analyst: Time:		pH: Temp.:	1530	Ue		24.1	7.	<u>る</u> ਸ਼.え	6		°F	
					Reading:		DO:	 			₹ Д ₹.		u·w	73		<u></u>	-
					, , , , , , , , , , , , , , , , , , , ,		Debris:										
Cool all samples to 6 degrees C.							Chlorinated	l? Yes N	0	Th	is Do	cume	ent is	Pag	e <u>/</u>	of _	

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