NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

March 10, 2021

ADEQ Office of Water Quality 5301 Northshore Drive N Little Rock, AR 72118-5317

RE: VILLAGES OF CROSS CREEK APARTMENTS Inspection Report Dated 1/22/2021 PERMIT # 4811-WR-4

RESPONSE TO SUMMARY OF FINDINGS

1. Exceedances of permit limits can occur from time to time. All submitted MMR's for the facility have been noted with the explanation and corrective measures taken at the time to resolve the issue. All the elevated TSS parameters are attributed to excessive sludge building. When detected the sludge was pumped by a 3rd party septic hauler. In 2019 a total of 13 loads were removed by Bubs, Inc. In 2020 the exceedance of TSS were reduced over 50% because we contracted to have solids removed on a more frequent basis. This schedule is being maintained and modified as necessary.

2. Due to Covid, we have limited personnel to monitor and record flow on a daily basis 7 days per week. Arrangements have since been made with the maintenance department personnel of the apartment complex to record flows on the days our plant operators are not able to do so, such as on weekends. All effort is made to have one of our operators visits the site daily Monday thru Friday. Record of the flows is taken at that site visit. The data is then recorded into a master flow sheet maintained at the office. These flow reports are included with this response.

3. To resolve this matter, dispersal to the areas showing signs of pooling or ponding are shut of temporarily and the flow is being diverted to other areas in the drip irrigation fields. Because there is infiltration seen to be coming from an adjacent 1 | P a g e

elevated property to the west of the north fields Sam Dunn, formerly from the AR Dept. of Health has been hired as a consultant to access possible corrective measures that can be taken.-His observations and comments follow below.

Sam Dunn R.S. 8336 Mattie Road
Mulberry, AR 72947
Benton County Suburban Sewer District No 1 P.O. Box 9299 Fayetteville, AR 72703
RE: The Villages of Cross Creek 3302 North Dixieland Road Rogers, AR 72756
The wastewater system for the Villages of Cross Creek consists of a collection system leading to an advance aerobic treatment plant. The final dispersal of treated effluent is routed to varies zones utilizing subsurface drip tubing. The control of effluent dispersal to the varies zones is by both mechanical and electrical devices.
 Observations and comments concerning the operations of the wastewater system. 1. Several of the zones are impacted by both surface and subsurface lateral movement of water from property on the up-slope area adjacent to said dispersal zones. The amount of additional water from the up-slope area is increasing the soil saturation within each zone. This increase in soil saturation reduces the available storage capacity for the introduction of said wastewater effluent. In order to mitigate the effects of this situation, the installation of an interceptor drain along the upper area of the dispersal zones is recommended. It is of my opinion this should be the first item of consideration before any of the other items listed in this letter are undertaken.
a. The installation of the interceptor drain will pose some difficulty since the available work area is limited. The most common construction practice involves the use of gravel as the media for interceptor drains. However, with the limit on work space for delivery of said gravel for trench construction, I recommend the use of other gravel less trench media products during the construction and installation process.
b. In order to collect surface water that would flow over the dispersal zone, a shallow grassy water way should be considered. I observed two natural drainage area which cuts into your dispersal zone with the effect of increasing the soil saturation level, which in turn increases your possibility of wastewater surfacing.
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4. Drip field inspections will be recorded after mowing

5. Rope and signage missing from the south drip filed are due to frequent vandalism. A new cable rope and signage will be installed by May 1, 2021.

6. Refer back to Sam Dunn's Observations and Comments as referenced in #3 above. Zone 17 and Zone 12-16 are on land owned by the owners of the apartment complex. Formerly the party was CC-THP Little Flock, and was subsequently deeded over to 2055 A LLC and Delchamps Plaza Associates LLC on January 25, 2021. I would like to request that the appropriate party be contacted by the ADEQ in writing advising them of the appropriate measures to be taken to be in compliance with ADEQ regulations.

7. MMRs are always submitted to the ADEQ. Copies of the missing reports were emailed to Garrett Grimes on February 12. A copy is also included with this response.

8. We have noticed an increase in the solids, specifically FOG in the last few years. BCWD #1, the potable water provider advised us that the demographics have changed greatly for these apartments, supporting the increase of FOG in the waste flow. Because a more frequent pumping schedule needs to be maintained, the rates for the facility have been adjusted accordingly. The solids were removed on March 3, 2021 and will continue to be removed as required.

9. The flow meter will be scheduled to be replaced. This work will be completed by an outside contractor. As of the date of this letter that company has not been determined, but several are in the process of providing a bid for the work. Once all bids are in, one will be selected and the work will be completed.

10. The system is not hydraulically overloaded as indicated in the report. The control panel is set as a timed dose panel, not a Lead, Lag panel. In a timed dose panel, the floats serve different purpose. The mid-level, or "override" condition is there in case an operator is using a lower dosing schedule during the normal cycle and the pumps cannot keep up with the flow, this "override" timer can be adjusted to pump longer cycles to the drip fields in order to catch up with the flow demand. We have our "override" times set the same as the normal cycle times, so we are not putting out any more water than what is put on the field during a "normal" dose cycle.

11. To attain the required FCB limits, a minor modification of the permit allowing for chlorine disinfection will be requested during the permit renewal period. The request is included with the revised WMP to reflect the addition of chlorine disinfection.

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12. All future surfacing will be reported in accordance with permit requirements. Regarding hydraulic overloading, please refer back to Sam Dunn's observations and comments as referenced in #3. There is evidence that this field is being hydraulically overloaded from the adjacent property west of the fields. This is due to subsurface flow and above ground drainage from the adjacent property.

13. Records are maintained in house and are included with this response. This will address items 13: 1, 2, 3, & 4

14. Reserve fields owned by the permitee are maintained in accordance with the permit conditions. Reserve fields set aside by the original engineer for the facility and approved for in the construction phase are owned by a 3rd party. They are not accessible due to the design and construction of the apartment complex and underground utilities.

15. Refer back to Sam Dunn's observations and comments as referenced in #3. It is our understanding that the storm drains were installed in some portion of zones 7-11 during the construction phase of the project. We contacted the contractor that put in the drip lines and they advised us that at that time the storm water drainage was already present in the dripfield area. It appears that during the design phase of the drip field the storm drain existed. The engineer was Mark Gross and it appears this design was approved by the ADEQ.

GENERAL COMMENTS

- Any Solids removed from the lift station pumps will be stored in a covered container prior to offsite disposal
- We have used the "flow" settings from the design engineer based on the lowest loading rate across the zones. This was done using the flow meters and the gallons the zone was designed to receive in order to calculate the amount of time the entire drip field is dosed. If the lowest loading rate is used in the dose calculations, this should ensure that any one zone is not over dosed. The MMR accounts for max day flow to the field, not to each zone. However, per permit, each zone is limited to the loading rate for that zone. We use a spreadsheet that is broken down per zone loading rate, timer setting for the pump in the control

panel and daily max flow. It allows us to determine if a zone is overloaded. This spreadsheet is attached to the MMR when submitted monthly.

 Fence on the north field damaged by adjacent property owner's tree falling will be replaced by May 1, 2021. The fence on the south east drip field which has been chronically vandalized will be replaced with a steel cable rather than post and rope. This will be completed by May 1, 2021

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If you have any further need for explanation, please feel free to contact me.

Regards

KPONDILT

Kathryn Bartlett Internal Operations Manager NWA Utility Services Inc. Commissioner Benton County Suburban Sewer District No 1

VILLAGES OF CROSS CREEK

2018

	Date	Lower Field	South Upper Field	North Upper Field	Total Flow
T	1-Jan-18	5793555-9,648	9043184-8,711	3006960	18,599
	2-Jan-18		9051895 - 9555	3006960	18,500
	3-Jan-18		9061450-7390	3006960	16,5UZ
	4-Jan-18	5821600-5,067	÷	3006960	16,657
	5-Jan-18	5829667-9,398	9077430-8783	3000960	17,681
	6-Jan-18	5839065 -8,444	9086213 -8,015	3006960-0	·
	7-Jan-18	5847509 -10,323	9094228 -8,052	3006960-643	
*	8-Jan-18	6857832-7807	9102280-6510	3007603-12,766	27,043
	9-Jan-18	5965639 -8404	9108790 -5,981	3020369 -12,238	
L	10-Jan-18	5874043 -7,211	9114771-7,041	3032607-13,293	
	11-Jan-18	5881254-5,643	9121812-4,191	3045900-8,599	
	12-Jan-18	5886797 -4,872	9126003 - 3,649	3094499 -7,208	
	13-Jan-18	5891669 -4,567	9129662 - 3,901	3061707 -7,059	
	14-Jan-18	5896236 - 5,167	9133953 - 3646	3068766 -7,727	
			9137199-7,222	3076493-0	
	16-Jan-18	6910536-10,234	9144421 - 8,226	3076493-0	
	17-Jan-18	5920770-10,280	9152647-7319	3076493-0	
			916 00 26 - 6662	3076493-0	
	19-Jan-18	5941159-7,522	9166688-6,042	3076493-010,890	······································
	20-Jan-18	5948681 - 6,903	9172730 -5,420	3087382-9,229	
	21-Jan-18	5955584-61066	9178150-5,080	3096612-9,378	····
	22-Jan-18	5961650 - 6,481	9183230-4,642	3105990-9,920	<u></u>
	23-Jan-18	5968131 - 6,187	9187872 -4,790	3114910 -8,433	
	24-Jan-18	5974318- 5,933	9192652 - 4,978	3123343 -8,186	<u></u> ,
	25-Jan-18	5980251-7,479	9197630 - 5,525	3131529-0	
	26-Jan-18	5987730-0	9203155-6,347	3131529-11,465	
	27-Jan-18	5987730-0	9209512-7,401	3142994 - 10,590	
	28-Jan-18	5987730 - 1.466	9216913 - 9,374		
	29-Jan-18	5989490-7,214		3163615-3904	
	30-Jan-18	5996410-9147	9234703-6,744		
	31-Jan-18	6005557-8312	9241447-6,902	3167560-80	
	1-Feb-18	6013869 -9187	9248349-000	3167640-0	· · · · · · · · · · · · · · · · · · ·
		6023656-9604	9255405-7878	3167640-0	· · · · · <u> · · ·</u> · · · · · · · · · · · · · · ·
	3-Feb-18	6033260 - 9205	9263283 - 7018	31676 40-0	
		6042465 - 9700	9270301-7632	3167640-0	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow	
5-Feb-18	6052165-7,127	9277933 - 5188	3167640 - @-11,913	23,828	
6-Feb - 18	6059292 - 6,288	9283121 -4721	3179153 8,328	, 	
7-Feb-18	6065580-6,683	9287842-4963	3187481-7958		
8-Feb-18	6072263 - 5763	9292815-3419	3195339-7481	·	
9-Feb-18	6078026 - 8111	9296234-7881	3202820 - 0		
10-Feb-18	6076137 - 8340	9303115-7934	3202820-1208		
11-Feb-18	6094477-9853	9311049-7102	3204028-2072		
12-Feb-18	6104330 - 11773	9318151 - 8551	3206100-0		
13-Feb-18	6116433 - 10,503	9326702 - 7912	3206100-0		
	6126936 - 9,156	9334615-6947	3206100-0		
	•	9341562 - 6072	3206100-0		
	6144398 - 11,073	9347634 - 6888	3206100-0		
	6155471 - 10,240	9354522-7543	3206100-0		
	6165711 - 9,399	9362065 - 8607	3206106 -0		
	6175110 - 10,335	9370675 - 8548	3206100-0		
		9379223 - 9217	3206100-0		
21-Feb-18	6196180 - 9813	9387440 - 8961	3206100-0		
		9396001 - 10609	3206100-0		
		9406610 - 9210	3206100 -0		
	6224026 - 8254	9415820-8763	3206100-6		
			3206100-0		
	6240247-7903		3206100-0		
	6248150-8502			······	
	6256732-8273		3206500-0		
	6265005 - 8248		3206500 -0		
-		9465665 - 6784	3296500-9822		
		9472449-6215	3216322 - 9537		
	6286921 - 5872		3225859-9207		
	6292793 - 5211		3235066 - 8050		
	6298004-5381		3243116 - 7646		
		9494829 - 4654			
	6309373-5480	9499479 -4,737			
	6314853 - 5987	9504216 - 5138	3265155 - 7583		
		9509354-5762	3272738-7008		
		3	3279746-6804		
	6334890 - 8724		3286550 - 0		

Date	Lower Field	South Upper Field	North Upper Field	Total Flow	
13-Mar-18	6343614-9886	9931176 - 7834	3286550		
14-Mar-18	6353500-9083	9539010-8647	3286550		
15-Mar-18	6361583 - 9847	9547657 - 7893	3286550		
16-Mar-18	6370430-11588	9555550-10801	3286550	22389	
17-Mar-18	6362018 -9059	9566351 -7062	3286 550 -0		
18-Mar-18	6390075 - 10031	9573413 - 8121	3256550-0		
19-Mar-18	6400106-9748	9581534-8659	3286 550-0		
20-Mar-18	6409854-9063	9590193 - 8077	3286 550 -0		
21-Mar-18	6418917 -9143	9596270 - 7480	3786 550 - 0		
22-Mar-18	6428060-9182	9605750 - 7763	3286 550 -0		
23-Mar-18	6437742-9551	9613513 - 8089	3286 550 - 0		
24-Mar-18	6446793 -9073	9621602 - 8376	3286 550 -0		
25-Mar-18	6455866 - 9244	9629978 - 8942	3786 550 - 0		
26-Mar-18	6465110 -10596	9638920 - 9405	3286 550 - 0		
27-Mar-18	6475706 - 10089	9648325 -8722	2286 550 - 0		
	6485795 - 9805		3286550-0		
	6495600 - 7510		3286550-0		
	6503110 - 9239		3786550-3578		
		9678829 - 8566			
-		9687395 - 9856			
2-Apr-18	6530984 - 6946	9697251 - 5888	3296362-2987		
	6537932-6008		3299369-3699		
	6543940- 5959		3363068-2798		
5-Apr-18	6549899 - 9095	9712493 - 7707	3305884 - 72		
6-Apr-18	6558994-9128	9720200-8459	3306956-0		
	6668122 - 9633	977.8659 - 4008	3305956-0		
8-Apr-18	6677755 - 9945	9736667 - 7,713	3305956-214		
9-Apr-18	6587700 - 9571	9744380 - 5804	3306170-0		
10-Apr-18	6697271 -10,788	9753184 - 9924	3306170 -0		
11-Apr-18	6608059 - 5843	9763108 - 4776	3306170-6205		
12-Apr-18	6618902 - 4328	9767884 - 3496	3312375-5265		
	, v	9771380 - 6229	3317630-7601		
		9777609 - 5081	3325431-8190		
		9782690 - 6030	333621-8749		
		9788720-7180	3342370-0	21,286	
		9795900-7405	3342370-6		

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
18-Apr-18	6657111 - 10809	9803405-9288	3342370-0	
19-Apr-18	6687920 - 11,925	9812693 -10137	3342370 - 0	
20-Apr-18	6679845 - 9155	9822830 - 8204	3342370 -0	
21-Apr-18	6649000 - 8603	9831034 - 7557	32,42370 - 0	
22-Apr-18	6697603 - 8217	4838591-7837	3342370 - 0	
23-Apr-18	6766820 - 9276	9846428-8808		
24-Apr-18	6715096 -10304	9855236 - 7663	3342370 - 0	
25-Apr-18	6725400 - 9643	9862899 -8222	3342370-0	
1 1	· ·	9871121 - 8499	2342370-0	
1 1	6745494-10871		3342370 - 0	
	6756365 - 9989	9888535-8328	3342370-0	
	6766354-16436		3342370-0	
30-Apr-18	6776790 - 9712	9905440-8392	3342370-0	
1-May-18		9913832 - 7944	3342370-0	
2-May-18			3342370-0	
[]	6505106 - 9490	9929985-8151	3342370 -0	
F 1	6814956 - 7484	9938136 - 5448	3247370 - 7561	
	,	9943584-5762	3249931 - 8102	
	69529076 - 6724	9949346 - 6260	3358033 - 7949	
· · · · · · · · · · · · · · · · · · ·	6835800 - 6087	9955606 - 5119	3365582-6228	
	6841887 - 5276	9960725 - 4798	3371820 -7107	
	6847163 - 5869	9965523 - 4347	3378927 - 6472	
		9969670 - 5058	3385399 -6833	
11-May-18		9974928 - 5441	3392232-1208	
		9980369 - 4986	3399440-6696	
		9985355 -5383	3406126 - 6974	
		9990738 - 7258	3413100-0	
	6887780-9132		3413100-0	
	6896912 - 2643		3413100 - 7728	
		0002867-1896	3420828-9699	
18-May-18	6906744 - 8953		3430527-10662	
	6915697 - 9286	0014763-7	3440609 -10418	
		0014770-0	3451027-10613	
· · · · · · · · · · · · · · · · · · ·	6935170 - 11461	0014710-0	3461640-11026	22,427
	6946571-7812	0014770-130	3472666-9,055	
	6954383 - 7417	0014900-0	3481721 - 7119	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
24-May-18	6961800 - 8710	0014900-3692	3488840 -8620	
25-May-18	6970510 - 10586	0018592-7549	3497460-0	
26-May-18	6981096 -11631	0026141 -8218	3498070 - 0	
27-May-18	6992727 - 10908	0034359 - 4073	3498070 - 0	
28-May-18	7003635 - 11610	0042432 - 7908	3498070-0	
29-May-18	2015245 - 11358	20050346-9054	3496670 - 0	
30-May-18	7-26663	0059394 -8377	3498070-0	
31-May-18	en la mini da la compañía de la comp	0067771 - 4379	3498070-0	
1-Jun-18	7048070 - 11,054	20076150 - 7838	3498070-0	
2-Jun-18	7059124 -10,633	0063988 -8201	3498076-0	
1	7069757 - 10846	-	3498076-80	
		0100702-9464	3498150 - 9750	
5-Jun-18	7083970-4930	0110166-6107	2507906-9832	
6-Jun-18	705 8960 - 4301	01162730 -6547	CER 2000 - 7913	
7-Jun-18	-576 (Deere 2000 -576	0122820 - 4307	3524645-5502	15,578
	7098976 - 11888		3530147 - 1044	
1	7110858 - 11502		3531191 -0	
		0143281 - 7967	3531191-0	
11-Jun-18	7133551 - 10588	0151218 - 8111	3531191-0	
		0159329 - 7566	3531191-0	
		0166895 - 4043	3531191-0	
			3531191-029	
	7176732 - 12501	0182482-6344	3531220 -0	
	7189233 - 12307	0190826 -9123	3531220-0	
	7201540 - 11984	$\frac{1}{2}$	3531220 -0	
	7213524 - 11621	•••••••••••••••••••••••••••••••••••••••	3531220 -0	
19-Jun-18	7225145 - 10125	20216905 - 7505		
	7235270-10430	20234400-7394		
	7246700 - 14,068	20231804-6962		24,260
	7259768 - 8437	20238766-7239	3534490-0	
	7268205 -8969	20246005 - 7940	3534490-0	
	7286170 - 7922	20253945-7332	3534490-0	
	7294092-8846		3534490-0	
	7 305016 - 7680	20268319-5163	3534490-280	13.843
	7312696 - 12101	20273482-7881	3534770-120	· · · · · · · · · · · · · · · · · · ·
	7224797 - 11694	20261363= 8242	3534890-0	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
29-Jun-18	7336491-12,80%	0289605-9117	3534890-0	
	7349299-12,666		3534890-194	
	7361965-12,438		3539 546-0	
	7374403 - 8023		3635086-0	
	7382426 - 14,298		3535086-0	
		0331289-9065	3535086-0	
5-Jul-18	7410430-7856	0340354-5105		
	7418286-12,333			
	7430619 - 11,420			
	7442039-11,261	· · · · · · · · · · · · · · · · · · ·		
9-Jul-18	7463300 - 7808	0367801-5558	3535086~0	
	7461108 - 7373			
11-Jul-18	7468481-7651	0378053 - 4767	3535086-9348	21,766
	7476132-6854	·····	3552439~8494	
-	7483016 - 7102		3570281-9871	
	7490118 - 7483		3579152-5512	
	7497601- 7724		3587664-8888	
	7605325-10651			
	7515976 - 12888		3596552~0	
	7528864 -13207			
	7542071 -12609			
	7554680-9662		3596750-10838	
		0433981-0	3607588-10109	· · · · · · · · · · · · · · · · · · ·
	7573418 9122		3617697-10613	
	7582540-10,225		3628310-11,084	
	7592768 -9092		3639394 -10,233	
	7601860 - 8787		3649627 10870	
	76106417-9239		3660497-9,124	
	7618886-7255	· · · ·	3669621 - 7956	
	7626241-7971		3677577-8159	
	7634112 - 7768		3685736-7660	
	7641880 - 11355	0450407-8086	269 3396 - 244	
		0458493-10046	3693640-0	
	7667514 - 11,831		3693640-0	
	7679345 - 9749		3693640-0	
	•	0484045-5997	3693640-07848	

