

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

**PERMITTEE NAME**

Benton County, Arkansas Suburban Sewer District  
No 1 Villages of Cross Creek

**PERMITTEE ADDRESS**

PO Box 9299  
Fayetteville AR 72703

**FACILITY NAME (IF DIFFERENT)**

Villages of Cross Creek

**FACILITY ADDRESS**

3302 N Dixieland Rd  
Little Flock AR

**PERMIT NO.**

4811-WR-4

**AFIN NO.**


04-00899

**WASTEWATER EFFLUENT MONITORING PERIOD**

|            |            |
|------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 5/1/2020   | 5/31/2020  |

**TREATED WASTEWATER EFFLUENT SAMPLING**

| PARAMETER   | Limit     | Sample Measurement | UNITS               | Monitoring                    | Reporting                                |
|---|-----------|--------------------|---------------------|-------------------------------|--|
| Flow, Monthly total   | REPORT    | 0.623,676          | MG                  | Total Flow per calendar month | Prior to the 15th of the following Month |
| Flow, daily maximum   | REPORT    | 0.023083           | MGD                 | Daily                         |  |
| Carbonaceous Biochemical Oxygen Demand (CBOD5)                                | 30        | 13.7               | mg/l                | Grab Sample once per month    |  |
| Total Suspended Solids (TSS)  | 30        | 48.9               | mg/l                |                               |  |
| Fecal Coliform Bacteria (FCB)   | 10,000    | > 12098.0          | colonies/100ml      |                               |  |
| pH  | 6.0 - 9.0 | 7.2                | s.u.                |                               |  |
| Total Phosphorus (TP)   | REPORT    | 7.5                | mg/l                | Grab sample once per quarter  |  |
| Total Kjeldahl Nitrogen (TKN)   | REPORT    |                    | mg/l                |                               |  |
| Ammonia Nitrogen  | REPORT    |                    | mg/l                |                               |  |
| Nitrate Nitrogen (NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> -N) | REPORT    |                    | mg/l                |                               |  |
| Plant Available Nitrogen (PAN)  | REPORT    |                    | mg/l                |                               |  |
| Loading Rate  | REPORT    |                    | gpd/ft <sup>2</sup> | Daily                         |  |

|  |   |   |                |                             |
|--|---|---|----------------|-----------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Kathy Bartlett<br><br>TYPED OR PRINTED | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE      | DATE                        |
|  |   |   | (479) 530-5926 | 6/15/2020<br><br>MM/DD/YYYY |

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Elevated TSS is due to needing to have sludge sucked from tanks. Have scheduled with septic hauler

FLCA

May 2020 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

23,083

Zone Identification

GPD/sq 2

1

2608

2

2608

3

2608

4

2608

5

2608

6

2608

7

3093

8

2985

9

Not used

10

Combined with 8

11

1,355

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: 2005020049  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 05/22/20

Sample Date : 05/14/20  
 Sample Time : 1340  
 Sample Type : GRAB  
 Sample From : DOSETANK/EFFLUENT

Collected By: TWM  
 Delivery By : TWM  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

| Analysis |      |     |                            |           |        | Quality Assurance |                    |                    |                        |
|----------|------|-----|----------------------------|-----------|--------|-------------------|--------------------|--------------------|------------------------|
| Date     | Time | By  | Parameter                  | Result    | Notes  | Quantity          | Method             | Precision<br>% RPD | Accuracy<br>% Recovery |
| 05/14    | 1340 | TWM | pH                         | 7.2       | S.U.   |                   | SM 2011 4500-H+ B  | 0.00               | N/A *                  |
| 05/19    | 1300 | TSB | Phosphorous, Total (as P)  | 7.50      | mg/L   |                   | EPA 365.3          | 0.85               | 111.0 *                |
| 05/16    | 1430 | TSB | Solids, Total Suspended    | 48.9      | mg/L   | (b)               | SM 2011 2540 D     | 0.00               | N/A *                  |
| 05/14    | 1630 | TSB | Fecal Coliform (MPN/100mL) | > 12098.0 | /100ml | (b)               | 06/2012 Colilert18 | 0.00               | N/A *                  |
| 05/15    | 1200 | TSB | BOD, Carbonaceous          | 13.7      | mg/L   |                   | SM 2001 5210 B     | 18.78              | 81.0 *                 |

\* QA data shown is from a different sample or standard on the same date.  
 (b) Exceeds Permit Limits for Maximum Concentration

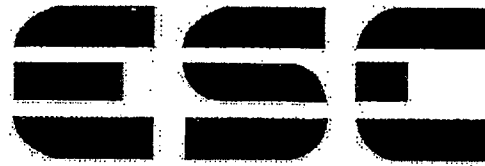
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

