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

PERMITTEE NAME			į	PERMIT NO.	]					
Benton County, Arkansas Suburban Sewer District			Villages of Cross Creek							
No 1 Villages of Cross Cre		<del></del>	FAOU ITY ADDD		· · · · · · · · · · · · · · · · · · ·	1	AFIN NO.	1		
PERMITTEE ADDRESS			FACILITY ADDRESS  3302 N Dixieland Rd							
PO Box 9299	}					i	04-00899	1		
Fayetteville AR 72703			Little Flock AR							
		WAS		1						
		MM/DD/YYYY			MM/DD/YYYY	1				
		10/1/2017		10/31/2017	]					
TREATED WASTEWATER EFFLUEN	IT SAMPLING					, , , , , , , , , , , , , , , , , , ,		1		
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting				
Flow, Monthly total		REPORT	0.561644	MG	Total Flow per calendar month					
Flow, daily maximun		REPORT	0.025614	MGD	Daily					
Carbonaceous Biochemical Oxygen Der	nand (CBOD5)	30	7.3	mg/l						
Total Suspended Solids (TSS)		30	11.5	mg/l						
Fecal Coliform Bacteria (FCB)		10,000	< 4	colonies/100ml	Grab Sample once per month					
рН		6.0 - 9.0	7	s.u.		Prior to	the 15th of the			
Total Phosphorus (TP)		REPORT	5.9	mg/l		follo	wing Month			
Total Kjeldahl Nitrogen (TKN)		REPORT	25.4	mg/l						
Ammonia Nitrogen		REPORT	25	mg/l	Grab sample once per quarter	•				
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	jen ( NO2-N)	REPORT	10.7	mg/l	orab sample once per quarter	}				
Plant Available Nitrogen (PAN)		REPORT	35.8	mg/l		}				
Loading Rate		REPORT	Se Attached	gpd/ft 2 Daily						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONA	LLY EXAMINED AND AM WITH TI	HE INFORMATION	ar will		TELEPHONE	DATE		
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOS	E INDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Komet Oloper	7				
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMIT	RMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND				(479) 530-	11/9/2017		
Kathy Bartlett	COMPLETE. I AM AW	ARE THAT THERE ARE SIGNIFICANT PE	EXECUTIVE OFFICER OR		5926					
TYPED OR PRINTED	AUTHORIZED AGENT			MM/DD/YYYY						
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	eference all attachments here)								

Oct 2017 VILLAGES OF CROSS CREEK LOADING RATES 25,614 Max day								
Zone Identification	GPD/sq 2							
1	2,894							
2	2,894							
3	2,894							
4	2,894							
5	2,894							
6	2,894							
7	3,432							
8	3,996							
9	Not used							
10	Combined with 8							
11	3,381							
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: 1710020154 Customer Name : DIXIELAND UTILITY LLC

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

Report Date : 10/20/17

Sample Date : 10/13/17 Sample Time: 1148 Sample Type : GRAB Sample From : EFFLUENT

Collected By: RHB Delivery By : RHB Work Order :

Purchase Order :

	Quality Assurance					
Analysis				Ī	Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Not	es <u>Quantity</u>	Method	% RPD	% Recovery
10/13 0830 TSB	Ammonia Nitrogen	$25.0~{ m mg/L}$		SM 1997 4500-NH3 F	0.00	106.8 *
10/17 0900 TSB	Total Kjeldahl Nitrogen	25.4 mg/L		02/2014 HACH 10242	1.43	103.4 *
10/13 1149 RHB	рН	7.0 S.U.		SM 2000 4500-H+ B	0.00	N/A
10/16 1400 TSB	Phosphorous, Total (as P)	5.9 mg/L		EPA 365.3	0.00	103.9 *
10/18 1100 JCB	Solids, Total Suspended	11.5 mg/L		SM 1997 2540 D	5.13	N/A *
10/13 1645 JCB	Coliform, Fecal	< 4 /100ml		SM 9222 D 1997	44.44	N/A *
10/13 1400 TSB	BOD, Carbonaceous	7.3 mg/L		SM 2001 5210 B	2.86	92.5 *
10/19 1045 TSB	Nitrate + Nitrite	10.7 mg/L		SM 2000 4500-NO3 E	0.00	100.5 *
10/19 1140 TSB	Nitrogen, Plant Available	35.8 mg/L		SM 1997 4500-N		

\* 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.

## 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**

Client Information	Phone: 479-750-1170	Fax: 479-750-1172		Cl	HAIN (	OF CU	SIO	ŊΥ										
Address:   3302 N. Dixieland   Rogers AR   Fled Table   Rogers AR   Rogers AR   Fled Table   Rogers AR   Rogers	Client Information				Project Information						Requeste			sted	Par	ame	ters	
Rogers AR	Company Name: Dixieland Utility LLC.			Permit/Pro	Permit/Project #:													
Rogers AR	Address:	3302 N. Dixieland	,		Purchase	Order#:	,				·	l			6			
Dose Tank/Effluent					1						l			9.9				
Dose Tank/Effluent	Telephone:		(Cell)		- Sampler N	Sampler Name(s): FICHARO			320WN				[A]		5)N		-	İ
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Dose Tank/Effluent	relephone:	···			-	and Signature(s):		0 02				13-	[6]	(28	n(4			
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Dose Tank/Effluent			<del>r ::                                    </del>		<u> </u>		<del></del>						(52)	(A.	0,	등		
Dose Tank/Effluent	Sample Ide	ntification	Sample Collection		·	ļ	Sample Containers		3		(23	)so	)[]	à	al			
GRAB   Water   Plastic   Box   H <sub>2</sub> SO <sub>4</sub> PH<2   1   N   X   N   N   N   N   N   N   N   N	Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	Preservative #		Hd	P.	ξ.	Ü	ec Lec		
GRAB   Water   Plastic   B oz   H <sub>2</sub> SO <sub>4</sub> PH<2   1   N   N   N   N   N   N   N   N   N	Dose Tank/Effluent	1710020154	10-13-17	11:48	GRAB	Water	teflon	150 ml	† · · · · · · · · · · · · · · · · · · ·		1	x						
GRAB   Water   Plastic   1 qt   none/lce   1					GRAB	Water	Plastic	8 oz			1		x	X				
GRAB   Water   Whiripak   300ml   NaS2O4   1					GRAB	Water	Plastic	1							x			
Relinquished By: (Signature and Printed Name)  Date Time Received By: (Signature and			· · · · · · · · · · · · · · · · · · ·		<del> </del>	·	Whirinak	1	<u> </u>		1		一			V		
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Relinquished By: (Signature and Printed Name)  Date  Time  Redeliyed for Lap By: (Signature and Printed Name)  Pate:  Time  Time  Time  Redeliyed for Lap By: (Signature and Printed Name)  Yes  No  No  No  Analyst:  PH: 11:49  PH: 1:49	Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name) . Date Time						Turna	around		<u> </u>	111100	<u>``</u>	<u></u>	
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Time: Temp.: ユ ユ カ	Comments:				FLOW DATA FI			Time	Analy	st	Result			esult Units				
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	Cool all samples to 6 degrees C.					1			? Yes N	0	-	This	Doc	ume	nt is	Page	10	of (