	Date	Lower Field	South Upper Field	North Upper Field	Total Flow
		7697618 -7420	0490032-5176	3701488 -8391	<u> </u>
	5-Aug-18	7705038-9072	0495202-5769	3709879-8093	······································
	6-Aug-18	7713110 - 8772	0500971-5663	3717972 - 7294	
1	7-Aug-18	7721882-2000	0566633-4940	3725266-8308	
		7728990-6819	0511(13 -5212	3733574-8019	
			516825 - 5349		
	10-Aug-18	7743048 - 7332	522174 - 4958	3749545-8161	
	11-Aug-18	7750380 - 7009	516825 - 4209	3757706 _ 7498	
	12-Aug-18	7767389-7152	521034 - 15,450	3765204-7716	
¥	13-Aug-18	7764541 -14628	536484 -9762	3772920-0	· - ·····
	14-Aug-18	777 9169 -14451	546246 -10298	3772920=0	
	15-Aug-18	7793260-11632	556544 - 7728		
	16-Aug-18	7804892-10558	564272 - 7001	3772920-0	
	17-Aug-18	7815450 - 11970	571273 - 8608	3772920.0	
	18-Aug-18	7827420 -11488	579881 - 7834	3772920-0	
	19-Aug-18	7838908 - 11042	587715 - 8366		
	20-Aug-18	7849950 - 10763	596671 - 8551	3772920-0	
	21-Aug-18	7860713 -11308	604622 -7801	3772920-0	
		787202 -11112	-	3772920-0	
		7883133-11955		3772926-0	
	24-Aug-18	7895088 -11619	629603 - 8666	3772920-0	
	25-Aug-18	7906707 -11089	638269 - 9082		
		7917796 -11246		3772920-0	
		7929042-15905	•		
		7944947 - 16321	665464 - 11523		
		7961268-15244			
		7976512-8108			
		7964620-8816			
		7993496-7811	701958 - 6339		
		8001207 - 9561	708247-6052		
		8009768 - 9455	714349 6395	3773510-0	······································
		8019223 - 15009	720744 -12,323		
		8034222-14608	733067 - 12,143	3773510 -0	· · · · · · · · · · · · · · · · · · ·
		8048740-10484	745210-6274	3773510-0	
		8059234 -10066	751484 - 5801	3773510-0	
	8-Sep-18	8069322- 05208838	757285 - 5725	3773510	

· , /

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
9-Sep-18	6074160-4992	763010 - 5861	3773513 -0	
10-Sep-18	8079152 - 3549	766871 - 2701	3773510 - 4378	
11-Sep-18	5052701-5309	771572 - 4202	3777888-5970	
12-Sep-18	8688010-5230	775774-3916	3783858-6302	
13-Sep-18	8093240 - 6481	779690-5384	3790160 - 8900	
14-Sep-18	8099731 - 6822	785074-4892	3799548 - 8854	· · · · · · · · · · · · · · · · · · ·
15-Sep-18	8106553-7318	789966 - 5108	3808402-9101	
16-Sep-18	8113871-7299	795074-4626	3817503 -9017	
17-Sep-18	8121170 - 6760	799700 - 5023	3826520 -8061	
18-Sep-18	G127936 - 12600	804723 - 8597	78341581-15389	
19-Sep-18	8140530 - 3949	813320-3288	38-19970 - 4444	、 、
	8144479- 3497	816608 - 2598	3854414 - 4141	
21-Sep-18	5147976-10,100	819206-7822	3858555-0	
1 1	8158071 - 9771	827028 - 7359	3858555-0	
23-Sep-18	5167847-9460	834387 - 7876	3858555-0	
	8177307 - 14229	542263 -12066	3658555-0	
25-Sep-18	8191536 -6520	854 329 - 5457	3858555-0	
1 1	8198056 -9424	859786 -7610	3859555-0	
	8207480 -10670		3858555-6	
28-Sep-18	8218150-11,294	875830-9128	3858555-0	
	•	884958-8454		
		893412 - 8374		
1-Oct-18	8250615 -10758	901786 - 8464	3858-555-0	
2-Oct-18	8261373-8044	910250-5901	3858555-5885	
3-Oct-18	8269417 -7278	916151 - 5187	3864440 -7203	· · · · · · · · · · · · · · · · · · ·
4-Oct-18	8276695 - 1763	921338 - 5603	3871643 - 6268	
5-Oct-18	8284458 - 6904	926941 - 6244	3877911 - 6999	
6-Oct-18	8291362 - 8129	933185 - 5308	3884910 - 6476	
7-Oct-18	8299491 - 7228	938493 - 5055	3891386 - 7522	
8-Oct-18	8306719 - 6899	943648 - 5436	3898908-5608	
9-Oct-18	8313618 - 7804	948984 - 6018	3904516 -6271	
10-Oct-18	8321422 -6735	955002 - 5523	3910887 - 6555	
11-Oct-18	8328157 -7322	960525 - 5639	3917442 - 5833	·
12-Oct-18	8335479 -7661	966164 - 4877	3923275 -7131	
13-Oct-18	8343140 - 6997	971041 - 5268	3930406 - 6296	
14-Oct-18	8356137 - 7527	976304 - 498	3936702 -6000	

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Date	Lower Field	South Upper Field	North Upper Field	Total Flow
15-Oct-18	8356847-12329	984291 -9385	3944849	
16-Oct-18	4371176 - 10123	993676-7184	3944849	
17-Oct-18	8381299 =9664	1000860-6584	zauury	<u></u>
18-Oct-18	6390963 - 11423	1007444-7252	3944849	<u></u>
19-Oct-18	8402386-10332	1014726- 6455	3944849	
20-Oct-18	8412718 -11,291	10231a1 -7881	3944849	
21-Oct-18	8424009 - 10,697	1031072-8189	3944849	
	8434706 - 13644		3944849	
	8448350 - 9998		3944849	
24-Oct-18	8458348 -10284	1057218 - 6333	3944849	
	8468632 -9378		3944849	
	8478010 - 9351		3944849	
	8487361 - 8762		3944849	
	8496123 - 8726		3944649	
	-	1097457 -9888		
		1107345 -10509		
		1117854 -10098		
		1127952 - 10561		
	8536625 -5173	137513 - 6450		
		1144963 - 5876		
		1150839 -6341		
	8551003-5822		3969810 - 6730	
	8556825 - 4478		3976540 - 5958	
7-Nov-18	8561303 - 5019	1169786 - 6307	3982498 - 6345	
-	8566322 - 5320		3988843 - 6011	
	8571642 - 4787		3994864-6228	
10-Nov-18	8576429-5258	1188094 - 6824	4001082 - 6441	*****
11-Nov-18	85816870 - 6693	1188094 - 6824 119498 - 6252	4007523 -	7407
	8587780 - 8047		4014930	
13-Nov-18	8595827 - 8730	1210360-11420	4014930	·····
14-Nov-18	8604557 - 8123	1221760 - 10599	4014930	<u>.</u>
15-Nov-18	8612680 - 6877	1232379 - 9758	4014930	
16-Nov-18	8619557 -7732	1242137 - 8943	4014930	· · · · · · · · · · · · · · · · · · ·
17-Nov-18	8627289 - 7318	1251080 - 9222	4014930	······································
	8634667-7748		4014930	
	8642359 - 8388		4014930	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
20-Nov-18	8650743 -7832	1278504 - 9340	4014930	
21-Nov-18	8658515 - 8048	1287844 - 9971	4014930	
22-Nov-18	8666623 - 8331	1297815-10131	4014930	
23-Nov-18	8674954 - 7449	1307964 - 6666	4014930	
24-Nov-18	8682403 - 7138	1314630 - 7085	4014930	
	4689541 - 7099		4014930	
26-Nov-18	8696640 - 4219	1328001-7130	4014930-9382	
27-Nov-18	8706859 - 4501	1335131 - 6676	4024312 - 8847	
28-Nov-18	8705360 - 3910	1341807 - 6982	4033159-9306	
29-Nov-18	8709270 - 901S	1348789-4178	4042475-5522	
	8718285-6678			
	8724963 - 5980			
	8730943 - 6470			
	6737413 - 6709	1380650-8889		
4-Dec-18	8744122 -7228	1389539 - 8573	4047997	
5-Dec-18	8751350 - 7092	1398112 -9039	4047997	
			4047997-7383	
7-Dec-18	8763061 - 5152	1414424 - 6608	4055380-6974	
	8768153 - 4710			
9-Dec-18	9772863-0	1427844 -7338	4069392-6858	
10-Dec-18	8777683 - 5454	1434882-3620	4076250-8550	
	8783137 - 5050			·
12-Dec-18	8788187-6304	1441735 - 3302	4092900-9129	
	8794491 - 5765			
14-Dec-18	8800256 - 5615	1448800-4201	4110620-8754	
15-Dec-18	8805871 - 6123	1453001 - 3298	4119374 - 8393	
16-Dec-18	8811994 - 5709	1456299-3430	4127767 - 9001	
	8817703 - 5861			·····
18-Dec-18	8823564 - 5259	1468684-8424	4136768	
19-Dec-18	58 28823 - 3397	1477168 - 9047	4136768	
20-Dec-18	8632220-3608		4136768	
21-Dec-18	8635228 - 3993	1495500 - 8431	4136768	
22-Dec-18	8839221 - 3208	1603931 - 7860	413(768	
23-Dec-18	8842429 - 3566	1511791 - 4298	4136768	
24-Dec-18	8845995 - 3394		4136768	
25-Dec-18	8849389 - 3956	1528132 - 7565	4136768	



Date	Lower Field	South Upper Field	North Upper Field	Total Flow
26-Dec-18	8853345-6360	1535697-5413	4136768-0	
	5859705-5712	1541110 - 5658	4136768-3195	
28-Dec-18	8865417-2815	1546768 - 4976	4139966 - 4302	
	8868232-0	1551744 - 4419	4144268-3981	
30-Dec-18	8868232-0	1556163	4148249-4161	
31-Dec-18	8868288	1560860	4152410	

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QUAPOIN 59A SAMUEL E EW BEDFORD, EL 508.998.75 AX 508.998.71	BARNET BLVD. 1, MA 02745 577 RIOCIERE EI	ELD REPO	Submit by Email Page 1
Date	1/8/2018	Reason For	Site Visit:
Client	Villages at Cross Creek (Dixieland)	⋉ 0&M	Commissioning
Address		∫ ^{−−} Testing	☐ Other:
City	Little Flock State AR		
Inspector	Ken Gregory		
Bioclere	e Model #(s) 36/30 X 2		
1) Odd	Dr 1) Is there odor around the site? X Yes		
	2) Where is the source of odor? Bioclere and	d Primary Settling Tank(s)	Vents
	3) If odor is present, check all that apply: $\int_{}^{}$	Mild 🔀 Medium	☐ Strong
	X	Musty 🔽 Septic	

Sludge & Scum Depth Measu (\mathbf{Z})

Scum	Sludge		-	Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		
Primary Tank #1 3"	65"	;	Bioclere 2B (if applicable)	<u> </u>	
Primary Tank #2 (if applicable) 5"	65"	 ;	Effluent Tank	0	17"
Bioclere 1A		 O	ther:		
Bioclere 1B (if applicable)					
(3) Bioclere Venting					
 Record the Bioclere fan model #(s): 			<u></u> .		
2) Is air passing through the vent(s)?	X Yes	☐ No	around vent and allow to fill)		
(11 11)	r uouot, put a sm	uli plustic bug	around vent and anow to my	·	
3) Is the fan operating and in good co	ndition				
for Bioclere 1A3	🗙 Yes	∏ No	for Bioclere 2A? (if applicab	ole) 🔀 Yes	∏ No
for Bioclere 1B? (if applicable)) 🦵 Yes	∏ No	for Bioclere 2B? (if applicab	ole) 🦵 Yes	No
(Ple	ase provide nece	ssary details ii	n the report summary section)		

Bioclere 1A Bioclere 1B Bioclere 2A Bioclere 2B (4) General (IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE) Are there any filter flies in the unit? ∏ No T Yes T Yes X: Yes ∏ No X Yes No No ☐ No If so, how many? Many X Few Many Few Many X Few Many Few Is the lid gasket in good condition? X Yes ∏ No T Yes No X Yes No No T Yes No. Γ Locks/latches/handles in good condition? X Yes ☐ No T Yes T No X Yes ☐ No T Yes T No Is there any external damage to the units? T Yes X No ☐ No Yes T Yes X No T-No T Yes Cover, fan box, & control panel securely locked? ∏ No ∏ No X Yes **Yes** X. Yes No No Yes No Does the fan box contain standing water? X No ☐ Yes X No T Yes T: Yes **Yes** T No No No

(Please provide necessary details in the report summary section)

Were influen	t/effluent samples taken for la	b analysis? 🔀 Yes	∏ No	. ·		
If process cor please provic	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН	 Turbidity (NTU)	t to the second second second
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)	 NH ₃ -N (mg/l)	
Locations.	from Pump Tank	NO ₃ -N (mg/l)		Other:	 	1

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	🗍 White	└ White	White	☐ White
What is the color of the biomass?	White/Gray	☐ White/Gray	└── White/Gray	📑 White/Gray
	Gray	Gray	Gray	🔚 Gray
	🔀 Gray/Brown	Gray/Brown	🔀 Gray/Brown	Gray/Brown
	F Brown	Brown	F Brown	F: Brown
	Red/Brown	Red/Brown	[Red/Brown	Red/Brown
	🔲 Black	🗍 Black	🗍 Black	📑 Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	T Yes	X No	T Yes	_ No	T Yes	🔀 No	T Yes	∏ No
(If not, clean each nozzle with a bottle brush)							*	<u> </u>
2.) Does the spray now cover entire surface area?	X Yes	∏ No	T Yes	∏ No	🗙 Yes	∏_ No	∫ Yes	∏_ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as

necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🗙 Yes	∏ No	☐ Yes	∏ No	🗙 Yes	∏ No	T Yes	∫ No
If not, consult AQUAPOINT, INC.								

Page 2

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min 10 min 2 on: 10 off: 2	min min on: off:	min 10 min 2	min min on: off:	
What is the recycle pump timer setting?	min 6 hrs on: 6 off: .5	min hrs on: off:	min 6 hrs 5	min hrs on: off:	

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.66	Amps		Amps	5.16 Am	ps	- Amps
What is the amperage of dosing pump 2?	4.81	Amps		Amps	5.06 Am	ps	- Amps
What is the amperage of recycle pump?	4.30	Amps		Amps	4.58 Am	ps	- Amps
Is dosing pump operating according to test cycle?	😿 Yes	∏ No	☐ Yes	∏ No	🕅 Yes 🔽	No 🖵 Yes	∏ No
Is recycle pump operating according to test cycle?	🔀 Yes	∏ No	∫ Yes	∫ No	🕅 Yes 🦵	No 🖵 Yes	∏ No
Are the dosing pumps alternating?	🔀 Yes	J No	☐ Yes	∏ No	🕅 Yes 🦳	No [Yes	∏ No

(Please provide necessary details in the report summary section,

(8) Plumbing	Are the unions in the Bioclere leaking? The Yes IX No (If "yes", then tighten with pipe wrench)
	Is the recycle siphon break weep hole operating as designed? 🔀 Yes 🦵 No (If "no", clean weep hole)
(9) Final Check	🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
	🔀 Alarm toggle set to the "On" position
	🔀 Recycle and dosing pump timers are set back to original cycles in control panel
	🔀 Control panel, Bioclere cover, and fan box locked
	Record water meter reading (if possible):

(10) Report Summary:

Total treated water over a 31 day period was 470,554 Gallons for an average daily flow of 15,179 Gallons per day, with a max daily flow of 22,749 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

Pumped a total of 4 - 5,000 gallon truck loads of sludge from lift station and settling tanks, however, our sludge levels at the end of settling tanks has remained the same!!!!

