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

Benton County, Arkansas Suburban Sewer District No 1 Villages of Cross Creek PERMITTEE ADDRESS PO Box 9299 Fayetteville AR 72703 TREATED WASTEWATER EFFLUENT SAMPLIN PARAMETER Flow, Monthly total Flow, daily maximun Carbonaceous Blochemical Oxygen Demand (CBOD5)	MM/DD/YYYY 11/1/2016 G Limit REPORT REPORT	WASTE	Villages of Cross C FACILITY ADDRI 3302 N Dixieland Little Flock AR EWATER EFFLUENT MC Sample Measurement 0.647020	ESS Rd	DD MM/DD/YYYY 11/30/2016 Monitoring	[4811-WR-4 AFIN NO. 04-00899 eporting			
PERMITTEE ADDRESS PO Box 9299 Fayetteville AR 72703 TREATED WASTEWATER EFFLUENT SAMPLIN PARAMETER Flow, Monthly total Flow, daily maximun	11/1/2016 G Limit REPORT REPORT	WASTE	3302 N Dixieland Little Flock AR EWATER EFFLUENT MC	NITORING PERIO	MM/DD/YYYY 11/30/2016	Re	04-00899			
PO Box 9299 Fayetteville AR 72703 TREATED WASTEWATER EFFLUENT SAMPLIN PARAMETER Flow, Monthly total Flow, daily maximun	11/1/2016 G Limit REPORT REPORT	WASTE	3302 N Dixieland Little Flock AR EWATER EFFLUENT MC	NITORING PERIO	MM/DD/YYYY 11/30/2016	Re	04-00899			
Fayetteville AR 72703 TREATED WASTEWATER EFFLUENT SAMPLIN PARAMETER Flow, Monthly total Flow, daily maximun	11/1/2016 G Limit REPORT REPORT	WASTE	Little Flock AR EWATER EFFLUENT MC Sample Measurement	NITORING PERIO	MM/DD/YYYY 11/30/2016	Re				
TREATED WASTEWATER EFFLUENT SAMPLIN PARAMETER Flow, Monthly total Flow, daily maximun	11/1/2016 G Limit REPORT REPORT	WASTE	EWATER EFFLUENT MC	NITORING PERIO	MM/DD/YYYY 11/30/2016	Re	eporting			
PARAMETER Flow, Monthly total Flow, daily maximun	11/1/2016 G Limit REPORT REPORT	WASTE	Sample Measurement	UNITS	MM/DD/YYYY 11/30/2016	Re	eporting			
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PARAMETER Flow, Monthly total Flow, daily maximun	Limit REPORT REPORT		ļ		Monitoring	Re	eporting			
PARAMETER Flow, Monthly total Flow, daily maximun	Limit REPORT REPORT	-	ļ		Monitoring	Re	eporting			
Flow, daily maximun	REPORT		0.647020	MG						
		77-7-		MG	Total Flow per calendar month					
Carbonaceous Biochemical Oxygen Demand (CBOD5	30		0.023836	MGD	Daily					
		30 30		mg/l						
Total Suspended Solids (TSS)	30			mg/l						
Fecal Coliform Bacteria (FCB)	10,000		3,500	colonies/100ml	Grab Sample once per month					
рН	6.0 - 9.0		7.1	s,u,			the 15th of the			
Total Phosphorus (TP)	REPORT		5.9	mg/l		follo	wing Month			
Total Kjeldahl Nitrogen (TKN)	REPORT	REPORT No Report mg/l								
Ammonia Nitrogen	REPORT	<u> </u>	No Report	mg/l	Grab sample once per quarter					
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	REPORT No Report mg/i								
Plant Available Nitrogen (PAN)	REPORT	REPORT		mg/l						
Loading Rate	REPORT		see attached	gpd/ft 2	Daily					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNI	DER PENALTY OF LAW THAT I HAVE	ALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION						DATE		
SUBMITTED H	EREIN; AND BASED ON MY INQUIRY	OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Rames & Warry	·				
OBTAINING T	HE INFORMATION, I BELIEVE THE	SUBMITTED	INFORMATION IS TRUE, A		SIGNATURE OF PRINCIPAL		(479) 530-	12/13/2016		
Kathy Bartlett COMPLETE. I	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, EXECUTIVE OFFICER OR									
	E POSSIBILITY OF FINE AND IMPRISO	AUTHORIZED AGENT			MM/DD/YYYY					
COMMENTS AND EXPLANATION OF VIOLATION	S (Reference all attachments I	here)								