GRB, 476  
 RB, 083

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                               |        |                     |         |   |   | Requested Parameters   |                   |                        |         |                                   |  |                   |  |   |
|---|--------------------|--------------------------------------|-------------------|---|--------|---------------------|---------|---|---|--|-------------------|------------------------|---------|-----------------------------------|--|-------------------|--|---|
| Company Name: Dixieland Utility LLC.          |                    | Address: 3302 N. Dixieland Rogers AR |                   | Telephone: (479)936-0333 (Cell)                   |        | Telephone:          |         | ESC Client Number: 1698                 |   | Permit/Project #: Monthly  |                   | Purchase Order #:      |         | Sampler Name(s): <i>J. Wick R</i> |  | and Signature(s): |  | CBOD (70), TSS (28)<br>T-Phosphorus (25)<br>Fecal Coliform (43,IF)<br>pH (23) |
| Sample Identification                         |                    |                                      | Sample Collection |   |        | Sample Containers   |         |   |   |  |                   |                        |         |                                   |  |                   |  |   |
| Identification                                | ESC Control #      | Date                                 | Time              | Type  | Matrix | Type                | Volume  | Preservative                            | # | CBOD (70), TSS (28)  | T-Phosphorus (25) | Fecal Coliform (43,IF) | pH (23) |                                   |  |                   |  |   |
| Dose Tank/Effluent                            | <i>20250200049</i> | <i>5/14/20</i>                       | <i>13:40</i>      | GRAB  | Water  | plastic             | 1/2 gal | None, Cool                              | 1 | X  |                   |                        |         |                                   |  |                   |  |   |
| Dose Tank/Effluent                            | ↓                  | ↓                                    | ↓                 | GRAB  | Water  | plastic             | 250 ml  | H <sub>2</sub> SO <sub>4</sub> , pH < 2 | 1 |  | X                 |                        |         |                                   |  |                   |  |   |
| Dose Tank/Effluent                            | ↓                  | ↓                                    | ↓                 | GRAB  | Water  | Sterile             | 100 mL  | Na <sub>2</sub> SO <sub>4</sub> , Cool  | 1 |  |                   | X                      |         |                                   |  |                   |  |   |
| Dose Tank/Effluent                            | ↓                  | ↓                                    | ↓                 | GRAB  | Water  | Glass               | 250 mL  | None                                    | 0 |  |                   |                        | X       |                                   |  |                   |  |   |
| Relinquished By: (Signature and Printed Name) |                    | Date                                 | Time              | Received By: (Signature and Printed Name)         |        | Date                | Time    | Custody Seals:                          |   | Used? <input type="checkbox"/> Intact? <input type="checkbox"/>              |                   |                        |         |                                   |  |                   |  |   |
| Relinquished By: (Signature and Printed Name) |                    | Date                                 | Time              | Received By: (Signature and Printed Name)         |        | Date                | Time    | Turnaround:                             |   | Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/> |                   |                        |         |                                   |  |                   |  |   |
| Relinquished By: (Signature and Printed Name) |                    | Date                                 | Time              | Received for Lab By: (Signature and Printed Name) |        | Date                | Time    | Were samples properly preserved:        |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |                   |                        |         |                                   |  |                   |  |   |
| Comments:                                     |                    |                                      |                   | FLOW DATA   |        | Field Test          |         | Time                                    |   | Analyst  |                   | Result                 |         | Result                            |  | Units             |  |   |
|   |                    |                                      |                   | Analyst:  |        | pH:                 |         | <i>13:48</i>                            |   | <i>7.2</i>   |                   |                        |         |                                   |  | °C °F             |  |   |
|   |                    |                                      |                   | Time:   |        | Temp.:              |         |   |   |  |                   |                        |         |                                   |  |                   |  |   |
|   |                    |                                      |                   | Reading:  |        | DO:                 |         |   |   |  |                   |                        |         |                                   |  |                   |  |   |
|   |                    |                                      |                   | Units:  |        | Debris:             |         |   |   |  |                   |                        |         |                                   |  |                   |  |   |
| Cool all samples to 6 degrees C.              |                    |                                      |                   |   |        | Chlorinated? Yes No |         |   |   | This Document is Page <i>1</i> of <i>1</i>                                   |                   |                        |         |                                   |  |                   |  |   |

 *NWA Utility Services Inc*  
*PO Box 9299*  
*Fayetteville, AR 72703*

ADEQ  
WATER DIVISION/PERMITS BRANCH  
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N Little Rock, AR 72118-5317