Trash pumped sludge in pump tank back to South Settling tank.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part. Call 860-674-1515 for EBM/Papst fan replacements. Call 888-361-8649 for Grainger fan replacements. Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory

AQUAPOINT, IN 259A SAMUEL BARN		Submit by Er	nail
NEW BEDFORD, MA TEL 508.998.7577 FAX 508.998.7177	BIOCLERE FIEL	D REPORT	Page 1
Date 2/5	5/2018	Reason For Site Visit:	
Client Vill	lages at Cross Creek (Dixieland)	🔀 O & M 🦵 Commissioning	
Address	······································	Testing Cother:	
City Liti	tle Flock State AR		
Inspector Kei	n Gregory		
Bioclere Mo	odel #(s) 36/30 X 2		. ,
1) Odor	1) Is there odor around the site? 🔀 Yes	No	
	2) Where is the source of odor? Bioclere and Prin	mary Settling Tank(s) Vents	
·.	3) If odor is present, check all that apply: 🦵 Mild	🔀 Medium 🦳 Strong	
	🔀 Must	ty T Septic	

(2) Sludge & Scum Depth Measurements

Scum	Sludge			Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)	. <u>.</u>	
Primary Tank #1 3"	68"		Bioclere 2B (if applicable)	, ,	
rimary Tank #2 (if applicable) 5"	75"		Effluent Tank	0	6"
Bioclere 1A		Ot	her:	- ·	
Bioclere 1B (if applicable)	·				
1) Record the Bioclere fan model #(s):					
 Record the Bioclere fan model #(s): 			:		
2) Is air passing through the vent(s)?	🔀 Yes	∏ No			
(if in c	loubt, put a sn	nall plastic bag	around vent and allow to fill)		
3) Is the fan operating and in good con	dition				
for Bioclere 1A?	🗙 Yes	└── No	for Bioclere 2A? (if applicab	le) 🔀 Yes	No
for Bioclere 1B? (if applicable)	┌── Yes	∏ No	for Bioclere 2B? (if applicab	le) 🦵 Yes	∫ No
(61			a		

(Please provide necessary details in the report summary section)

(4) General	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere (IF APPLIC		Bioclere 2B (IF APPLICABLE)	
Are there any filter flies in the unit?	🗙 Yes	∫ No	☐ Yes ☐	No	🕅 Yes	∫ No	☐ Yes	∏ No
If so, how many?	☐ Many	🔀 Few	└ Many └	Few	∫ [−] Many	🕱 Few	Many	☐ Few
Is the lid gasket in good condition?	🗙 Yes	∫ No	∏ Yes ∏	No	🗙 Yes	∏ No	☐ Yes	∏ No
Locks/latches/handles in good condition?	🔀 Yes	∏ No	☐ Yes ☐	No	🔀 Yes	∏ No	∫ Yes	∏ No
Is there any external damage to the units?	☐ Yes	🕅 No	☐ Yes ☐	No	☐ Yes	X No	☐ Yes	∏ No
Cover, fan box, & control panel securely locked?	🗙 Yes	∏ No	☐ Yes ☐	No	🔀 Yes	∏ No	∫ Yes	∏ No
Does the fan box contain standing water?	☐ Yes	X No	☐ Yes ☐	No	∫ Yes	X No	☐ Yes	∏ No

(Please provide necessary details in the report summary section)

Were influent	t/effluent samples taken for lab	analysis? 💢 Yes	∫ No			
If process cor please provid	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)	NH ₃ -N (mg/l)	
	from Pump Tank	NO ₃ -N (mg/l)		Other:		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	🖵 White	└── White	T White	☐ White
	☐ White/Gray	└── White/Gray	└── White/Gray	└── White/Gray
	🖵 Gray	☐ Gray	☐ Gray	🖵 Gray
What is the color of the biomass?	🔀 Gray/Brown	🖵 Gray/Brown	🔀 Gray/Brown	🖵 Gray/Brown
	F Brown	∫ Brown	∫ Brown	F Brown
	☐ Red/Brown	∫ Red/Brown	F Red/Brown	∏ Red/Brown
	🖵 Black	🖵 Black	☐ Black	🖵 Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	Biocle	re 1A	Bioclei (IF APPLI		Bioclei (IF APPLI		Biocle (IF APPLI	
1.) Does spray cover the entire media surface area?	T Yes	X No	☐ Yes	∏ No	T Yes	X No	☐ Yes	∫ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	∫ ^{−,} Yes	∏ No	🔀 Yes	∏. No	∫ ⊤ Yes	∏ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	☐ Yes	∏ No	🔀 Yes	∏ No	☐ Yes	∏ No
If not, consult AQUAPOINT, INC.								

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min 10 min 2 on: 0ff: 2	min min on: off:	min 10 min 2	min min on: off:
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.78	Amps		Amps	5.17	Amps		Amps
What is the amperage of dosing pump 2?	4.75	Amps		Amps	5.21	Amps		Amps
What is the amperage of recycle pump?	4.20	Amps		Amps	4.65	Amps		Amps
Is dosing pump operating according to test cycle?	🔀 Yes	∏ No	T Yes	∏ No	X Yes	∏ No	T Yes	∏ No
Is recycle pump operating according to test cycle?	🔀 Yes	No	☐ Yes	∏ No	X Yes	∏ No	☐ Yes	∏ No
Are the dosing pumps alternating?	🔀 Yes	∏ No	T Yes	∏ No	X Yes	∏ No	T Yes	No

aetails in the report summary

(8) Plumbing	Are the unions in the Bioclere leaking? Yes X No (If "yes", then tighten with pipe wrench) Is the recycle siphon break weep hole operating as designed? X Yes No (If "no", clean weep hole)
(9) Final Check	X Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
	🔀 Alarm toggle set to the "On" position
	🔀 Recycle and dosing pump timers are set back to original cycles in control panel
	🔀 Control panel, Bioclere cover, and fan box locked
	Record water meter reading (if possible): See Below
<u> </u>	

(10) Report Summary:

Total treated water over a 28 day period was 481,076 Gallons for an average daily flow of 17,181 Gallons per day, with a max daily flow of 23,828 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

Need to have end sections of Main Settling tanks pumped. Tom asked me to setup time for Bubs to pull two loads this month.

Signature: Ken Gregory

AQUAPOINT 259A SAMUEL BA			ubmit by Email
NEW BEDFORD, TEL 508.998.757 FAX 508.998.717	7 BIOCI ERE EIE	LD REPORT	Page 1
Date	3/2/2018	Reason For Site Visit:	
Client	/illages at Cross Creek (Dixieland)	🔀 O & M 👘 Commissioning	
Address		Testing Other:	
City	_ittle Flock State AR		:
Inspector	Ken Gregory		
Bioclere	Model #(s) 36/30 X 2		.
(1) Odo	1) Is there odor around the site? X Yes	Г_; No	
	2) Where is the source of odor? Bioclere and Pr	rimary Settling Tank(s) Vents	
	3) If odor is present, check all that apply: 🦵 Mil 🔀 Mu		

(2) Sludge & Scum Depth Measurements

n Sludge	<u> </u>		Scum	Sludge
		Bioclere 2A (if applicable)		
60"		Bioclere 2B (if applicable)	······································	
66"		Effluent Tank	0	13"
	 Oth	er:		
s):				
? 🔀 Yes	No			
f in doubt, put a sr	nall plastic bag a	round vent and allow to fill)		
condition				
A? 🔀 Yes	No	for Bioclere 2A? (if applicat	ole) 🔀 Yes	No
le) 🔽 Yes	∏ No	for Bioclere 2B? (if applicat	le) 🦵 Yes	☐ No
Please provide nec	essary details in t	he report summary section)		
	60" 66" 5): ? X Yes fin doubt, put a sr condition A? X Yes le) Yes	60" 66" Oth s): X Yes No <i>fin doubt, put a small plastic bag a</i> condition A? X Yes No le) Yes No	Bioclere 2A (if applicable) 60" Bioclere 2B (if applicable) 66" Effluent Tank Other: 5): 7 X Yes No fin doubt, put a small plastic bag around vent and allow to fill) condition A? X Yes No for Bioclere 2A? (if applicab	Bioclere 2A (if applicable) 60" 66" 66" Other: 0 <t< td=""></t<>

(4) General **Bioclere 1A Bioclere 1B Bioclere 2A Bioclere 2B** (IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE) Are there any filter flies in the unit? 🔀 Yes Yes ∏ No ∏ No No No X Yes No No ☐ Yes If so, how many? X Few Many Many Many Few Few Many X Few Few Is the lid gasket in good condition? No No No X Yes No No No No X Yes T Yes T Yes Locks/latches/handles in good condition? T: Yes ∏ No T: No T Yes No. X Yes ☐ No X Yes Is there any external damage to the units? T Yes X No - Yes No No Yes X No Yes - No Г Cover, fan box, & control panel securely locked? X Yes No No ☐ No X Yes No No ☐ Yes No No Yes Does the fan box contain standing water? T Yes X No T Yes X No T Yes ∏ No T Yes ☐ No

(Please provide necessary details in the report summary section)

Were influen	t/effluent samples taken for lab	analysis? 🔀 Yes	No			
lf process co please provid	ntrol test samples were taken, de the following information:	Alkalinity (as CaCO ₃)		рН	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)	NH ₃ -N (mg/l)	1 1 2
	from Pump Tank	NO ₃ -N (mg/l)		Other:		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	☐ White	White	White	↓ White
	White/Gray	White/Gray	White/Gray	Unite/Gray
· ·	🗍 Gray	Gray	Gray	Gray
What is the color of the biomass?	🔀 Gray/Brown	Gray/Brown	🔀 Gray/Brown	Gray/Brown
	F Brown	Brown	Erown	F Brown
	Red/Brown	Red/Brown	Red/Brown	Red/Brown
	F Black	📄 Black	Black	📑 Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	n Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	T Yes	X No	T Yes	No	☐ Yes	X No	T Yes	∏ No
(If not, clean each nozzle with a bottle brush)	****							<u></u>
2.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	T Yes	∏ No	🗙 Yes	∏ No	Yes	∏ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	X Yes	∏ No	T Yes	∏ No	X Yes	∏ No	📑 Yes	No No
If not, consult AQUAPOINT, INC.								

Page 2

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min 10 min 2	min min on: off:	min 10 min 2	min min on: off:	
What is the recycle pump timer setting?	min 5 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:	

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.65	Amps		Amps	5.35	Amps		Amps
What is the amperage of dosing pump 2?	4.94	Amps		Amps	5.25	Amps		Amps
What is the amperage of recycle pump?	4.46	Amps		Amps	4.30	Amps		Amps
Is dosing pump operating according to test cycle?	🗙 Yes	∏ No	T Yes	∏ No	X Yes	∏ No		∏; No
Is recycle pump operating according to test cycle?	X Yes	∏ No	T Yes	No	X Yes	∏ No	_ Yes	∏ No
Are the dosing pumps alternating?	🕅 Yes	∏. No	T Yes	No	X Yes	∏ No	∏ Yes	No

(Please provide necessary details in the report summary section)

(8) Plumbing	Are the unions in the Bioclere leaking? [Yes 🔀 No (If "yes", then tighten with pipe wrench)						
	Is the recycle siphon break weep hole operating as designed? 💢 Yes 🦵 No (If "no", clean weep hole)						
(9) Final Check	🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")						
	X Alarm toggle set to the "On" position						
	🔀 Recycle and dosing pump timers are set back to original cycles in control panel						
	🔀 Control panel, Bioclere cover, and fan box locked						
	🔀 Record water meter reading (if possible): See Below						

(10) Report Summary:

Total treated water over a 31 day period was 565,560 Gallons for an average daily flow of 18,244 Gallons per day, with a max daily flow of 22,786 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

Need to have end sections of Main Settling tanks pumped. Tom asked me to setup time for Bubs to pull two loads this month.

Vote:	Contact Arvin Associates at 508-583-8221 for any control panel replacement pa	rt.	
	Call 860-674-1515 for EBM/Papst fan replacements.		
	Call 888-361-8649 for Grainger fan replacements.	Clauseture	Kan Cuanan
	Call Aquapoint at 508-998-7577 for pump replacements.	signature:	Ken Gregory

AQUAPOIN 259A SAMUEL I	BARNET BLVD.	Submit by Email
NEW BEDFORD TEL 508.998.7 FAX 508.998.7	⁵⁷⁷ BIOCIERE FIELD RE	PORT Page 1
Date	4/2/2018 Reason	on For Site Visit:
Client	Villages at Cross Creek (Dixieland)	M Commissioning
Address	☐ Test	ting / Other:
City	Little Flock State AR	
Inspector	Ken Gregory	
Bioclere	e Model #(s) 36/30 X 2	
(1) Odo	 1) Is there odor around the site? X Yes No 2) Where is the source of odor? Bioclere and Primary Settling Taken Settling Tak	, Tank/s) Vonte
	3) If odor is present, check all that apply: T Mild IX Med	dium 🦵 Strong

(2) Sludge & Scum Depth Measurements

Scum	Sludge	-		Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		
Primary Tank #1 4"	72"	_	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable) 18"	72"	-	Effluent Tank	0	14"
Bioclere 1A		- Oʻ	her:		
Bioclere 1B (if applicable)		-			
(3) Bioclere Venting					
1) Record the Bioclere fan model #(s):					
2) Is air passing through the vent(s)?	🗙 Yes	∏ No			
(if in a	loubt, put a sma	all plastic bag	around vent and allow to fill)		
3) Is the fan operating and in good cond	dition				
for Bioclere 1A?	🔀 Yes	└─ No	for Bioclere 2A? (if applicable	e) 🔀 Yes	∏ No
for Bioclere 1B? (if applicable)	☐ Yes	∣ No	for Bioclere 2B? (if applicable	e) 🦵 Yes	└─ No
(Pleas	e provide neces	ssary details in	a the report summary section)		

(4) General	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
Are there any filter flies in the unit?	X Yes	∏ No	∏. Yes	[No	🔀 Yes	∏ No	T Yes	∏ No
If so, how many?	Many	X Few	Many	🗍 Few	Many	X Few	Many	Few
Is the lid gasket in good condition?	X Yes	∏ No	T Yes	∏ No	🗙 Yes	∏ No	∏ Yes	∏ No
Locks/latches/handles in good condition?	🗙 Yes	No	T Yes	∏ No	😿 Yes	∏ No	T Yes	∏: No
Is there any external damage to the units?	☐ Yes	X No	T Yes	∏ No	T Yes	X No	T Yes	∏ No
Cover, fan box, & control panel securely locked?	X Yes	∏ No	∫ Yes	∏ No	🗙 Yes	∏ No	∫ Yes	No
Does the fan box contain standing water?	☐ Yes	🕅 No	T Yes	∏ No	T Yes	X No	∫ Yes	∏ No

(Please provide necessary details in the report summary section)

Were influent	t/effluent samples taken for lab	analysis? 🔀 Yes	∏ No			
If process cor please provid	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН	 Turbidity (NTU)	1
	Effluent samples are taken	Temperature (F)		DO (mg/l)	 NH ₃ -N (mg/l)	
	from Pump Tank	NO ₃ -N (mg/l)		Other:	 	

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	☐ White	☐ White	White	🕞 White
What is the color of the biomass?	White/Gray	🗍 White/Gray	White/Gray	🗍 White/Gray
	Gray	Gray	Gray	Gray
	🔀 Gray/Brown	Gray/Brown	🔀 Gray/Brown	Gray/Brown
	F Brown	Brown	F Brown	F. Brown
	Red/Brown	Red/Brown	Red/Brown	Red/Brown
	厂 Black	Black	🗍 Black	🗍 Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2	· · · · · · · · · · · · · · · · · · ·	2	

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	T Yes	X No	T Yes	∏ No	∏ Yes	X No	☐ Yes	∏ No
(If not, clean each nozzle with a bottle brush)	···-							
2.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	Yes	<u></u> No	X Yes	∏ No	T Yes	∏ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	☐ Yes	∏ No	🕅 Yes	∏ No	T Yes	∏ No
lf not, consult AQUAPOINT, INC.								

