

**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


PERMIT NO.
4811-WR-4

FACILITY ADDRESS
3302 N Dixieland Rd Little Flock AR

AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2020	11/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.704,497	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.028,971	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	12	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	< 4.0	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	5.93	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l		
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		
Loading Rate	REPORT	SEE ATTACHED	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	12/14/20220 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

NOV 2020 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

28,971

Zone Identification

GPD/sq 2

1

3274

2

3274

3

3274

4

3274

5

3274

6

3274

7

3100

8

3040

9

Not used

10

Combined with 8

11

3,187

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: 2011020033
 Customer Name : DIXIELAND UTILITY LLC
 Customer/Permit No. : 1698 / 4811-WR-4 001
 Report Date : 11/25/20

Sample Date : 11/12/20
 Sample Time : 1500
 Sample Type : GRAB
 Sample From : EFFLUENT

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

Laboratory Analysis

<u>Analysis</u>							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
11/12	1505	TWM	pH	7.2	S.U.		SM 2011 4500-H+ B	0.00	N/A *
11/16	1020	HNS	Phosphorous, Total (as P)	5.93	mg/L		EPA 365.3	0.00	104.0 *
11/12	1645	HNS	Solids, Total Suspended	12.0	mg/L		SM 2011 2540 D	86.36	N/A *
11/12	1605	HNS	Fecal Coliform (MPN/100mL)	< 4.0	/100mL		06/2012 Colilert18	0.00	N/A *
11/13	1200	TWM	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	0.00	94.8 *

* 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.

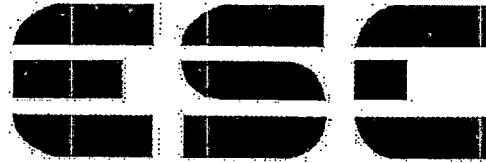
Signature _____

Environmental Services Co., Inc.

704487 28971

KNM

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



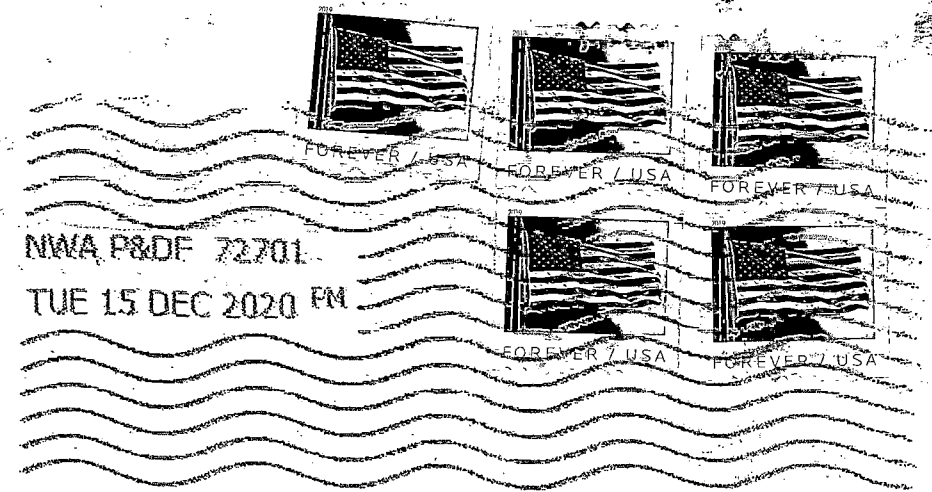
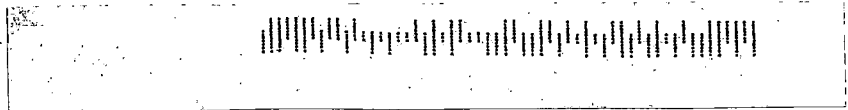
Corporate Office, Little Rock, Arkansas
 501-221-2565

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.		Permit/Project #:		Monthly				CBOD (70), TSS (28)	T-Phosphorus (25)	Fecal Coliform (43.IF)	pH (23)						
Address:		3302 N. Dixieland Rogers AR		Purchase Order #:															
Telephone:		(479)936-0333 (Cell)		Sampler Name(s):		<i>[Signature]</i>													
Telephone:				and Signature(s):		<i>[Signature]</i>													
ESC Client Number: 1698																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	2511020033	11/12/20	1500	GRAB	Water	plastic	1/2 gal	None, Cool	1	X									
Dose Tank/Effluent	L	L	L	GRAB	Water	plastic	250 MI	H ₂ SO ₄ , pH < 2	1		X								
Dose Tank/Effluent	L	L	L	GRAB	Water	Sterile	100 mL	Na ₂ SO ₄ , Cool	1			X							
Dose Tank/Effluent	L	L	L	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:											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Used? <input checked="" type="checkbox"/>		Intact? <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab 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:		1505		<i>[Signature]</i>		<i>[Signature]</i>							
				Time:		Temp.:								°C		°F			
				Reading:		DO:													
				Units:		Debris:													
Cool all samples to 6 degrees C.				Chlorinated?		Yes		No		This Document is Page		1 of 1							



NWA P&DF 72701
TUE 15 DEC 2020 PM



NWA Utility Services Inc
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
5301 Northshore Drive
N Little Rock, AR 72118-5317