

**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

10/1/2018

MM/DD/YYYY

10/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING

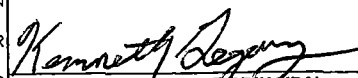
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.609952	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.024572	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	8.5	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	25	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	6.55	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	27	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	26.2	mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	19.2	mg/l		
Plant Available Nitrogen (PAN)	REPORT	45.6	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft ²	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Kathy Bartlett

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.


SIGNATURE OF PRINCIPAL
EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TELEPHONE

(479) 530-5926

DATE

11/6/2018

MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Oct 2018 VILLAGES OF CROSS CREEK LOADING RATES 24,572 Max Day

Zone Identification	GPD/sq 2
1	2,777
2	2,777
3	2,777
4	2,777
5	2,777
6	2,777
7	3,293
8	3,833
9	Not used
10	Combined with 8
11	3,244
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: 1810020110
 Customer Name : DIXIELAND UTILITY LLC
 Customer/Permit No. : 1698 / 4811-WR-4 001
 Report Date : 10/22/18

Sample Date : 10/12/18
 Sample Time : 1612
 Sample Type : GRAB DIXIELAND
 Sample From : DOSE TANK EFFLUENT

Collected By: NTR
 Delivery By : NTR
 Work Order :
 Purchase Order :

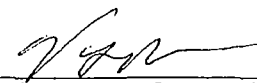
Laboratory Analysis

<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>
10/15	1400	TSB	Ammonia as N, (HACH 10205)	26.20 mg/L			SM 2011 4500-NH3 F	0.92	105.8 *
10/16	0830	TSB	Total Kjeldahl Nitrogen	27.0 mg/L			02/2014 HACH 10242	13.33	110.0 *
10/12	1615	NTR	pH	7.4 S.U.			SM 2000 4500-H+ B	0.00	N/A *
10/16	1400	TSB	Phosphorous, Total (as P)	6.550 mg/L			EPA 365.3	1.23	104.0 *
10/16	1524	TSB	Solids, Total Suspended	8.5 mg/L			SM 1997 2540 D	5.12	N/A *
10/12	1630	TSB	Fecal Coliform	25.0 /100ml			06/2012 Colilert18	45.09	0.0 *
10/12	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	11.88	111.8 *
10/18	1010	TSB	Nitrate + Nitrite	19.2 mg/L			01/2013 HACH 10206	1.74	98.4 *
10/18	1205	TSB	Nitrogen, Plant Available	45.6 mg/L			SM 1997 4500-N		
10/12	1612	NTR	Sample Collection/Travel	1 each					

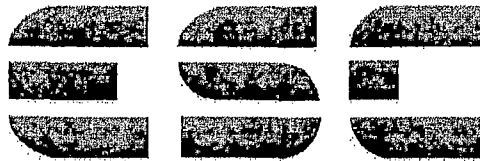
* QA data shown is from a different sample or standard on the same date.

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

Client Information				Project Information						Requested Parameters											
Company Name: Dixieland Utility LLC.				Permit/Project #:						pH(23)	Phos(25), NH ₃ -N(15.A)	s-TKN(16.C)N+N(91)	CBOD(70), TSS(28), PAN(99.99)	Fecal Coliform(43.IF)							
Address: 3302 N. Dixieland				Purchase Order #:																	
Rogers AR				Sampler Name(s): Ned Ryerson																	
Telephone: (479)936-0333 (Cell)				and Signature(s): Ned Ryerson																	
Telephone:																					
ESC Client Number: 1698																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Dose Tank/Effluent	1810020110	10-12-18	1612	GRAB	Water	teflon	150 ml	none	1	x											
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x	x									
				GRAB	Water	Plastic	1 qt	none/ice	1				x								
				GRAB	Water	Whirlpak	300ml	NaS ₂ O ₄	1					x							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input checked="" 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:		1615	NRL	7.4	7.4	54									
				Time:		Temp.:		1615	NRL	23.6	23.7	°C									
				Reading:		DO:															
				Units:		Debris:															
Cool all samples to 6 degrees C.										Chlorinated? Yes No		This Document is Page 1 of 1									