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min 10 min 2 on: 0 off: 2	min min on: off:	min 10 min 2	min min on: off:
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.68	Amps		Amps	5.06	Amps		Amps
What is the amperage of dosing pump 2?	4.63	Amps		Amps	4.98	Amps		Amps
What is the amperage of recycle pump?	4.19	Amps		Amps	4.11	Amps		Amps
Is dosing pump operating according to test cycle?	🔀 Yes	No	T Yes	∏ No	🔀 Yes	∏ No	☐ Yes	∏ No
Is recycle pump operating according to test cycle?	X Yes	No	[]Yes	∏ No	X Yes	No	T Yes	∏ No
Are the dosing pumps alternating?	🔀 Yes	∏ No	T Yes	∏ No	X Yes	∏ No	T Yes	∏ No

ary details in the report summary section,

(8) Plumbing

Are the unions in the Bioclere leaking? (If "yes", then tighten with pipe wrench) X No T Yes

Is the recycle siphon break weep hole operating as designed? X Yes ∏ No (If "no", clean weep hole)

(9) Final Check

🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")

- X Alarm toggle set to the "On" position
- X Recycle and dosing pump timers are set back to original cycles in control panel
- X: Control panel, Bioclere cover, and fan box locked
- **X** Record water meter reading (if possible):

See Below

(10) Report Summary:

Total treated water over a 30 day period was 563,400 Gallons for an ave 21,286 Gallons.	rage daily flow of 18,780 Gallons per day, with a max daily flow of	
Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the Sou Treatment Tank 1 is North Plant, and #2 is South Plant.	th Settling Tank.	
Need to have Lift Station scum removed, and end sections for Settling t	anks sludge removed.	
Note: Contact Arvin Associates at 508-583-8221 for any control panel repla Call 860-674-1515 for EBM/Papst fan replacements. Call 888-361-8649 for Grainger fan replacements. Call Aquapoint at 508-998-7577 for pump replacements.	cement part. Signature: Ken Gregory	

259A SAMUEL B NEW BEDFORD, FEL 508.998.75						Submit by Email
AX 508.998.71	MA 02745	OCLER	RE FIEL	D REPO	RT	Page
Date	5/4/2018			Reason For	Site Visit:	
Client	Villages at Cross Creek (Dixiela	 nd)	,	<u>I</u> ▼ 0&M	┌─ Commissio	ning
Address				Testing	Other:	
City	Little Flock	State AR				<u></u>
Inspector	Ken Gregory	· · · · · · · · · · · · · · · · · · ·				
Bioclere	Model #(s) 36/30 X 2					
2) Sluc	ige & Scum Depth		ments	<u></u>		
	Scum	Sludge			c	Ch . Jan
	Grease Trap			Bioclere 2A (if app	Scum	Sludge
		84"		Bioclere 2A (if app Bioclere 2B (if app	licable)	Sludge
Primary Tan	Grease Trap		-	Bioclere 2B (if app	licable)	Sludge 15"
Primary Tan	Grease Trap Primary Tank #1 5"	84"		Bioclere 2B (if app Effluer	licable)	
	Grease Trap Primary Tank #1 5" k #2 (if applicable) 3"	84"		Bioclere 2B (if app Effluer	licable)	
Biocler	Grease Trap Primary Tank #1 5" k #2 (if applicable) 3" Bioclere 1A	84"		Bioclere 2B (if app Effluer	licable)	
Biocler 3) Bioc	Grease Trap Primary Tank #1 5" k #2 (if applicable) 3" Bioclere 1A re 1B (if applicable)	84"		Bioclere 2B (if app Effluer	licable)	
Biocler (3) Bioc 1) Recor	Grease Trap Primary Tank #1 5" k #2 (if applicable) 3" Bioclere 1A re 1B (if applicable) clere Venting rd the Bioclere fan model #(s): passing through the vent(s)?	84" 72" 	- 	Bioclere 2B (if app Effluer	licable) licable) nt Tank 0	
Biocler (3) Bioc 1) Recor 2) Is air	Grease Trap Primary Tank #1 5" k #2 (if applicable) 3" Bioclere 1A re 1B (if applicable) clere Venting rd the Bioclere fan model #(s): passing through the vent(s)?	84" 72" X Yes doubt, put a smc	- 	Bioclere 2B (if app Effluer	licable) licable) nt Tank 0	

(Please provide necessary details in the report summary section)

(4) General	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	🕅 Yes 🦵 No	∏ Yes ∏ No	🕅 Yes 🦵 No	┌─Yes ┌─ No
If so, how many?	🖵 Many 🔀 Few	Many Few	🖵 Many 🕅 Few	🗍 Many 🦵 Few
Is the lid gasket in good condition?	🕅 Yes 🦵 No	☐ Yes ☐ No	🕅 Yes 🦵 No	☐ Yes ☐ No
Locks/latches/handles in good condition?	🕅 Yes 🦳 No	☐ Yes ☐ No	🕅 Yes 🦵 No	☐ Yes ☐ No
Is there any external damage to the units?	TYes 🕅 No	☐ Yes ☐ No	⊤ Yes 🕅 No	☐ Yes ☐ No
Cover, fan box, & control panel securely locked?	🕅 Yes 🥅 No	☐ Yes ☐ No	🕅 Yes 🥅 No	└ Yes └ No
Does the fan box contain standing water?	🗌 Yes 🕅 No	☐ Yes ☐ No	🔽 Yes 🕅 No	∏ Yes ∏ No

(Please provide necessary details in the report summary section)

	t/effluent samples taken for lab	analysis? 💢 Yes	∏ No			
If process cor please provid	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)	NH ₃ -N (mg/ł)	<u> </u>
Locations.	from Pump Tank	NO ₃ -N (mg/l)		Other:	· · · · · · · · · · · · · · · · · · ·	

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	🖵 White	∫ White	└── White	└── White
	└── White/Gray	∫ White/Gray	└── White/Gray	└── White/Gray
	🖵 Gray	🦵 Gray	🖵 Gray	Gray
What is the color of the biomass?	🔀 Gray/Brown	Gray/Brown	🔀 Gray/Brown	Gray/Brown
	F Brown	☐ Brown	F Brown	F Brown
	F Red/Brown	F Red/Brown	F Red/Brown	F Red/Brown
	∫ Black	, Black	F Black	📕 Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	[

(6) Nozzle Spray Pattern	Biocle	re 1A	Biocle (IF APPLI		Biocler (IF APPLI		Biocle (IF APPL	
1.) Does spray cover the entire media surface area?	☐ Yes	🕅 No	☐ Yes	∫ No	☐ Yes	X No	☐ Yes	∏ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🗙 Yes	∏ No	∫ Yes	∫ No	🗙 Yes	∫ No	∫ Yes	∫ [—] No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🔀 Yes	∫ No	☐ Yes	∏ No	🔀 Yes	No	☐ Yes	∏ No
If not, consult AQUAPOINT, INC.								

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min 10 min 2 on: 0 off: 2	min min on: off:	min 10 min 2	min min on: off:
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

4.71 Amps	Amps	bad Amps	Amps
4.54 Amps	Amps	4.91 Amps	Amps
4.08 Amps	Amps	4.05 Amps	Amps
🔀 Yes 🦵 No	Yes No	🔀 Yes 🥅 No	TYes No
🔀 Yes 🦵 No	☐ Yes ☐ No	🔀 Yes 🦵 No	Yes No
🔀 Yes 🦳 No	TYes No	🔀 Yes 🦳 No	∏ Yes ∏ No
	4.54Amps4.08AmpsXYesYesNoXYes	4.54 Amps Amps 4.08 Amps Amps IX Yes No Yes	4.54 Amps Amps 4.91 Amps 4.08 Amps Amps 4.05 Amps IX Yes No Yes No IX Yes No Yes No

(8) Plumbing	Are the unions in the Bioclere leaking? Yes 🔀 No (If "yes", then tighten with pipe wrench)						
	Is the recycle siphon break weep hole operating (If "no", clean weep hole)	g as designed? 🔀 Yes 🦳 No					
(9) Final Check	🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")						
	🔀 Alarm toggle set to the "On" position						
	Recycle and dosing pump timers are set back to original cycles in control panel						
	X Control panel, Bioclere cover, and fan box locked						
	$\overline{\mathbf{X}}_{i}$ Record water meter reading (if possible):	See Below					

(10) Report Summary:

Total treated water over a 31 day period was 597,690 Gallons for an aver 22,427 Gallons.	rage daily flow of 19,280 Gallons per day, with a max daily flow of
Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the Sour Treatment Tank 1 is North Plant, and #2 is South Plant.	th Settling Tank.
Need to have Lift Station scum removed, and end sections for Settling to	anks sludge removed.
Note: Contact Arvin Associates at 508-583-8221 for any control panel replaced Call 860-674-1515 for EBM/Papst fan replacements. Call 888-361-8649 for Grainger fan replacements. Call Aquapoint at 508-998-7577 for pump replacements.	cement part. Signature: Ken Gregory

QUAPOIN						Submit by Email
EW BEDFORD, EL 508.998.75 AX 508.998.71	MA 02745	OCLE	RE FIE	LD REPO	RT	Page
Date	6/4/2018	<u> </u>		Reason For	Site Visit:	
Client	Villages at Cross Creek (Dixiela	nd)		▼ 0&M	Commission	ing
Address				☐ Testing	☐ Other:	
City	Little Flock	State	AR			
Inspector	Ken Gregory					
Bioclere	Model #(s) 36/30 X 2					
2) Sluc	ige & Scum Depth	Measu	rements			
	Scum	Sludg	le	Rioclara 24 (if ann	Scum	Sludge
	Grease Trap			Bioclere 2A (if app	, [
	Primary Tank #1 5"	73"		Bioclere 2B (if app	, 	
Primary Tan	k #2 (if applicable) 4"	75"			nt Tank 0	20"
 1	Bioclere 1A	- 1		ther:].	
Biocler	re 1B (if applicable)		<u></u>			
(3) Bio@	clere Venting					
1) Recor	rd the Bioclere fan model #(s):					
2) Is air j	passing through the vent(s)? (if in a	₩ Yes doubt, put a s	☐ No mall plastic bag	around vent and allow	to fill)	
3) Is the	fan operating and in good con	dition				
	for Bioclere 1A?	🗙 Yes	∏ No	for Bioclere 2A? (if	applicable) 🔀 Y	es 🗍 No
	for Bioclere 1B? (if applicable)	☐ Yes	∏ No	for Bioclere 2B? (if	applicable) 🦵 Y	es 🦵 No

(Please provide necessary details in the report summary section)

Bioclere 1A (4) General **Bioclere 1B Bioclere 2A Bioclere 2B** (IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE) Are there any filter flies in the unit? ☐ No X Yes ☐ Yes ∏ No X Yes Г No T Yes No Γ If so, how many? Many X Few Many Few Many X Few Γ Many [Few Is the lid gasket in good condition? ☐ No Yes No Yes X Yes Г X Yes No No Γ Г Locks/latches/handles in good condition? ∏ No X Yes Γ Yes No X Yes Γ No T Yes No No Г Is there any external damage to the units? ☐ Yes X No No X No T Yes Yes Yes No Cover, fan box, & control panel securely locked? ☐ Yes X Yes ∏ No Yes ∏ No ∏ No No X Yes Г Does the fan box contain standing water? T Yes X No ☐ Yes ☐ No ☐ Yes X No No Yes Γ

(Please provide necessary details in the report summary section)

Were influen	t/effluent samples taken for lab	analysis? 🕅 Yes 🛛	No		
If process cor please provic	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)	pH	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)	DO (mg/l)	NH ₃ -N (mg/l)	
Locations.	from Pump Tank	NO ₃ -N (mg/l)	Other:		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	T White	∫ White	🖵 White	/ White
	☐ White/Gray	🖵 White/Gray	└── White/Gray	White/Gray
	Gray	∫ [—] Gray	Gray	Gray
What is the color of the biomass?	🔀 Gray/Brown	Gray/Brown	🔀 Gray/Brown	Gray/Brown
	F Brown	F Brown	F Brown	F Brown
	☐ Red/Brown	F Red/Brown	F Red/Brown	∫ Red/Brown
	F Black	🔽 Black	F Black	F Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	☐ Yes	🔀 No	☐ Yes	∏ No	☐ Yes	X No	☐ Yes	∏ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	☐ Yes	∏ No	🗙 Yes	∏ No	☐ Yes	∫ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as

necessary and	soak the pumps i	n a bleach solution	for a minimum of 15	minutes.
---------------	------------------	---------------------	---------------------	----------

3.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	☐ Yes	∏ No	🔀 Yes	∏ No	∫ TYes	∏ No
If not, consult AQUAPOINT, INC.								

Page 2

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min 10 min 2	min min on: off:	min 10 min 2	min min on: off:
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.71	Amps		Amps	5.12	Amps		Amps
What is the amperage of dosing pump 2?	4.59	Amps		Amps	4.93	Amps		Amps
What is the amperage of recycle pump?	4.08	Amps		Amps	4.04	Amps		Amps
Is dosing pump operating according to test cycle?	🔀 Yes	No	T Yes	∏ No	🔀 Yes	∏ No	T Yes	∏ No
Is recycle pump operating according to test cycle?	X Yes	No	∫ Yes	∏ No	🔀 Yes	No	T. Yes	No
Are the dosing pumps alternating?	🕅 Yes	∏ No	T Yes	∏ No	🕅 Yes	∏ No	∏ Yes	∏ No

aetails in the report summary

(8) Plumbing

Are the unions in the Bioclere leaking? (If "yes", then tighten with pipe wrench) Yes X No

Is the recycle siphon break weep hole operating as designed? 🔀 Yes ∏ No (If "no", clean weep hole)

(9) Final Check

X Alarm toggle set to the "On" position

🔀 Recycle and dosing pump timers are set back to original cycles in control panel

X Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")

X Control panel, Bioclere cover, and fan box locked

X Record water meter reading (if possible):

See Below

(10) Report Summary:

Total treated water over a 31 day period was 538,687 Gallons for an ave 24,260 Gallons.	erage daily flow of 17,956 Gallons per day, with a max daily flow of
Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the Sou Treatment Tank 1 is North Plant, and #2 is South Plant.	ith Settling Tank.
Note: Contact Arvin Associates at 508-583-8221 for any control panel repla Call 860-674-1515 for EBM/Papst fan replacements.	acement part.
Call 888-361-8649 for Grainger fan replacements. Call Aguapoint at 508-998-7577 for pump replacements.	Signature: Ken Gregory

AQUAPOIN'	F, INC.			۲		Submit by Email
259A SAMUEL E NEW BEDFORD,	BARNET BLVD. , MA 02745				~~	Submit by Email
TEL 508.998.75 FAX 508.998.71	77 BI	OCLE	:KE FI	ELD REPO	RT	Page 1
Date	7/2/2018			Reason For	Site Visit:	
Client	Villages at Cross Creek (Dixielar	nd)		⊠ 0&M	Commissior	ning
Address		<u> </u>		Testing	Other:	
City	Little Flock	State	AR			<u>alı den alşı bişş terindiğarın adaşını turkanı</u>
Inspector	Ken Gregory		, ,			
Bioclere	Model #(s) 36/30 X 2					
2) Siuc	dge & Scum Depth	Measu Slude		•	Scum	Sludge
	Grease Trap		<u>yc</u>	Bioclere 2A (if app		
	Primary Tank #1 2"	72'		Bioclere 2B (if app	licable)	
Primary Tan	k #2 (if applicable) 4"	76"	•••••• • {	Effluer	nt Tank 0	14"
	Bioclere 1A		·	Other:		
Biocle	re 1B (if applicable)					
(3) Bio	clere Venting	<u> </u>				
1) Reco	rd the Bioclere fan model #(s):					
2) Is air	passing through the vent(s)? (if in c	😿 Yes loubt, put a	└ No small plastic b	ag around vent and allow	to fill)	
3) Is the	fan operating and in good con	dition				
	for Bioclere 1A?	🔀 Yes	∏ No	for Bioclere 2A? (if	applicable) 🔀 Y	′es 🔽 No
	for Bioclere 1B? (if applicable)	☐ Yes	└── No	for Bioclere 2B? (if	applicable) 🦵 y	′es 🔽 No

(Please provide necessary details in the report summary section)

(4) General	Biocler	e 1A	Biocler (IF APPLIC		Bioclere (IF APPLIC		Biocler (IF APPLI	1
Are there any filter flies in the unit?	🔀 Yes	∫ No	∏ Yes	∏ No	🔀 Yes	∏ No	☐ Yes	No
If so, how many?	🖵 Many	🗙 Few	Many	∫ Few	Many	🗙 Few	🦵 Many	Few
Is the lid gasket in good condition?	🔀 Yes	∫ No	☐ Yes	∏ No	🔀 Yes	∏ No	∫ Yes	∏ No
Locks/latches/handles in good condition?	🔀 Yes	∏ No	☐ Yes	∫ No	🗙 Yes	∏ No	☐ Yes	∏ No.
Is there any external damage to the units?	☐ Yes	X No	☐ Yes	∏ No	∫ Yes	🗙 No	☐ Yes	∏ No
Cover, fan box, & control panel securely locked?	🔀 Yes	∏ No	☐ Yes	∏ No	🗙 Yes	[No	∫ [—] Yes	∏ No
Does the fan box contain standing water?	☐ Yes	🕅 No	☐ Yes	∏ No	∫ Yes	🗙 No	☐ Yes	∏ No

(Please provide necessary details in the report summary section)

Were influent	t/effluent samples taken for lab	analysis? 🕅 Yes	∫ No			
If process control test samples were taken, please provide the following information:		Alkalinity (as CaCO ₃)		рН	Turbidity (NTU)	
	Effluent samples are taken from Pump Tank	Temperature (F)		DO (mg/l)	NH ₃ -N (mg/l)	
		NO ₃ -N (mg/l)		Other:		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)	
	🖵 White	☐ White	└── White	↓ White	
	☐ White/Gray	🖵 White/Gray	└── White/Gray	White/Gray	
	🖵 Gray	🖵 Gray	🖵 Gray	🖵 Gray	
What is the color of the biomass?	🔀 Gray/Brown	🖵 Gray/Brown	🕅 Gray/Brown	Gray/Brown	
	F Brown	F Brown	∫ Brown	F Brown	
	☐ Red/Brown	F Red/Brown	F Red/Brown	∫ Red/Brown	
	F Black	🖵 Black	F Black	F Black	
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2		

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	T Yes	🕅 No	☐ Yes	∏ No	☐ Yes	X No	∫ Yes	∫ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🗙 Yes	∏ No	☐ Yes	∏ No	🗙 Yes	, ∏. No	☐ Yes	∏ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	☐ Yes	∏ No	🗙 Yes	∏ No	☐ Yes	∏ No
If not, consult AQUAPOINT, INC.								



(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min 10 min 2 on: 10 off: 2	min min on: off:	min 10 min 2	min min on: off:	
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:	

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.61	- Amps		Amps	4.94 Ar	nps	Amps
What is the amperage of dosing pump 2?	4.58	Amps		Amps	4.89 An	nps	Amps
What is the amperage of recycle pump?	4.18	Amps		Amps	4.17 An	nps	Amps
Is dosing pump operating according to test cycle?	🔀 Yes	∏ No	T Yes	∫ No	🕅 Yes 🔽	NO TY	es 🔽 No
Is recycle pump operating according to test cycle?	X Yes	∏ No	☐ Yes	∏ No	X Yes	NO TY	es 🦵 No
Are the dosing pumps alternating?	🗙 Yes	∏ No	☐ Yes	∏ No	X Yes	No ry	es 🔽 No

(8) Plumbing

Are the unions in the Bioclere leaking? T Yes X No (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed? IX Yes ☐ No (If "no", clean weep hole)

(9) Final Check

X Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")

- X Alarm toggle set to the "On" position
- X Recycle and dosing pump timers are set back to original cycles in control panel
- X Control panel, Bioclere cover, and fan box locked
- **X** Record water meter reading (if possible): See Below

(10) Report Summary:

Total treated water over a 31 day period was 644,382 Gallons for an average daily flow of 20,787 Gallons per day, with a max daily flow of 21,766 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

Need to have sludge removed from end chambers of settling tanks.

