

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

<b>PERMITTEE NAME</b>
Benton County, Arkansas Suburban Sewer District No 1 Villages of Cross Creek
<b>PERMITTEE ADDRESS</b>
PO Box 9299 Fayetteville AR 72703

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek

<b>PERMIT NO.</b>
4811-WR-4


<b>FACILITY ADDRESS</b>
3302 N Dixieland Rd Little Flock AR

<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
10/1/2020	10/31/2020

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.570,518	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.026,636	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	15.3	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	7.5	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	6.78	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	34.6	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	23.1	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	11.2	mg/l		
Plant Available Nitrogen (PAN)	REPORT	37.8	mg/l		
Loading Rate	REPORT	SEE ATTACHED	gpd/ft <sup>2</sup>	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	11/12/2020
TYPED OR PRINTED				MM/DD/YYYY

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

OCT 2020 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

26,636

Zone Identification

GPD/sq 2

1

3010

2

3010

3

3010

4

3010

5

3010

6

3010

7

2850

8

2796

9

Not used

10

Combined with 8

11

2,930

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: 2010020050  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 10/23/20

Sample Date : 10/15/20  
 Sample Time : 1510  
 Sample Type : GRAB  
 Sample From : DOSE TANK/EFFLUENT

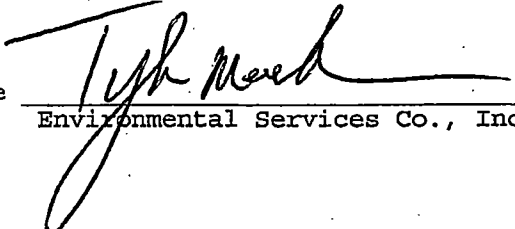
Collected By: TWM  
 Delivery By : TWM  
 Work Order :  
 Purchase Order :

### 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> % RPD	<u>Accuracy</u> % Recovery
10/16	1500	HNS	Ammonia as N, (HACH 10205)	23.10 mg/L			SM 2011 4500-NH3 F	0.19	103.0 *
10/20	1050	TWM	Total Kjeldahl Nitrogen	34.6 mg/L			02/2014 HACH 10242	0.63	102.0 *
10/15	1510	TWM	pH	7.3 S.U.			SM 2011 4500-H+ B	0.00	N/A *
10/19	1130	HNS	Phosphorous, Total (as P)	6.78 mg/L			EPA 365.3	0.00	106.0 *
10/19	0900	HNS	Solids, Total Suspended	15.3 mg/L			SM 2011 2540 D	0.00	N/A *
10/15	1715	HNS	Fecal Coliform (MPN/100mL)	7.5 /100ml			06/2012 Colilert18	0.00	N/A *
10/16	0900	TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	86.4 *
10/20	1535	TWM	Nitrate + Nitrite	11.20 mg/L			01/2013 HACH 10206	0.18	104.0 *
10/21	1730	TWM	Nitrogen, Plant Available	37.8 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.

Signature   
 Environmental Services Co., Inc.

KNM  
 570518  
 24 430

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

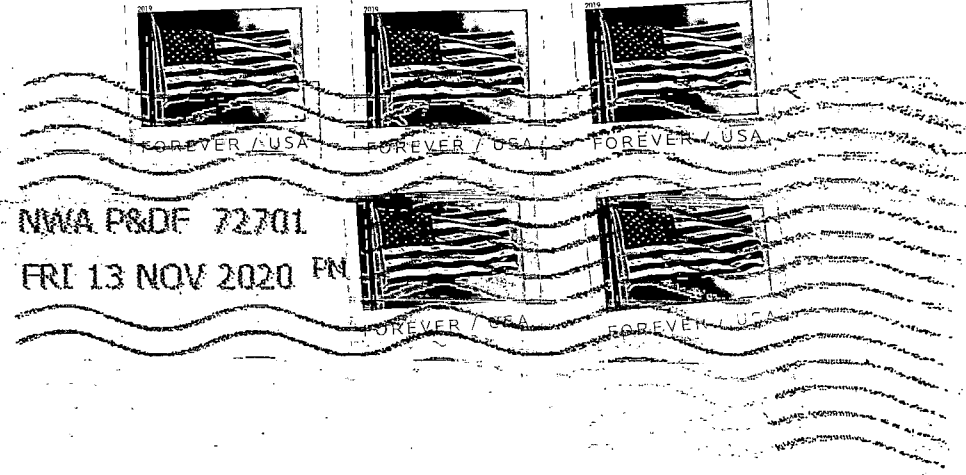
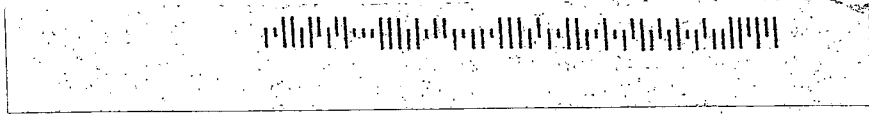
Client Information				Project Information							Requested Parameters																			
Company Name: Dixieland Utility LLC.				Permit/Project #: Quarterly							CBOD (70), TSS (28)	T-Phosphorus (25)	NH3-N (15.A), s-TKN (16.C)	NO3-N+NO2-N (91), PAN (99.99)	Fecal Coliform (43.IF)	pH (23)														
Address: 3302 N. Dixieland Rogers AR				Purchase Order #:																										
Telephone: (479)936-0333 (Cell)				Sampler Name(s): <i>Tyler Mack TR</i>																										
Telephone:				and Signature(s):																										
ESC Client Number: 1698																														
Sample Identification			Sample Collection				Sample Containers																							
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#																					
Dose Tank/Effluent	2010820550	10/15/20	15:00	GRAB	Water	plastic	1/2 gal	None, Cool	1	X																				
Dose Tank/Effluent	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	plastic	250 ml	H2SO4, pH < 2	1		X	X	X																	
Dose Tank/Effluent	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Sterile	100 mL	Na2SO4, Cool	1									X												
Dose Tank/Effluent	<i>I</i>	<i>I</i>	<i>I</i>	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?	Intact?																
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:				Regular	Special																
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Were samples properly preserved:				Yes	No																
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units																		
				Analyst:		pH:		1575	TR	7.3	7.3																			
				Time:		Temp.:						°C		°F																
				Reading:		DO:																								
				Units:		Debris:																								
Chlorinated? Yes No							This Document is Page <u>1</u> of <u>1</u>																							

**NMS**



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

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



NWA P&DF 72701

FRI 13 NOV 2020 FN