Zone Identification	GPD/sq 2
1	2,693
2	2,693
3	2,693
4	2,693
5	2,693
6	2,693
7	3,194
8	3,718
9	Not used
10	Combined with 8
11	3,146
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: 1611020151

Customer Name : DIXIELAND UTILITY LLC

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

Report Date : 11/18/16

Sample Date : 11/11/16

Sample Time : 0940

Sample Type : GRAB

sample From : DOSE TANK EFFLUENT

Collected By: AU Delivery By :]AU

Work Order:

Purchase Order :

	Quality 1	Assurance				
Analysis					Precision	Accuracy
Date Time By	Parameter	Result Notes	Quantity	Method	_ % RPD	% Recovery
11/11 0945 AEU	рН	7.1 S.U.		SM 2000 4500-H+ B	0.00	N/A *
11/15 0830 TSB	Phosphorous, Total (as P)	5.9 mg/L		EPA 365.3	0.00	100.7 *
11/17 1104 AEU	Solids, Total Suspended	15.5 mg/L		SM 1997 2540 D	0.00	N/A *
11/11 1430 CLS	Coliform, Fecal	3500 /100ml		SM 9222 D 1997	2.15	N/A *
11/11 1340 RHB	BOD, Carbonaceous	22.0 mg/L		SM 2001 5210 B	8.37	104.6 *

* 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

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Filone, 478-730-1170	Tax. 479-750-1172		<u> </u>	17 111 4 ~		<u> </u>												
Client Information				Project Information							Requested				Parameters			
Company Name:	Dixieland Utility LL	C	•	Permit/Pro	Permit/Project #:									(66				
Address:	3302 N. Dixieland		Purchase Order #:				<u> </u>						TSS(28), PAN(99.99)					
Rogers AR			1		, , , , , , , , , , , , , , , , , , ,	. ,			7		2		AN					
			Sampler Name(s): -4M/X			pr Inderior				15.4		8	i		'			
Telephone:							Imber Underwood					ž	ਜ਼	28(2	43)		!	
,			and Signature(s):								H3.	6) _N	μ.)E				
ESC Client Number: 1698			and Signature(s).			Street 1					2	Ž	_;	<u>i</u>				
Sample Ide		T	Sample	Collection			Sample Containers				3)	Phos(25), NH ₃ -N(15.A)	TKN(16.A)N+N(91)	CBOD(70),	Fecal Coliform(43)			
		Sample Co								-11	pH(23)	hos	N.	BÖE	Sa			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	<u>a</u>	α.	F	D	لللا		 	لحط
Dose Tank/Effluent	1611080131	11/11/14	0940	GRAB	Water	teflon	150 ml	none		1	X				 			<u> </u>
				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1		X	X					
				GRAB	Water	Plastic	1 qt	none/ice		1				х				
			سلس.	GRAB	Water	Whirlpak	300ml	NaS2O4		1					х			
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Relinquished By. (Signature and Prin	(ed Name)	Date	Jime	Received By: (Si	I Ignalure and Print	ed Name)	<u></u>	Date	Time	ē -	Custo	dy Se	als:					
(elinquished By: (Signeture and Printed Name) AMDER MANAGE Date Time		Received By: (Signature and Printed Name)			Date	Time		Used'	? round	Intact?								
Time			Received by: (Signalure and Printed Name)				Date	111116	Regu			Special			T			
Relinquished By: (Signature and Printed Name) Date Time		Received for Lab By: (Signature and Printed Name)		e)	Date Time		a .		ere samplés pro		pperly	erly preserved:						
Comments:			1/1	FLOW DATA Field		Field Test	//////////////////////////////////////	//OC Analys			Yes	χ Resu	No Ilt Units		لـــا			
					Analyst:		pH:	C2943	AEC		77.		7					
					Time: Temp.: ()QUB AEU QB, Q			ولالم		°C		°F						
					Reading: DO: / / / / / / / / / / / / / / / / / / /				 									
Cool all samples to 6 degrees C.					Chlorinated? Yes No				╅	This Document is Page _ l of _ l						\vdash		
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