Signature: Ken Gregory

AQUAPOINT, 159A SAMUEL BA								Submit by	Email
NEW BEDFORD, N TEL 508.998.757 TAX 508.998.717	ЛА 02745 7	BIO	CLER	RE FIELI	D REPOP	RT			Page 1
Date 8	3/6/2018	· · · · · · · · · · · · · · · · · · ·			Reason For Si	ite Visit	•		
Client	/illages at Cross Creek	(Dixieland)			X 0&M	∫ Co	mmissioni	ng	
Address	 			-	Testing	[^{−−} Otl	ner:		
City L	ittle Flock		State AF						
Inspector K	(en Gregory	<u> </u>	}.						
ł	· · · · · · · · · · · · · · · · · · ·								,
DIOCIETE	Model #(s) 36/30 X 2								
			J.	apply: F Mild	ry Settling Tank(s) Vo		strong		
	ge & Scum De Grease Trap Primary Tank #1 #2 (if applicable)	epth M Scum 8" 6"	Sludge 84" 74"	- -	☐ Septic Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able)	Scum	Sludge	-
	Grease Trap	Scum 8"	Sludge 84"	ments	Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able)			-
Primary Tank	Grease Trap Primary Tank #1 #2 (if applicable)	Scum 8"	Sludge 84"	ments	Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able)			-
Primary Tank Bioclere	Grease Trap Primary Tank #1 #2 (if applicable) Bioclere 1A	Scum 8"	Sludge 84"	ments	Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able)			-
Primary Tank Bioclere 3) Bioc l	Grease Trap Primary Tank #1 #2 (if applicable) Bioclere 1A e 1B (if applicable)	Scum 8" 6"	Sludge 84"	ments	Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able)			-
Primary Tank Bioclere 3) Bioc l 1) Record	Grease Trap Primary Tank #1 #2 (if applicable) Bioclere 1A e 1B (if applicable) Here Venting	Scum 8" 6" el #(s):	Sludge 84" 74"	ments 	Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able) Tank			-
Primary Tank Bioclere 3) Bioc 1) Record 2) Is air pa	Grease Trap Primary Tank #1 #2 (if applicable) Bioclere 1A 1B (if applicable) lere Venting the Bioclere fan mode	Scum 8" 6" el #(s): [7 nt(s)? [7 (if in dout	Sludge 84" 74" ₹ Yes bt, put a sma	ments 	Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able) Tank			-
Primary Tank Bioclere 3) Bioc 1) Record 2) Is air pa	Grease Trap Primary Tank #1 #2 (if applicable) Bioclere 1A e 1B (if applicable) Here Venting the Bioclere fan mode assing through the ver	Scum	Sludge 84" 74" K Yes bt, put a smoother	ments	Bioclere 2A (if applic Bioclere 2B (if applic Effluent	able) Tank 	0	22"	-

(4) General	Biocler	e 1A	Biocler (IF APPLIC		Bioclere (IF APPLIC		Biocler (IF APPLIC	
Are there any filter flies in the unit?	🔀 Yes	∏ No	T Yes	∏ No	🔀 Yes	∏ No	T Yes	∏ No
If so, how many?	🦳 Many	🕅 Few	🗍 Many	F Few	Many	X Few	Many	☐ Few
Is the lid gasket in good condition?	🔀 Yes	∏ No	TYes	∏ No	🔀 Yes	∏ No	T Yes	∏ No
Locks/latches/handles in good condition?	😿 Yes	∏ No	T. Yes	∏ No	🔀 Yes	∏ No	∏ Yes	∏ No
Is there any external damage to the units?	∫ Yes	X No	Yes	∏ No	T Yes	X No	☐ Yes	∏ No
Cover, fan box, & control panel securely locked?	🗙 Yes	∏ No	T Yes	[] No	🗙 Yes	∏ No	T Yes	∏ No
Does the fan box contain standing water?	☐ Yes	🗙 No	T Yes	∏ No	☐ Yes	🔀 No	☐ Yes	∏ No

(Please provide necessary details in the report summary section)

Were influent	t/effluent samples taken for la	b analysis? 🔀 Yes	No			
If process cor please provic	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН	 Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)	NH ₃ -N (mg/l)	
	from Pump Tank	NO ₃ -N (mg/l)		Other:		-

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	🗂 White	🗂 White	∫ White	🗂 White
	🗔 White/Gray	🗍 White/Gray	White/Gray	White/Gray
	🦳 Gray	Gray	Gray	Gray
What is the color of the biomass?	🔀 Gray/Brown	📑 Gray/Brown	🔀 Gray/Brown	Gray/Brown
	F Brown	📑 Brown	Brown	F Brown
	Red/Brown	Red/Brown	Red/Brown	F Red/Brown
	📑 Black	🛅 Black	🗍 Black	📑 Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	T Yes	X No	T Yes	∏ No	T Yes	X No	∏ Yes	∏ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	T Yes	∏ No	🗙 Yes	∏ No	TYes	∏ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🗙 Yes	∏ No	T Yes	∏ No	X Yes	∏ No	∏ Yes	∏ No
If not, consult AQUAPOINT, INC.								

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min 10 min 2	min min on: off:	min 10 min 2	min min on: off:
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.45	Amps		Amps	5.04	Amps		Amps
What is the amperage of dosing pump 2?	4.56	Amps		Amps	4.97	Amps		Amps
What is the amperage of recycle pump?	4.15	Amps		Amps	4.06	Amps		Amps
Is dosing pump operating according to test cycle?	🔀 Yes	∏ No	T Yes	No	X Yes	∏ No	T Yes	∏ No
Is recycle pump operating according to test cycle?	X Yes	∏ No	T Yes	∏ No	X Yes	∏ No	☐ Yes	∏ No
Are the dosing pumps alternating?	🔀 Yes	∏ No	T Yes	∏ No	X Yes	∏ No	∫ Yes	∏ No

ovide necessary details in the report summary section,

(8) Plumbing	Are the unions in the Bioclere leaking? (If "yes", then tighten with pipe wrench)	Yes	X No

Is the recycle siphon break weep hole operating as designed? IX Yes No. (If "no", clean weep hole)

X Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")

(9) Final Check

X Alarm toggle set to the "On" position

X Recycle and dosing pump timers are set back to original cycles in control panel

X Control panel, Bioclere cover, and fan box locked

X Record water meter reading (if possible):

See Below

(10) Report Summary:

Total treated water over a 31 day period was 633,514 Gallons for an average daily flow of 20,436 Gallons per day, with a max daily flow of 25,675 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part. Call 860-674-1515 for EBM/Papst fan replacements. Call 888-361-8649 for Grainger fan replacements. Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory

AQUAPOIN 259A SAMUEL	BARNET BLVD.		Submit by Email
NEW BEDFORD TEL 508.998.7 FAX 508.998.7	BIOCI FRE FI	LD REPO	RT Page 1
Date	9/4/2018	Reason For S	Site Visit:
Client	Villages at Cross Creek (Dixieland)	IX 0&M	Commissioning
Address		☐ Testing	T Other:
City	Little Flock State AR		
Inspector	Ken Gregory		
Bioclere	e Model #(s) 36/30 X 2		
			<u> </u>
(1) Odo	1) Is there odor around the site? X Yes	∏_ No	
	2) Where is the source of odor? Bioclere and I	Primary Settling Tank(s) \	/ents
	3) If odor is present, check all that apply: 🦵 M 🔀 M	• •	T Strong

(2) Sludge & Scum Depth Measurements

Scum	Sludge	-		Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		;
Primary Tank #1 4"	60"		Bioclere 2B (if applicable)		_
Primary Tank #2 (if applicable) 4"	72"	-	Effluent Tank	0	16"
Bioclere 1A		– Ot	her:		
Bioclere 1B (if applicable)		 			
(3) Bioclere Venting 1) Record the Bioclere fan model #(s):					
2) Is air passing through the vent(s)?	🔀 Yes	∣ No			
(if in a	loubt, put a sma	all plastic bag	around vent and allow to fill)		
3) Is the fan operating and in good cond	dition				
for Bioclere 1A?	🗙 Yes	, No	for Bioclere 2A? (if applicable	e) 🔀 Yes	∏ No
for Bioclere 1B? (if applicable)	☐ Yes	∏ No	for Bioclere 2B? (if applicable	e) 🔽 Yes	∏ No
(Pleas	e provide neces	ssarv details in	the report summary section)		

Page 2

(4) General	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere (IF APPLIC		Bioclere 2B (IF APPLICABLE)	
Are there any filter flies in the unit?	X Yes	No	∫ Yes	∏ No	🔀 Yes	∏ No	∫ Yes	∫ [™] No
If so, how many?	Many 🕅	🤆 Few	☐ Many	/ 「 Few	∏ Many	🔀 Few	∫ Many	Few
Is the lid gasket in good condition?	🕅 Yes	- No	∏ Yes	∫ No	🕅 Yes	∏ No	☐ Yes	∏ No
Locks/latches/handles in good condition?	🔀 Yes 🔽	No	☐ Yes	∫ No	🔀 Yes	∏ No	☐ Yes	∏ No
Is there any external damage to the units?	☐ Yes 🕅	ζ No	∏ Yes	∏ No	∫ Yes	🕱 No	☐ Yes	∏ No
Cover, fan box, & control panel securely locked?	🗙 Yes 🔽	⁻ No	☐ Yes	[[−] No	🔀 Yes	∏ No	∫ Yes	☐ No
Does the fan box contain standing water?	∫ Yes ⊅	ζNo	[[−] Yes	∏ No	⊤ Yes	🕅 No	∫ [—] Yes	∏ No

(Please provide necessary details in the report summary section)

Were influen	t/effluent samples taken for lab	analysis? 🕅 Yes	∏ No			
If process cor please provic	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)	– NH ₃ -N (mg/l)	
EOCATIONS.	from Pump Tank	NO ₃ -N (mg/l)		Other:		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	∫ White	☐ White	☐ White	☐ White
What is the color of the biomass?	└── White/Gray	└── White/Gray	└── White/Gray	└── White/Gray
	∫ [™] Gray	∫ Gray	🖵 Gray	🖵 Gray
	🕅 Gray/Brown	┌─ Gray/Brown	🕱 Gray/Brown	☐ Gray/Brown
	F Brown	∫ Brown	F Brown	F Brown
	☐ Red/Brown	☐ Red/Brown	☐ Red/Brown	∫ Red/Brown
	^{──} Black	🖵 Black	F Black	F Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	T Yes	X No	☐ Yes	∏ No	☐ Yes	🕅 No	☐ Yes	∏ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🔀 Yes	∫ [—] No	⊤ Yes	∏ No	X Yes	[^{−−} No	☐ Yes	∏ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as

necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	☐ Yes	ſ⊤ No	🔀 Yes	∏ No	∏ Yes	∏ No
If not, consult AQUAPOINT, INC.								



(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min 10 min 2	min min on: off:	min 10 min 2	min min on: off:
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

4.49 Amps	Amps	5.04 Amps	Amps
4.56 Amps	Amps	5.12 Amps	Amps
4.09 Amps	Amps	4.11 Amps	Amps
🔀 Yes 🥅 No	TYes No	🔀 Yes 🥅 No	└── Yes └── No
🔀 Yes 🥅 No	TYes No	🔀 Yes 🦵 No	☐ Yes ☐ No
X Yes 🔽 No	Yes No	🔀 Yes 🥅 No	Yes No
	4.56 Amps 4.09 Amps X Yes No X Yes No	4.56 Amps Amps 4.09 Amps Amps X Yes No Yes No Yes No Yes No	4.56 Amps Amps 5.12 Amps 4.09 Amps Amps 4.11 Amps Image: Second state

(8) Plumbing	Are the unions in the Bioclere leaking? Yes X No (If "yes", then tighten with pipe wrench) Is the recycle siphon break weep hole operating as designed? X Yes No (If "no", clean weep hole)
(9) Final Check	🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
	🔀 Recycle and dosing pump timers are set back to original cycles in control panel
	🔀 Control panel, Bioclere cover, and fan box locked
	Record water meter reading (if possible): See Below

(10) Report Summary:

Total treated water over a 31 day period was 609,952 Gallons for an average daily flow of 19,676 Gallons per day, with a max daily flow of 24,572 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part. Call 860-674-1515 for EBM/Papst fan replacements. Call 888-361-8649 for Grainger fan replacements. Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory

AQUAPOINT, I	NET BLVD.		Submit by Email
NEW BEDFORD, MA TEL 508.998.7577 FAX 508.998.7177	BIOCLERE FIE	LD REPORT	Page 1
Date 10)/1/2018	Reason For Site Visit:	
Client Vil	llages at Cross Creek (Dixieland)	🔀 O & M 🦵 Comm	issioning
Address	· · · ·	Testing Other:	
City Lit	ttle Flock State AR		
Inspector Ke	en Gregory		
Bioclere M	odel #(s) 36/30 X 2		
(1) Odor	1) Is there odor around the site? 🔀 Yes	∏ No	
	2) Where is the source of odor? Bioclere and F	rimary Settling Tank(s) Vents	
	3) If odor is present, check all that apply: 🖵 Mi		ng
	X Mi	usty 🦵 Septic	

(2) Sludge & Scum Depth Measurements

Scum	Sludge		S	cum	Sludge
Grease Trap		Biocl	ere 2A (if applicable)		
Primary Tank #1 2"	60"	Biocl	lere 2B (if applicable)		
Primary Tank #2 (if applicable) 2"	40"		Effluent Tank	0	16"
Bioclere 1A		Other:			
Bioclere 1B (if applicable)					
(3) Bioclere Venting					
 Record the Bioclere fan model #(s): 		. .			
2) Is air passing through the vent(s)?	🔀 Yes 🦷	No			
(if in c	loubt, put a small	plastic bag around v	vent and allow to fill)		
3) Is the fan operating and in good con	dition				
for Bioclere 1A?	🗙 Yes	No for B	ioclere 2A? (if applicable)	🔀 Yes	No
for Bioclere 1B? (if applicable)	∏ Yes ∏	No for B	ioclere 2B? (if applicable)	☐ Yes	∫ No
(Pleas	se provide necesso	ary details in the repo	ort summary section)		

(4) General	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
Are there any filter flies in the unit?	🗙 Yes	∏ No	☐ Yes	∏ No	🕅 Yes	∏ No	☐ Yes	∏ No
If so, how many?	🖵 Many	🔀 Few	Many	Few	∫ Many	🔀 Few	∫ Many	☐ Few
Is the lid gasket in good condition?	X Yes	∏ No	☐ Yes	∏ No	🗙 Yes	∏ No	☐ Yes	∏ No
Locks/latches/handles in good condition?	🔀 Yes	_ No	∫ Yes	∫ No	🔀 Yes	∫ No	☐ Yes	∏ No
Is there any external damage to the units?	☐ Yes	🕅 No	∫ Yes	∏ No	∫ Yes	🕅 No	T Yes	∏ No
Cover, fan box, & control panel securely locked?	🔀 Yes	∏ No	∫ Yes	∏ No	🔀 Yes	[No	☐ Yes	∏ No
Does the fan box contain standing water?	∏ Yes	🕅 No	☐ Yes	∏ No	∫ Yes	🗙 No	☐ Yes	∏ No

(Please provide necessary details in the report summary section)

Were influent	t/effluent samples taken for lab	analysis? 🔀 Yes	☐ No			
If process cor please provic	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)	NH ₃ -N (mg/l)	<u></u>
Locations.	from Pump Tank	NO ₃ -N (mg/l)		Other:		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	↓ White	∫ White	☐ White	∫ White
	└── White/Gray	∫ White/Gray	└── White/Gray	└── White/Gray
	🖵 Gray	Gray	🖵 Gray	🖵 Gray
What is the color of the biomass?	🔀 Gray/Brown	Gray/Brown	🕱 Gray/Brown	☐ Gray/Brown
	F Brown	∫ Brown	F Brown	F Brown
	∏ Red/Brown	┌─ Red/Brown	┌── Red/Brown	, ┌── Red/Brown
	F Black	F Black	Black	F Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	Bioclei	re 1A	Bioclei (IF APPLI		Biocler (IF APPLI		Biocle (IF APPLI	
1.) Does spray cover the entire media surface area?	☐ Yes	X No	☐ Yes	∏ No	☐ Yes	X No	☐ Yes	∏ No
(If not, clean each nozzle with a bottle brush)			<u> </u>		····			
2.) Does the spray now cover entire surface area?	🗙 Yes	∏ No	⊤ Yes	∏ No	🗙 Yes	∏ No	∏ Yes	∏ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	∏ Yes	∏ No	🕅 Yes	∣ No	☐ Yes	∏ No
If not, consult AQUAPOINT, INC.								

