

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

PERMITTEE NAME		FACILITY NAME (IF DIFFERENT) PERMIT NO									
Benton County, Arkansas Suburban Sewer District No 1 Villages of Cross Creek		Villages of Cross Creek 4811-WR-4									
			FACILITY ADDRI		 -	1	A FINI NO				
PERMITTEE ADDRES	SS		and the second and th		AFIN NO. 04-00899						
PO Box 9299					04-00699						
Fayetteville AR 72703	3	Little Flock AR									
			EWATER EFFLUENT MO								
		MM/DD/YYYY	MM/DD/YYYY								
		5/1/2018	_	5/31/2018							
TREATED WASTEWATER EFFLUE	NT SAMPLING							I			
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting					
Flow, Monthly total		REPORT	0.597691	MG	Total Flow per calendar month			1			
Flow, daily maximun		REPORT	0.022427	MGD	Daily		[
Carbonaceous Biochemical Oxygen Demand (CBOD5)		30	8.8	mg/l							
Total Suspended Solids (TSS)		30	22.6	mg/l							
Fecal Coliform Bacteria (FCB)		10,000	20	colonies/100ml	Grab Sample once per month						
pH		6,0 - 9.0 7.2 s.u.					the 15th of the				
Total Phosphorus (TP)		REPORT	7	mg/l		folio	wing Month				
Total Kjeldah! Nitrogen (TKN)		REPORT	No Report	mg/l							
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter						
Nitrate Nitrogen (NO3-N) + Nitrite Nitro	ogen (NO2-N)	REPORT	No Report	mg/l							
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/l							
Loading Rate		REPORT	See Attached gpd/ft 2		Daily	<u></u>	T				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONAL!	Y EXAMINED AND AM WITH TH	E INFORMATION			TELEPHONE	DATE			
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE	INDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Kan of bloom						
1	OPTAINING THE INE	ORMATION, I BELIEVE THE SUBMITTE	D INFORMATION IS TRUE.	ACCURATE AND	SIGNATURE OF PRINCIPAL	<u> </u>	(479) 530-	6/7/2018			
Kathy Bartlett	}				EXECUTIVE OFFICER OR	5926					
TYPED OR PRINTED		ARE THAT THERE ARE SIGNIFICANT PEN SIBILITY OF FINE AND IMPRISONMENT.	E INFORMATION,	AUTHORIZED AGENT			MM/DD/YYYY				
COMMENTS AND EXPLANATION		No intermed venit									
COMMENTS AND EXPLANATION	OF VIOLATIONS (RE	nerence an attachments nere)									

May 2018 VILLAGES OF CROSS CREE	K LOADING RATES 22,427 Max Day						
Zone Identification	GPD/sq 2						
1	2,534						
2	2,534						
3	2,534						
4	2,534						
5	2,534						
6	2,534						
7	3,005						
8	3,499						
9	Not used						
10	Combined with 8						
11	2,960						
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: 1805020128

Customer Name : DIXIELAND UTILITY LLC

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

Report Date : 05/17/18

Sample Date : 05/11/18

Sample Time: 1522

Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Collected By: AEU Delivery By : AEU Work Order :

Purchase Order :

	Quality Assurance					
Analysis					Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result Notes	Quantity	<u> </u>	는 RPD	% Recovery
05/11 1526 AEU	рН	7.2 S.U.		SM 2000 4500-H+ B	0.00	N/A
05/15 1000 TSB	Phosphorous, Total (as P)	7.0 mg/L		EPA 365.3	0.00	100.8 *
05/15 1030 JCB	Solids, Total Suspended	22.6 mg/L		SM 1997 2540 D	13.44	N/A *
05/11 1710 AEU	Coliform, Fecal	20 /100ml		SM 9222 D 1997	28.81	N/A *
05/11 1400 VLP	BOD, Carbonaceous	8.8 mg/L		SM 2001 5210 B	4.29	101.3 *

* 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

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170

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

> Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information				Project Information							Requested Parameters								
Company Name: Dixieland Utility LLC.			Permit/Project #:						-		- 1								
Address:	ddress: 3302 N. Dixieland			Purchase (Purchase Order #:						71		- 1	Ì					
Rogers AR			1				1 /					-							
Telephone:		(479)936-0333	(Cell)		Sampler Name(s):			ho ([]	man hallaner										
Telephone:	···	(110)000 0000	100/	· · · · · · · · · · · · · · · · · · ·	The state of the s					7	1		<u></u>	<u></u>					
releptione					and Oliver shared as					\exists	ł		TSS(28)	<u>\$</u>					
	- la	4000			1 1 1 . (.9 1 1 1 1														
ESC Client Num		1698	,								ي ا	Phos(25)	CBOD(70),	8					
	ple Ident			Sample Collection		<u> </u>	 	Sample Conf				pH(23))SOC	8	Fecal				
Identification	on	ESC Control #	Date,	Time	Туре	Matrix	Туре	Volume	Preserva	tive	#	م ا	<u>=</u>	<u> </u>	F.	_			
Dose Tank/Ef	ffluent	1805080188	611/18	1522	GRAB	Water	teflon	150 ml	none		1	x	\bot						
			,		GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1		х						
				/	GRAB	Water	Plastic	1 qt	none/ice		1			x					
		l-	1	GRAB	Water	Whirlpak	300ml	NaS2O4 1		1		\Box	\Box	х					
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Palinguished By: (Signature and Printed Name) / 1 //		Date	i. (Time	Received By: (Sig	nature and Printed	Name)		Date	Time	, C	ustod	y Seal	ls:			1			
Relinquished By: (Signature and Printed Name)		15/11/18	105	Necessed by, (digitaldie alto Filitied Maine)							Used? \(\text{\text{\$\sigma}} \) Intact?				17				
Relinquished By: (Signature and Printed Name)		Dafe ¹	Time	Received By: (Signature and Printed Name)		Name)		Date	Date Time		urnaro egula		<u> </u>		Spec	ا اما			
Relinquished By: (Signature and Printed Name) Dale Time			Repeived for Lab By: (Signature and Printed Name) Date, Time			. V			/\ .	perly	preser		ئــــــ	\dashv					
			A	Ch	5 27	too.	511/8	16.0			60	X			No				
Comments:					Field Test pH:	Time			esul	ult Result Units					_				
					Analyst: Time:		Temp.:	1000	FIN		划	21.0021.0		10 °F		_			
						Reading:		DO:					\Box						
						Units:	أرسيسوس	Debris:			_							-61	_
Cool all samples to 6 degrees C.								Chlorinated	? Yes No)	!	nıs l	Jocu	mer	It is	Page	1	of 📗	