Page 3

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on: 10 min off: 2	min min on: off:	min 10 min 2	min min on: off:	
What is the recycle pump timer setting?	min 6 hrs .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:	

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.54	Amps		- Amps	5.06 Amps		Amps
What is the amperage of dosing pump 2?	4.62	Amps		- Amps	5.04 Amps		- Amps
What is the amperage of recycle pump?	4.07	Amps		Amps	4.29 Amps		Amps
Is dosing pump operating according to test cycle?	🔀 Yes	∏ No	T Yes	∫ No	🔀 Yes 🦵 No	☐ Yes	∏ No
Is recycle pump operating according to test cycle?	🔀 Yes	∏ No	T Yes	∫ No	X Yes No	☐ Yes	∏ No
Are the dosing pumps alternating?	🔀 Yes	No	☐ Yes	∏ No	🕅 Yes 🦳 No	∫ Yes	No

(8) Plumbing	Are the unions in the Bioclere leaking?						
	Is the recycle siphon break weep hole operating as designed? 😿 Yes 🦵 No (If "no", clean weep hole)						
(9) Final Check	🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")						
	🔀 Alarm toggle set to the "On" position						
	$\overleftarrow{\mathbf{X}}$ Recycle and dosing pump timers are set back to original cycles in control panel						
	🔀 Control panel, Bioclere cover, and fan box locked						
	X Record water meter reading (if possible):						

(10) Report Summary:

29,987 Gallon	S.	verage daily flow of 19,069 Gallons per day, with a max daily flow of
1 1	1 is the North Settling Tank, and Primary Tank 2 is the So nk 1 is North Plant, and #2 is South Plant.	outh Settling Tank.
1	bads of sludge from each settling tank in the middle of S	eptember.
Call 860-	Arvin Associates at 508-583-8221 for any control panel rep 674-1515 for EBM/Papst fan replacements.	lacement part.
Call 888- Call Aqu	-361-8649 for Grainger fan replacements. apoint at 508-998-7577 for pump replacements.	Signature: Ken Gregory

QUAPOIN							Ľ	Submit by Email
EW BEDFORD, EL 508.998.75 AX 508.998.71	MA 02745 577	BI	OCLE	RE FII	ELD REPOI	RT		Page
Date	11/2/2018				Reason For S	Site Visit:		
Client	Villages at Cross Cree	ek (Dixielar	nd)		▼ 0&M	∫ Comr	nissioning)
Address					☐ Testing	C Other	-	
City	Little Flock		State	 \R	,			
Inspector	Kon Gragoni							
inspector	Ken Gregory							
Bioclere	Model #(s) 36/30 X 2	-						
				· · · · · ·				
1) Odo	1) Is ther	e odor aro	und the site?	X Yes	☐ No			
1) Out		-		<u> </u>	, 140			
	2) Where	is the sour	ce of odor?	Bioclere and	Primary Settling Tank(s) V	/ents		
					и. —			
	3) If odor	is present,	check all tha	t apply: 🦵 N	iild 🕅 🕅 Medium	🔽 Stro	ong	
				XN	lusty 🔽 Septic			
					· · · · · · · · · · · · · · · · · · ·			<u> </u>
2) Shu	ige & Scum I	Jonth	Moscur	omonte				
zj Slut	age & Scall I	vehu	MEGJUI	ements				
	r	Scum	Sludge	<u>)</u>		S	cum	Sludge
	Grease Trap				Bioclere 2A (if appli	cable)		
	Primary Tank #1	4"	62"		Bioclere 2B (if appli	cable)		,
Primary Tan	k #2 (if applicable)	2 [°]	35"		Effluen	t Tank	0	23"
	Bioclere 1A		, <u>.</u>		Other:		- 19	
D '	л. Г		· · · · ·	- 		I		1
BIOCIEI	re 1B (if applicable)							
(3) Biod	lere Venting	ļ						
			r					
1) Recor	rd the Bioclere fan mo	odel #(s):						
2) Is air j	passing through the v	/ent(s)?	🗙 Yes	∏ No				
		(if in a	loubt, put a sr	nall plastic ba	g around vent and allow to	o fill)		
3) Is the	fan operating and in	good cond	dition					
	for Bio	clere 1A?	🔀 Yes	∏ No	for Bioclere 2A? (if a	applicable)	🔀 Yes	∏ No
	for Bioclere 1B? (if ap	plicable)	└─ Yes	∏ No	for Bioclere 2B? (if a	applicable)	T Yes	☐ No
					in the report summary sec	tion)	•	-

Page 2

(4) General	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere (IF APPLIC		Biocler (IF APPLIC	1
Are there any filter flies in the unit?	X Yes	∏ No	T Yes	∏ No	X Yes	∏ No	☐ Yes	∏ No
If so, how many?	Many	🕅 Few	Many	Few	Many	X Few	Many	Few
Is the lid gasket in good condition?	X Yes	∏ No	☐ Yes	∏ No	🔀 Yes	∏ No	T Yes	No
Locks/latches/handles in good condition?	X Yes	∏ No	∫ Yes	<u>∏</u> No	X Yes	No	T Yes	∏ No
Is there any external damage to the units?	T Yes	X No	☐ Yes	No	Yes	X No	T Yes	∏ No
Cover, fan box, & control panel securely locked?	X Yes	∏ No	☐ Yes	No	🗙 Yes	No	☐ Yes	∏ No
Does the fan box contain standing water?	T Yes	X No	Yes	∏ No	☐ Yes	🗙 No	Yes	∏ No

(Please provide necessary details in the report summary section)

Were influen	t/effluent samples taken for la	o analysis? 🔀 Yes	No				
lf process cor please provic	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)		рН]	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)		DO (mg/l)		NH ₃ -N (mg/l)	
Locations.	from Pump Tank	NO ₃ -N (mg/l)		Other:	. <u> </u>		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
	📑 White	∫ White	Mhite	T White
	White/Gray	White/Gray	White/Gray	🦵 White/Gray
	Gray	, Gray	Gray	☐ Gray
What is the color of the biomass?	🔀 Gray/Brown	Gray/Brown	🔀 Gray/Brown	Gray/Brown
	Erown	🕞 Brown	Brown	F Brown
	Red/Brown	🕞 Red/Brown	Red/Brown	🗍 Red/Brown
	🗌 Black	📑 Black	Black	📑 Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2	

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	T Yes	🔀 No	T Yes	No	T Yes	X No	T Yes	I_ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🗙 Yes	∏ No	T Yes	∏ No	🔀 Yes	∏_ No	T Yes	∏_ No

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as

necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	X Yes	∏ No	∏ Yes	∏ No	🔀 Yes	∏ No	T Yes	∏ No
If not, consult AQUAPOINT, INC.								



Page 3

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min on: 10 min off: 2	min min on: off:	min 10 min 2	min min on: off:
What is the recycle pump timer setting?	min 6 hrs 5	min hrs on: off:	min 6 hrs .5	min hrs on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.53	Amps		Amps	5.03 Amps		Amps
What is the amperage of dosing pump 2?	4.58	Amps		Amps	4.96 Amps		Amps
What is the amperage of recycle pump?	3.02	Amps		Amps	4.05 Amps		Amps
Is dosing pump operating according to test cycle?	🔀 Yes	∏ No	☐ Yes	∏ No	🕅 Yes 🥅 No	└── Yes	∏ No
Is recycle pump operating according to test cycle?	🗙 Yes	∏ No	∫ TYes	∏ No	🕅 Yes 🥅 No	☐ Yes	∏ No
Are the dosing pumps alternating?	🔀 Yes	∏ No	T Yes	∏ No	🕅 Yes 🦵 No	∫ Yes	∏ No

(8) Plumbing Are the unions in the Bioclere leaking? Tyes X No (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed? \overleftarrow{X} Yes $\overleftarrow{}$ No (If "no", clean weep hole)

(9) Final Check

🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")

- \overline{X} Alarm toggle set to the "On" position
- 🔀 Recycle and dosing pump timers are set back to original cycles in control panel
- X Control panel, Bioclere cover, and fan box locked
- X Record water meter reading (if possible): See Below

(10) Report Summary:

Total treated water over a 30 day period was 498,341 Gallons for an average daily flow of 16,611 Gallons per day, with a max daily flow of 20,763 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

Signature: Ken Gregory

AQUAPOIN 259A SAMUEL I	ARNET BLVD.		C	Submit by Email
NEW BEDFORD, TEL 508.998.75 FAX 508.998.71	RIACIERE FIELD	REPO	RT	Page 1
Date	12/3/2018	Reason For S	Site Visit:	
Client	Villages at Cross Creek (Dixieland)	IX O&M	Commissioning	1
Address		Testing	∫ Other:	
City	Little Flock State AR			
Inspector	Ken Gregory			• •
Bioclere	Model #(s) 36/30 X 2			· ·
(1) Odc	 1) Is there odor around the site? X Yes Notes 2) Where is the source of odor? Bioclere and Primary 3) If odor is present, check all that apply: Mild X Musty 		Vents	

(2) Shunge a Scall Depth Measurements								

5	5cum	Sludge					Scum	Sludge
Grease Trap				Bioclere 2	2A (if appl	icable)		
Primary Tank #1	2"	60"		Bioclere 2	2B (if appl	icable)		
Primary Tank #2 (if applicable)	6"	42"	 :		Effluer	nt Tank	0	25"
Bioclere 1A	~		0)ther:			<u>.</u>	
Bioclere 1B (if applicable)								
3) Bioclere Venting						,		
1) Record the Bioclere fan mode								
•	nt(s)?	₩¥es ₩¥es ₩bubt, put a sn	∏ No nall plastic bag	g around vent c	and allow t	to fill)		
1) Record the Bioclere fan mode	nt(s)? (if in do	oubt, put a sn	•	g around vent c	and allow t	to fill)		
 Record the Bioclere fan mode Is air passing through the ven 	nt(s)? (if in do bod condi	oubt, put a sn	•	g around vent o			le) 🔀 Ye	es
 Record the Bioclere fan mode Is air passing through the ven Is the fan operating and in go 	ot(s)? (if in do ood condi re 1A?	bubt, put a sn	nall plastic bag	for Biocle		applicab	1	

(4) General	Biocler	e 1A	Bioclere (IF APPLIC		Bioclere (IF APPLIC		Bioclere 2B (IF APPLICABLE)	
Are there any filter flies in the unit?	🕅 Yes	∏ No	☐ Yes	∏ No	🗙 Yes	∫ No	∫ Yes	∏ No
If so, how many?	🖵 Many	🔀 Few	Many	∫ Few	Many	🔀 Few	Many	☐ Few
Is the lid gasket in good condition?	🕅 Yes	∏ No	∫ TYes	∏ No	🗙 Yes	∏ No	∫ Yes	∏ No
Locks/latches/handles in good condition?	🔀 Yes	∏ No	☐ Yes	∫ No	🔀 Yes	∏ No	☐ Yes	∏ No
Is there any external damage to the units?	☐ Yes	X No	☐ Yes	∏ No	∫ Yes	🕅 No	☐ Yes	∏ No
Cover, fan box, & control panel securely locked?	🕅 Yes	∏ No	☐ Yes	∏ No	🕅 Yes	∏ No	∫ Yes	∏ No
Does the fan box contain standing water?	∫ Yes	X No	∏ Yes	∏ No	☐ Yes	🕅 No	☐ Yes	∏ No

(Please provide necessary details in the report summary section)

Were influent	t/effluent samples taken for lab	analysis? 🕅 Yes	No		
If process cor please provid	ntrol test samples were taken, le the following information:	Alkalinity (as CaCO ₃)	pH	Turbidity (NTU)	
Sample Locations:	Effluent samples are taken	Temperature (F)	DO (mg/l)	NH ₃ -N (mg/l)	
LOCATIONS.	from Pump Tank	NO ₃ -N (mg/l)	Other:		

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)	
	🖵 White	∫ White	↓ White	└── White	
	∫ White/Gray	└── White/Gray	└── White/Gray	└── White/Gray	
	☐ Gray	∫ Gray	🖵 Gray	🖵 Gray	
What is the color of the biomass?	🕅 Gray/Brown	∫ Gray/Brown	🔀 Gray/Brown	☐ Gray/Brown	
	F Brown	F Brown	∫ Brown	F Brown	
	F Red/Brown	┌── Red/Brown	☐ Red/Brown	┌── Red/Brown	
	🖵 Black	∫ ⊂ Black	☐ Black	🗂 Black	
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	2		2		

(6) Nozzle Spray Pattern	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
1.) Does spray cover the entire media surface area?	☐ Yes	X No	☐ Yes	∏ No	T Yes	🗙 No	☐ Yes	∫ No
(If not, clean each nozzle with a bottle brush)								
2.) Does the spray now cover entire surface area?	🕅 Yes	∏ No	☐ Yes	∏ No	🔀 Yes	∏ No	T Yes	∏ No
			l res	,			l les	1

If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes.

b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes.

c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.

3.) Does the spray now cover entire surface area?	🔀 Yes	∏ No	☐ Yes	∏ No	🕅 Yes	∏ No	☐ Yes	∏ No
If not, consult AQUAPOINT, INC.								

Page 2

(7) Pumps and Control Panel	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on: 10 min off: 2	min min on: off:	min 10 min 2	min min on: off:	
What is the recycle pump timer setting?	min 6 hrs on: 6 off: .5	min hrs on: off:	min 6 hrs .5	min hrs on: off:	

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.53	Amps		Amps	4.88 Amps		Amps
What is the amperage of dosing pump 2?	4.60	Amps		Amps	4.86 Amps		Amps
What is the amperage of recycle pump?	4.55	Amps		Amps	3.96 Amps		Amps
Is dosing pump operating according to test cycle?	🕅 Yes	∫ No	☐ Yes	∏ No	🕅 Yes 🥅 No	∫ TYes	∏ No
Is recycle pump operating according to test cycle?	🕱 Yes	∏ No	∫ ^{−−} Yes	∫ No	🕅 Yes 🦵 No	T Yes	∏ No
Are the dosing pumps alternating?	🕅 Yes	∏ No	∏ Yes	∫ No	🕅 Yes 🦳 No	☐ Yes	∏ No

vide necessary ' aetails in the report summary

(8) Plumbing	Are the unions in the Bioclere leaking? Yes 🔀 No (If "yes", then tighten with pipe wrench)						
	Is the recycle siphon break weep hole operating as designed? 🔀 Yes 🦵 No (If "no", clean weep hole)						
(9) Final Check	🔀 Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")						
	🔀 Alarm toggle set to the "On" position						
	🔀 Recycle and dosing pump timers are set back to original cycles in control panel						
	🔀 Control panel, Bioclere cover, and fan box locked						
	X Record water meter reading (if possible): See Below						
	·						

(10) Report Summary:

Total treated water over a 31 day period was 462,253 Gallons for an average daily flow of 14,911 Gallons per day, with a max daily flow of 32,547 Gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank. Treatment Tank 1 is North Plant, and #2 is South Plant.

PERMITTEE NAME			FACILITY NAME (IF DI				PERMIT NO.	1
Benton County, Arkansas Suburban No 1 Villages of Cross Cre			Villages of Cross (Dreek	I	1	4811-WR-4	J
PERMITTEE ADDRESS				ESS		1	AFIN NO.	1
PO Box 9299			3302 N Dixieland	Rd			04-00899	
Fayetteville AR 72703		· · · · · · · · · · · · · · · · · · ·	Little Flock AR					-
		WASTE	WATER EFFLUENT MC	NITORING PE				
		MM/DD/YYYY 12/1/2018			MM/DD/YYYY	ł		
				T 74 75 2	12/31/2018	} }		
TREATED WASTEWATER EFFLUE	VI SAMPLING							
PARAMETER	· · · · · · · · · · · · · · · · · · ·	Limit	Sample Measurement	UNITS	Monitoring	. Re	eporting	
Flow, Monthly total		REPORT	0.462253	MG	Total Flow per calendar month			
Flow, daily maximun		REPORT	0.032547	MGD	Daily			
Carbonaceous Blochemical Oxygen De	mand (CBOD5)	30	9.2	mg/i				
Total Suspended Solids (TSS)		30	29.2	mg/l				
Fecal Coliform Bacteria (FCB)		10,000	< 10	colonies/100m	Grab Sample once per month			
рН		6.0 - 9,0	7.6	s.u.		Prior to	the 15th of the	
Total Phosphorus (TP)		REPORT	6.41	mg/l		follo	wing Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l				
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per guarter			
Nitrate Nitrogen (NO3-N) + Nitrite Nitrog	gen (NO2-N)	REPORT	No Report	mg/l	Giab satiple once per quarter			
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/l				
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily		1	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	11 10		TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Konnet bear	-		
· · ·	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL		(479) 530-	1/4/2019
Kathy Bartlett	Kathy BartlettCOMPLETE AM AWA		TIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR		5926	
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT			MM/DD/YYYY
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference all attachments here)				<u>-</u> -		
[<u> </u>				
							<u> </u>	

Dec 2018 VILLAGES OF CROSS CREE	K LOADING RATES 32,547 Max Day
Zone Identification	GPD/sq 2
1	3,678
2	3,678
3	3,678
4	3,678
5	3,678
6	3,678
7	4,361
8	5,077
9	Not used
10	Combined with 8
11	4,296
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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PERMITTEE NAME	· ·	· · · · · · · · · · · · · · · · · · ·	FACILITY NAME (IF DI			PERMIT NO.	1
Benton County, Arkansas Suburban S No 1 Villages of Cross Cre			Villages of Cross C	Creek		4811-WR-4	l
PERMITTEE ADDRESS			FACILITY ADDRI	ESS		AFIN NO.	1
PO Box 9299			3302 N Dixieland			04-00899	
Fayetteville AR 72703			Little Flock AR				
			WATER EFFLUENT MO	NITORING PER			
		MM/DD/YYYY 11/1/2019			MM/DD/YYYY		
		11/1/2018			11/30/2018	1 	•
TREATED WASTEWATER EFFLUEN		<u></u>	·	····	·····	J	4
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total		REPORT	0.498341	MG	Total Flow per calendar month		
Flow, daily maximun		REPORT	0.020763	MGD	Daily		l
Carbonaceous Blochemical Oxygen Der	mand (CBOD5)	30	<2	mg/i			
Total Suspended Solids (TSS)	-	30	14.4	mg/l			
Fecal Coliform Bacteria (FCB)	ecal Coliform Bacteria (FCB)		261	colonies/100ml	Grab Sample once per month		
1		6.0 - 9.0	7.5	s.u.]	Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	5.79	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l			
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrog	gen (NO2-N)	REPORT	No Report	mg/l			
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/l]	
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily		L
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	ан А	TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	format lacaves	f f	
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A		SIGNATURE OF PRINCIPAL	(479) 530-	12/3/2018
Kathy Bartlett	COMPLETE. I AM AW	ARE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926	
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYYY
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	eference all attachments here)					
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VILLAGES OF CROSS CREEK LOADING RATES				
Zone Identification	GPD/sq 2			
1	2,346			
2	2,346			
3	2,346			
4	2,346			
5	2,346			
6	2,346			
7	2,782			
8	3,239			
9	Not used			
10	Combined with 8			
11	2,741			
12	Not used			
13	Not used			
14	Not used			
15	Not used			
16	Not used			
17	Not used			

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PERMITTEE NAME			FACILITY NAME (IF DI	FERENT)	• •	PERMIT NO.		
Benton County, Arkansas Suburban			Villages of Cross C	Sreek		4811-WR-4		
No 1 Villages of Cross Cre PERMITTEE ADDRESS PO Box 9299	š		FACILITY ADDRI 3302 N Dixieland	Rd	······································	AFIN NO. 04-00899		
Fayetteville AR 72703	ł		Little Flock AR					
		MM/DD/YYYY I	WATER EFFLUENT MO	NITORING PER				
		10/1/2018			10/31/2018			
TREATED WASTEWATER EFFLUE	NT SAMPLING					·		
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting		
Flow, Monthly total		REPORT	0.609952	MG	Total Flow per calendar month			
Flow, daily maximun		REPORT	0.024572	MGD	Daily			
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	<2	mg/i				
Total Suspended Solids (TSS)		30	8.5	mg/l				
Fecal Coliform Bacterla (FCB)		10,000	25	colonies/100ml	Grab Sample once per month			
pH		6.0 - 9.0	7.4	s.u.		Prior to the 15th of the		
Total Phosphorus (TP)		REPORT	6,55	mg/i		following Month		
Total Kjeldahl Nitrogen (TKN)		REPORT	27	mg/i				
Ammonia Nitrogen		REPORT	26.2	mg/l	Grab sample once per guarter			
Nitrate Nitrogen (NO3-N) + Nitrite Nitrog	gen (NO2-N)	REPORT	19.2	mg/l	Citto semple once per quarter		, hai du ist	
Plant Available Nitrogen (PAN)		REPORT	45.6	mg/l				
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SUBMITTED HEREIN;	NALTY OF LAW THAT I HAVE PERSONALLY AND BASED ON MY INQUIRY OF THOSE IN ORMATION, I BELIEVE THE SUBMITTED	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Komnett Degens	(479) 530-	DATE 11/6/2018	
Kathy Bartlett	1	ARE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS			5926	MM/DD/YYYY	
COMMENTS AND EXPLANATION O		BILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT			

Oct 2018 VILLAGES OF CROSS CRE	EK 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
i 16	Not used
17	Not used

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PERMITTEE NAME			FACILITY NAME (IF DI			PERMIT	10.
Senton County, Arkansas Suburban S			Villages of Cross (Creek		4811-WR	-4
No 1 Villages of Cross Cree PERMITTEE ADDRESS	<u>k</u>	· · · ·	FACILITY ADDR	Ess		AFIN NO	
PO Box 9299			3302 N Dixieland			04-0089	
Fayetteville AR 72703			Little Flock AF				
			EWATER EFFLUENT MC	NITORING PER			
		MM/DD/YYYY			MM/DD/YYYY		
		9/1/2018			9/30/2018		
REATED WASTEWATER EFFLUEN	T SAMPLING		· · · · · ·				
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
ow, Monthly total		REPORT	0.572074	MG	Total Flow per calendar month		
ow, daily maximun		REPORT	0.029987	MGD	Daily		
arbonaceous Biochemical Oxygen Dem	and (CBOD5)	30	4.3	mg/l			
otal Suspended Solids (TSS)		30	16	mg/l			
ecal Coliform Bacteria (FCB)		10,000	< 4	colonies/100ml	Grab Sample once per month		
Н		6.0 - 9.0	6.7	s.u.		Prior to the 15th of th	ie
otal Phosphorus (TP)		REPORT	6.2	mg/l		following Month	
otal Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/i			
mmonla Nitrogen		REPORT	No Report	mg/i	Grab sample once per quarter		
itrate Nitrogen (NO3-N) + Nitrite Nitroge	n (NO2-N)	REPORT	No Report	mg/l	Glab sample once per quarter		
lant Available Nitrogen (PAN)		REPORT	No Report	mg/l			
oading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFY UNDER PEN	ALTY OF LAW THAT I HAVE PERSONALL	Y EXAMINED AND AM WITH TH	E INFORMATION	11 1 1	TELEPHO	NE DATE
1	SUBMITTED HEREIN; /	and based on my inquiry of those i	NDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Remeth Cleans	-	
	OBTAINING THE INFO	ORMATION, I BELIEVE THE SUBMITTED	D INFORMATION IS TRUE,		SIGNATURE OF PRINCIPAL	(479) 53	0- 10/4/2018
Kathy Bartlett	COMPLETE. 1 AM AWA	ARE THAT THERE ARE SIGNIFICANT PENA	LTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926	
	NCI LIDING THE POSS	IBILITY OF FINE AND IMPRISONMENT,			AUTHORIZED AGENT		MM/DD/YYYY
TYPED OR PRINTED	HOLODING THE COO						

Zone Identification	GPD/sq 2
1	3,389
2	3,389
3	3,389
4 .	3,389
5	3,389
6	3,389
7	4,018
8	4,678
9	Not used
10	Combined with 8
11	3,958
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used

PERMITTEE NAME		FACILITY NAME (IF DIFFERENT) PERMIT NO.						-
Benton County, Atkansas Suburban			Villages of Cross (Dreek			4811-WR-4	
No 1 Villages of Cross Cro PERMITTEE ADDRES		· · · · · · · · · · · · · · · · · · ·	FACILITY ADDR					!
PO Box 9299			3302 N Dixieland				AFIN NO. • 04-00899	
Fayetteville AR 72703		Little Flock AR					04-00000	l
		WAST	EWATER EFFLUENT MC	NITORING PERI	OD	I		
		MM/DD/YYYY			MM/DD/YYYY			
		8/1/2018			8/31/2018			
REATED WASTEWATER EFFLUE		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		······································			
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	R	eporting	
low, Monthly total		REPORT	0.633514	MG	Total Flow per calendar month			
iow, daily maximun		REPORT	0.025675	MGD	Daliy			
arbonaceous Blochemical Oxygen De	emand (CBOD5)	30	5.1	mg/l				
otal Suspended Solids (TSS)		30	24	mg/l				
ecal Coliform Bacteria (FCB)	· · · · · · · · · · · · · · · · · · ·	10,000	86	colonies/100mi		h Prior to the 15th of the		
Н		6.0 - 9.0	7.1	s.u.				
otal Phosphorus (TP)		REPORT	6,7	mg/i		folic	following Month	
otal Kjeldahl Nitrogen (TKN)	· · · · · · · · · · · · · · · · · · ·	REPORT	No Report	mg/i				
mmonia Nitrogen		REPORT	No Report	mg/i	Grab sample once per quarter			
litrate Nitrogen (NO3-N) + Nitrite Nitro	gen (NO2-N)	REPORT	No Report	mg/l				
lant Available Nitrogen (PAN)		REPORT	No Report	mg/i				
oading Rate		REPORT	See Attached	gpd/ft 2	Daily			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	Y EXAMINED AND AM WITH TH	E INFORMATION	1 1 97		TELEPHONE	DATE
		AND BASED ON MY INQUIRY OF THOSE I		1/	Comet Degre	2		9/7/2018
Kalley Doutlett		INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL (479) 530-					(479) 530- 5926	0112010
Kathy Bartlett	COMPLETE. 1 AM AW	ARE THAT THERE ARE SIGNIFICANT PENA	LTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR		5920	
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT.		<u> </u>	AUTHORIZED AGENT			MM/DD/YYYY

Aug 2018 VILLAGES OF CROSS CREEK	LOADING RATES 25,675 Max Day Flow			
Zone Identification	GPD/sq 2			
1	2,901			
2	2,901			
3	2,901			
4	2,901			
5	2,901			
6	2,901			
7	3,440			
8	4,005			
9	Not used			
10	Combined with 8			
11	3,389			
12	Not used			
13	Not used			
14	Not used			
15	Not used			
16	Not used			
17	Not used			

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PERMITTEE NAME			FACILITY NAME (IF DI	FERENT)		PERMIT NO.	ļ
Benton County, Arkansas Suburban				4811-WR-4			
No 1 Villages of Cross Cro PERMITTEE ADDRESS PO Box 9299 Fayetteville AR 72703	\$		FACILITY ADDR 3302 N Dixieland Little Flock AR	Rd		AFIN NO.	
		WASTE MM/DD/YYYY 7/1/2018	WATER EFFLUENT MO	NITORINĠ PERI	MM/DD/YYYY 7/31/2018		
TREATED WASTEWATER EFFLUE	NT SAMPLING			· ····································			
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total		REPORT	0.644382	MG	Total Flow per calendar month		
Flow, daily maximun		REPORT	0.021766	MGD	Daily		
Carbonaceous Blochemical Oxygen De	mand (CBOD5)	30	8.2	mg/l			
Total Suspended Solids (TSS)		30	21	mg/l			
Fecal Coliform Bacteria (FCB)		10,000	10	colonies/100mi	Grab Sample once per month	Prior to the 15th of the following Month	
рН		6.0 - 9.0	7	s.u.	- ·		
Total Phosphorus (TP)		REPORT	6.4	rng/l			
Total Kjeldahl Nitrogen (TKN)		REPORT	28.2	mg/l			
Ammonia Nitrogen		REPORT	27.1	mg/l			
Nitrate Nitrogen (NO3-N) + Nitrite Nitrog	gen (NO2-N)	REPORT	9.4	mg/l	Grab sample once per quarter		
Plant Available Nitrogen (PAN)		REPORT	36.8	mg/l			
Loading Rate		REPORT	see attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	-	VALTY OF LAW THAT I HAVE PERSONALLY		1	2 1.82	TELEPHONE	DATE
Kathy Bartlett	OBTAINING THE INFO	AND BASED ON MY INQUIRY OF THOSE IN ORMATION, I BELIEVE THE SUBMITTED ARE THAT THERE ARE SIGNIFICANT PENAL	INFORMATION IS TRUE, A	ACCURATE, AND	CIME AND	5926	8/7/2018
TYPED OR PRINTED							MM/DD/YYYY
COMMENTS AND EXPLANATION O					· · · · · · · · · · · · · · · · · · ·		

VILLAGES OF CROSS CREEK LOADING RATES				
Zone Identification	GPD/sq 2			
1	2,460			
2	2,460			
3	2,460			
4	2,460			
5	2,460			
6	2,460			
7	2,917			
8	3,395			
9	Not used			
10	Combined with 8			
11	2,873			
12	Not used			
13	Not used			
14	Not used			
15	Not used			
16	Not used			
17	Not used			

PERMITTEE NAME		FACILITY NAME (IF DIFFERENT) Villages of Cross Creek					PERMIT NO.]
Benton County, Arkansas Suburban				4811-WR-4]			
No 1 Villages of Cross Cre PERMITTEE ADDRESS			FACILITY ADDR	=00			AFIN NO.	1
PO Box 9299	<u></u>		3302 N Dixieland				04-00899	
Fayetteville AR 72703			Little Flock AR					1
		WASTE	WATER EFFLUENT MO	NITORING PER	IOD	[
		MM/DD/YYYY			MM/DD/YYYY			
		6/1/2018			6/30/2018			
REATED WASTEWATER EFFLUE	NT SAMPLING			······································	······································		; ·	1
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	R	eporting	
low, Monthly total		REPORT	0.538687	MG	Total Flow per calendar month]
low, daily maximun		REPORT	0.02426	MGD	Daily			
arbonaceous Blochemical Oxygen De	mand (CBOD5)	30	9.9	mg/l				
otal Suspended Solids (TSS)		30	26.5	mg/l				
ecal Coliform Bacteria (FCB)		10,000	200	colonies/100ml	Grab Sample once per month	Prior to the 15th of the following Month		
H		6.0 - 9.0	7.1	s.u.				
otal Phosphorus (TP)		REPORT	7.1	mg/l				
otal Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l				
mmonia Nitrogen		REPORT	No Report	mg/i	- Grab sample once per quarter			
litrate Nitrogen (NO3-N) + Nitrite Nitrog	jen (NO2-N)	REPORT	No Report	mg/l				
iant Available Nitrogen (PAN)		REPORT	No Report	mg/l				
oading Rate		REPORT	See Attached	gpd/ft 2	Dally			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	·····		TELEPHONE	DATE
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 SIGNATURE OF FRINCIPA						(479) 530-	6/30/2018	
Kathy Bartlett	Kathy Bartlett COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.					5926		
TYPED OR PRINTED	INCLUDING THE POSS	OSSIBILITY OF FINE AND IMPRISONMENT. AUTHORIZED AGENT						MM/DD/YYYY
	EVENIAL ATIONA (D	ference all attachments here)						·····.

June 2018 VILLAGES OF CROSS CRE	June 2018 VILLAGES OF CROSS CREEK LOADING RATES 24,260 Gallons Max Day				
Zone Identification	GPD/sq 2				
1	2,741				
2	2,741				
3	2,741				
4	2,741				
5	2,741				
6	2,741				
7	3,251				
8	3,785				
9	Not used				
10	Combined with 8				
11	3,202				
12	Not used				
13	Not used				
14	Not used				
15	Not used				
16	Not used				
17	Not used				

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PERMITTEE NAME				PERMIT NO.			
Benton County, Arkansas Suburban Sewe	er District		4811-WR-4	l			
No 1 Villages of Cross Creek PERMITTEE ADDRESS	·····	F	FACILITY ADDR	200		AFIN NO.	1
PO Box 9299			3302 N Dixieland			04-00899	
Fayetteville AR 72703			Little Flock AF				I
		WAST	EWATER EFFLUENT MC	NITORING PERI	OD		
		MM/DD/YYYY			MM/DD/YYYY		
		5/1/2018			5/31/2018		
REATED WASTEWATER EFFLUENT S	AMPLING						
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
iow, Monthly total		REPORT	0.597691	MG	Total Flow per calendar month		
low, daily maximun		REPORT	0.022427	MGD	Daily		
arbonaceous Biochemical Oxygen Demanc	(CBOD5)	30	8.8	mg/l			
otal Suspended Solids (TSS)		30	22.6	mg/l			
ecal Coliform Bacteria (FCB)		10,000	20	colonies/100ml	Grab Sample once per month		
н		6.0 - 9.0	7.2	s,U.		Prior to the 15th of the	
otal Phosphorus (TP)		REPORT	7	mg/l		following Month	
otal Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l			
mmonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		
litrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	No Report	mˈɡ/i	Glab sample once per quarter		
'lant Available Nitrogen (PAN)		REPORT	No Report	mg/i			
oading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TIFY UNDER PEN	IALTY OF LAW THAT I HAVE PERSONALL	Y EXAMINED AND AM WITH TH	E INFORMATION		TELEPHONE	DATE
SUB	WITTED HEREIN; /	AND BASED ON MY INQUIRY OF THOSE I	INDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	an of bean		
OBT	OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPA					(479) 530-	6/7/2018
Kathy Bartlett CON						5926	
TYPED OR PRINTED							MM/DD/YYYY
INCL		ference all attachments here)					

May 2018 VILLAGES OF CROSS CREE	K LOADING RATES 22,427 Max Day
Zone Identification	GPD/sq 2
1	2,534
2	2,534
3	2,534
4	2,534
5	2,534
6	2,534
7	3,005
8	3,499
9 .	Not used
10	Combined with 8
11	2,960
12	Not used
13	Not used
14	Not used
15	Not used
<u>1</u> 6	Not used
17	Not used

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PERMITTEE NAME Benton County, Arkansas Suburban				-PERMIT NO. 4811-WR-4			
No 1 Villages of Cross Cr	eek						7
PERMITTEE ADDRES	Ś		FACILITY ADDRI 3302 N Dixieland			04-00899	1
Fayetteville AR 72703	1		Little Flock AR	ويستقدم والباعث فستخف والمستخف والمستخف		040000	1
		WASTE			OD	1	
		MM/DD/YYYY I	WATER EFFEDENT NO	INTOKING PERI			
•		4/1/2018			4/30/2018		
REATED WASTEWATER EFFLUE	NT SAMPLING			×.~]
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total		REPORT	0.563401	MG	Total Flow per calendar month		 .
flow, dally maximun		REPORT	0.021286	MGD	Daily		
Carbonaceous Blochemical Oxygen De	emand (CBOD5)	30	25.1	mg/l			
Fotal Suspended Solids (TSS)		30	16	mg/l			
ecal Collform Bacteria (FCB)		10,000	7,000	colonies/100ml	Grab Sample once per month		
ж		6.0 - 9.0	7.3	s,u.		Prior to the 15th of the	
Fotal Phosphorus (TP)		REPORT	6,6	mg/}		following Month	
Fotal Kjeldahl Nitrogen (TKN)		REPORT	42.8	mg/ł			
Ammonia Nitrogen		REPORT	42.7	mg/l	Grab sample once per quarter		
litrate Nitrogen (NO3-N) + Nitrite Nitrog	gen (NO2-N)	REPORT	2.8	mg/l			
Plant Available Nitrogen (PAN)		REPORT	45.5	mg/i			
oading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	-1	NALTY OF LAW THAT I HAVE PERSONALLY		12	1.97	TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	an Il bear	,	
	OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF BRINCIPAL					(479) 530-	5/6/2018
Kathy Bartlett						5926	
TYPED OR PRINTED	INCLUDING THE POSS	ICLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.					MM/DD/YYYY
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference all attachments here)					

April 2018 VILLAGES OF CROSS CREEK LOADING RATES 21,286 Max Day				
Zone Identification	- GPD/sq 2			
1	2,405			
2	2,405			
3	2,405			
4	2,405			
5	2,405			
6	2,405			
7	2,852			
8	3,321			
9	Not used			
10	Combined with 8			
11	2,810			
12	Not used			
13	Not used			
14	Not used			
15	Not used			
16	Not used			
17	Not used			

PERMITTEE NAME				FACILITY NAME (IF DIFFERENT) Villages of Cross Creek					
Benton County, Arkansas Suburban Sewer District		4811-WR-4							
No 1 Villages of Cross Creek PERMITTEE ADDRESS		FACILITY ADDRESS							
PO Box 9299		3302 N Dixieland	میں <u>میں میں میں میں میں ہوتے ہے</u> ۔ میں میں		AFIN NO. 04-00899				
Fayetteville AR 72703		Little Flock AF			0,0000	I.			
	WASTE	WATER EFFLUENT MO	NITORING PER	OD	[
	MM/DD/YYYY			MM/DD/YYYY					
	3/1/2018			3/31/2018					
REATED WASTEWATER EFFLUENT SAMPLING									
PARAMETER -	Limit	Sample Measurement	UNITS	Monitoring	Reporting				
low, Monthly total	REPORT	0.565561	MG	Total Flow per calendar month,					
iow, dally maximun	REPORT	0.022786	MGD	Dally					
Carbonaceous Blochemical Oxygen Demand (CBOD5)	30	10.7	mg/l						
otal Suspended Solids (TSS)	30	17.7	mg/l	Grab Sample once per month					
ecal Coliform Bacteria (FCB)	10,000	154	colonies/100mi						
н	6.0 - 9.0	7.2	s.u.		Prior to the 15th of the following Month				
iotal Phosphorus (TP)	REPORT	6.7	mg/l						
fotal Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l						
Ammonia Nitrogen	REPORT	No Report	mg/i	Grab sample once per quarter					
litrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	No Report	mg/l	Gian sample once her dramer					
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l						
oading Rate	REPORT	See Attached	gpd/ft 2	Daily					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ENALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	n: 1 A	TELEPHONE	DATE			
SUBMITTED HEREIN	; AND BASED ON MY INQUIRY OF THOSE IN	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Remet degree	(479) 530-				
	OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF RINCIPAL Kathy Bartlett COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, EXECUTIVE OFFICER OR					4/7/2018			
Kathy Bartlett COMPLETE, I AM AN						~			
TYPED OR PRINTED						MM/DD/YYY			
OMMENTS AND EXPLANATION OF VIOLATIONS (A	Reference all attachments here)								
	······································								

March 2018 VILLAGES OF CROSS CREEK LOADING RATES 22,786 Max day				
Zone Identification	GPD/sq 2			
1	2,575			
2	2,575			
3	2,575			
· 4	2,575			
5	2,575			
6	2,575			
7	3,053			
8	3,555			
9	Not used			
10	Combined with 8			
11	3,008			
12	Not used			
13	Not used			
14	Not used			
15	Not used			
16	Not used			
17	Not used			

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

PERMITTEE NAME				PERMIT NO.			
Benton County, Arkansas Suburban S			Villages of Cross C	Creek		4811-WR-4]
No 1 Villages of Cross Cree PERMITTEE ADDRESS	<u></u>		FACILITY ADDR	ESS	* * * *	AFIN NO.	
PO Box 9299			3302 N Dixieland		· · · · · · · · · · · · · · · · · · ·	04-00899	-
Fayetteville AR 72703			Little Flock AR				
			WATER EFFLUENT MO	NITORING PER]	
		MM/DD/YYYY			MM/DD/YYYY 2/28/2018		
		2/1/2018]	-			
TREATED WASTEWATER EFFLUEN	TSAMPLING		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
PARAMETER		Limit	Sample Measurement	ÚNITS	Monitoring	Reporting	
ow, Monthly total ww, daily maximun		REPORT	0.481076	MG	Total Flow per calendar month		1
		REPORT	0.023828	MGD	Daily		
Carbonaceous Blochemical Oxygen Den	nand (CBOD5)	30	12.6	mg/l			
Total Suspended Solids (TSS)		30	27.9	mg/l			l l
ecal Coliform Bacteria (FCB) H		10,000	470	colonies/100ml	Grab Sample once per month		
		6.0 - 9.0	7.3	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	5.8	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/i			
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		
Nitrate Nitrogen (NO3-N) + Nitrite Nitroge	en (NO2-N)	REPORT	No Report	mg/i			
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/l			
oading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFY UNDER PEN	ALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	EINFORMATION	N IM	TELEPHONE	DATE
	SUBMITTED HEREIN; A	ND BASED ON MY INQUIRY OF THOSE INI	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Kenner begen		
-	OBTAINING THE INFO	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A		SIGNATURE OF PRINCHPA	(479) 530-	3/8/2018
Kathy Bartlett	COMPLETE. I AM AWA	RE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926	· · · · · · · · · · · · · · · · · · ·
TYPED OR PRINTED		AUTHORIZED AGENT		MM/DD/YYYY			
COMMENTS AND EXPLANATION OF	VIOLATIONS (Rel	erence all attachments here)	•				
•							

Feb 2018 VILLAGES OF CROSS CRI	EEK LOADING RATES 23,828 Max
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	3,717
9	Not used
10	Combined with 8
11	3,145
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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

PERMITTEE NAME		· · · · · · · · · · · · · · · · · · ·	FACILITY NAME (IF DI			PERMIT NO.		
Benton County, Arkansas Suburban			Villages of Cross (Creek			4811-WR-4	
No 1 Villages of Cross Cros Cro		1 · · ·	FACILITY ADDR				AFIN NO.	
PO Box 9299			3302 N Dixieland				04-00899	
Fayetteville AR 72703			Little Flock AR	1			<u>. </u>	
		WAST	EWATER EFFLUENT MC	NITORING PERI				
		MM/DD/YYYY		MM/DD/YYYY				
	-	1/1/2018			1/31/2018			
REATED WASTEWATER EFFLUE	NT SAMPLING	r	· 	r	·····	1		
PARAMETER		Limit *	Sample Measurement	UNITS	Monitoring	R	eporting	
iow, Monthly total iow, daily maximun arbonaceous Blochemical Oxygen Demand (CBOD5)		REPORT	0.521754	MG	Total Flow per calendar month			
		REPORT	0.027083	MGD	Daily			
		30	<2	mg/l				
otai Suspended Solids (TSS)		30	14	mg/l				
cal Coliform Bacteria (FCB)		10,000	28	colonies/100ml	Grab Sample once per month			
		6.0 - 9.0	7.5	s.U.			the 15th of the	
otal Phosphorus (TP)		REPORT	5.7	mg/l		follo	wing Month	
otal Kjeldahl Nitrogen (TKN)		REPORT	39.2	mg/l				
mmonia Nitrogen		REPORT	38.8	mg/i	Grab sample once per quarter			
litrate Nitrogen (NO3-N) + Nitrite Nitro	gen (NO2-N)	REPORT	3.3	mg/i	etab sampio onoc per quanta			
iant Available Nitrogen (PAN)		REPORT	42.2	mg/l		•		
oading Rate		REPORT	See Attached	gpd/ft 2	Daily	1		_
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		VALTY OF LAW THAT I HAVE PERSONALLY			'/ u.A		TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE II	NDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	amet alguz	-		
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTER	NFORMATION IS TRUE, A	ACCURATE, AND	SIGNATURE OF PRINCIPAL		(479) 530-	2/5/2018
Kathy Bartiett	COMPLETE. 1 AM AW	ARE THAT THERE ARE SIGNIFICANT PENA	LTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR		5926	
TYPED OR PRINTED		AUTHORIZED AGENT			MM/DD/YYY			
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference all attachments here)						

Zone Identification	GPD/sq 2
1	3,060
2	3,060
3	3,060
4	3,060
5 .	3,060
6	3,060
7	3,629
8	4,225
9	Not used
10	Combined with 8
11	3,575
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-1341

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Northwest Arkansas Branch 1107 Century Avenue Springdale, AR 72762 Tel. (479)750-1170 Fax (479)750-1172

Customer Name : DIXIELAND UTILITY LLC Customer/Permit No. : 1698 / 4811-WR-4 001 Report Date : 12/20/18	Sample Date : 12/14/18 Sample Time : 1435 Sample Type : GRAB DIXIELAND Sample From : DOSE TANK EFFLUE	Collected By: JEW Delivery By : JEW Work Order : Furchase Order :
Analysis Laborematric Date Time By Parameter .2/14 1435 JEW PH .2/18 1000 TSB Phosphorous, Total (as P)	Dratory Analysis Result Notes Quantity 7.6 S.U. 6.410 mg/L	Quality Assurance Precision Accur Method % RPD % Reco SM 2000 4500-H+ B 0.00 N EPA 365.3 0.00 106
2/20 0930 TSB Solids, Total Suspended 2/14 1607 VLP Fecal Coliform (MPN/100mL 2/14 1400 TSB BOD, Carbonaceous 2/12 ESC Sample Collection/Travel	29.2 mg/L < 10.0 /100ml 9.2 mg/L 1 each	SM 2011 2540 D 1.46 N 06/2012 Colilert18 0.00 0 SM 2001 5210 B 10.41 96

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

Signature

Environmental Services Co., Inc.

Environmental Ser Northwes 1107 Centr Springdale, Ark website: www.ee							Corp		50 arist	e, Littl 1-221 ad, Ne 5-887	-256 ew Me	5 exico	Arkansa	às		
Phone: 479-750-1170	Fax: 479-750-1172		CH	IAIN C)F CU	STO	YC						-			
ويستنا ومراقاتها ماده منافلاتها التقادات والمتعاقبين	Client Information			T			ormation		فناي وكالك	Т	Re	ques	sted	Paran	neter	S
Company Name:	Dixieland Utility LL	C.	المانية — ترفسنيو	Permit/Pro				ومعروبة ارتكار المعروف بم	فجعلوه والموسا	T		T				T
Address:	3302 N. Dixieland			Purchase	-						1					
	Rogers AR															
Telephone:	(479)936-0333	(Cell)		Samplar M	Name(s):	1 1	1'At -	Tomes 12) Hee	2						
	(479)930-0333			Sampler	vame(s). g	<u> CUMPS II</u>	111122			-			Ē			1
Telephone:					1							25	14			
	4000			and Signa	iture(s):	• <u></u>		<u></u>				12	Ē			
ESC Client Number:	1698	T				T					рп(23) Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.1F)			I
Sample Ide	Name and the second		,	Collection	7 · - · · · · · · · · · · · · · · · · · 		Sample (- 19	Phos(2)		ß			ł
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative			18	1	┝╍╌┝╍		4
Dose Tank/Effluent	1812020100	12-14-18	1435	GRAB	Water	tefion	150 mL	None		1	x	<u> </u>			_	┛
·				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pl	1<2	1	X					
<u> </u>				GRAB	Water	Plastic	1 qt	None, Co	ool [†]	1		X				
				GRAB	Water	Whirlpak	125 mL	NaS ₂ O ₄ C	colt	1			x			
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ell/quished By: (Signature and Prin	ted Name)	Date	Time	Received By: (S	Ignature and Printe	ad Neme)		Dale	Time		ustody S	eals:	1			1
tellinguished By: (Signature and Prin Janne Wilth Tor, folinguished By: (Signature and Prin	mes Willse	12-14-18	1600		-					U	sed?		1	Intact?		7
folinquished By: (Signature and Prin	ted Neme)	Date	Time	Received By: (S	Isnature and Printe	ed Name)	$\overline{)}$	Dale	Time		imarour egular	id;	1	Special		7
Relinquished By: (Signature and Prin	ted Name)	Date	Time /	Received for tight	FUED S	d Printed Nam	the for	Date 12:14-18	Time	14		ples p	operly	preserve		1
			<u> </u>	Willing	ruours	inent					Yes			No		1
Comments:					FLOW D. Analyst:		Field Test	Time 1435	Analys		esult 7.6	Res F		Ur		
					Time:		Temp.:	14.3.5			3.9	13	9	c)	77	-
·····					Reading:		DO:		<u> </u>			\square				_
Cool all samples to 6 degrees C.			يغاجب عوريها فتحقان		Units:		Debris: Chlorinated		L		ula Da			Page_	of	-

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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: 1811020064 Customer Name : DIXIELAND UTILITY LLC Customer/Permit No. : 1698 / 4811-WR-4 001 Report Date : 11/16/18	Sample Date : 11/09/18 Sample Time : 1510 Sample Type : GRAB DIXIELAND Sample From : DOSE TANK EFFLU	Deliver Work Or	ced By: JEW cy By : JEW cder : se Order :	
AnalysisLabDateTimeByParameter11/091515JEWpH11/161415TSBPhosphorous, Total (as P)11/151200TSBSolids, Total Suspended11/091645TSBFecal Coliform (MPN/100mL)11/091400TSBBOD, Carbonaceous11/09ESCSample Collection/Travel	Result Notes Quantity 7.5 S.U. 5.790 mg/L 14.4 mg/L 261.0 /100ml < 2.0 mg/L 1 each	Method SM 2000 4500-H+ B EPA 365.3 SM 1997 2540 D 06/2012 Colilert18 SM 2001 5210 B	Quality 2 Precision % RPD 2.63 2.79 5.71 0.00 14.67 0.00	Assurance Accuracy <u>% Recovery</u> N/A * 107.0 * N/A * 0.0 * 98.3 * 0.0 *
	, ,			
* QA data shown is from a different sample of	or standard on the same date.			
All equipment used is checked and/or calibra A minimum of 10% spiked and duplicate samp Quality Assurance Plan on file with Arkansas the start of the analytical batch in which t	les is run on each parameter where a B Department of Environmental Qualit	pplicable for Quality	Assurance p	irposes.
	Signature	invironmental Services	Co., Inc.	

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street

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Springdale, Arkansas 72762 website: www.esclabs.com



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CHAIN OF CUSTODY

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

> Carlsbad, New Mexico 575-887-1ESC

Phone: 479-750-1170	Fax: 479-750-1172		Ch	IAIN (JF CU	510	UY								
(Client Information		ورجان الشناعي وجود	Project Information							Rec	ques	sted	Param	eters
Company Name:	Dixieland Utility LL	С.		Permit/Project #:									 		
Address:	3302 N. Dixieland			Purchase	Purchase Order #:										
	Rogers AR					1									
Telephone: (479)936-0333 (Cell)			Sampler N	lame(s):	Janos	Wilt	Jame	s Wil	tee			1			
Telephone:]	0							58)	43.1			
			and Signa	iture(s):					Τ		SS(Ē			
ESC Client Number:	1698			1 .			•				6	CBOD(70), TSS(28)	Fecal Coliform(43.IF)		
Sample Ider	ntification	1	Sample	Collection		T	Sample (Container	S	18	s(2	6	Ŭ		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative 🕇	# PH(23)	Phos(25)	8	Fec		
Dose Tank/Effluent	1811020064	11-9-18	1510	GRAB	Water	teflon	150 mL	None							
	1	1	1	GRAB	Water	Plastic	Boz	H₂SO₄,p		1	x	1	 		
**************************************	1 / /			GRAB	Water	Plastic	1 qt	None, C				x			
·				GRAB	Water	Whirlpak	1	NaS ₂ O ₄ C				1	x		
		- 12											-		
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				+		<u> </u>				+-	+	+			
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		<u> </u>		<u>_</u>						+	+	1			
Relinduished By: (Signature and Prints	d Name)	Date 11-9-18	Time	Received By: (S	Inature and Prints	ed Name)		Dale	Time		lody Si	eals:	کے۔۔۔یا ج	<u> </u>	Aller al an primera
Relinduished By: (Signature and Printe Games Galling, Ta Relinquished By: (Signature and Printe	e Mes Wiltse	//- y-/8 Date	1630 Time	Received By: (S	Ignature and Printe	id Name)		Dale	Time	Use Turr	d? Iarouni	<u> </u>		Intact7	
				Γ Γ	<u>) (</u>	-	<u> </u>			Reg			L	Special	
Relinquished By: (Signature and Printe	ed Name)	Date	Time (Reserved for Lab	By: (Sinnelurous	Printed Mart	nor	Date 11-9-18	1230	Wer	e sam; Yes	ples pr	openty	/ preserved; No	
Comments:					FLOW D	ATA	Field Test	Time	Analyst	Res		Rest	_	Unit	s
					Analyst: Time:		pH: Temp.:	1515 1515	40	17		7,4	5	0	
		<u> </u>			Reading:		DO:	<u>, , , , , , , , , , , , , , , , , , , </u>	77.00			120.		<u> </u>	
······································					Units:		Debris:					<u></u>		·	
	Cool all samples to 6 c	legrees C.					Chlorinated	? Yes N	lo	Thi	s Doo	cume	nt is:	Page	of

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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

Collected By: NTR

Delivery By : NTR

Purchase Order :

Work Order :

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

	Quality A	Assurance				
Analysis					Precision	Accuracy
Date Time By	Parameter		otes <u>Quantity</u>	Method	& RPD	<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				
				1		
		·				

* 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

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CHAIN OF CUSTODY

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

Carlsbad, New Mexico 575-887-1ESC

Phone: 479-750-1170	Fax: 479-750-1172		DF CU			والمراجع المراجع الم						_				
·	Client Information					oject Inf	ormation				Red	ques	sted	Para	meter	<u>s</u>
Company Name:	Dixleland Utility LL	<u>_C.</u>		Permit/Pro	oject #:											
Address:	3302 N. Dixieland			Purchase	Purchase Order #:								66			
	Rogers AR					• -				2		66)			ł	
Telephone:	(479)936-0333	(Celi)		Sampler N	lame(s):		Ned R.	10150-			15.1		AN	Ē		
Telephone:	<u></u>	<u> </u>					· /	/ 			NY-	6	28),1	Ŧ	·	
				and Signa	ture(s):		Ang Ru	er-			HN	1 Z Z	SS	E		
ESC Client Number:	1698]		•		0			<u>(</u>)	6.0	อ้	빙		
Sample Id	dentification		Sample	Collection			Sample	Container	s	23)	Phos(25), NH ₃ -N(15.A)	s-TKN(16.C)N+N(91)	CBOD(70), TSS(28),PAN(99.99)	-ecal Coliform(43.IF)		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	# H	Ē	s-TI	B	L de l		
Dose Tank/Effluen	1 1810020110	10-12-13	1612	GRAB	Water	tefion	150 ml	none		1)		Τ				
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pH	<2	1	x	x				
				GRAB	Water	Plastic	1 qt	none/ice		1		Ι	x			Γ
				GRAB	Water	Whiripak	300m1	NaS2O4		1		Ϊ.		x		Γ
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elinquished By: (Signalure and P	rinted Name)	Date	Time	Received By: (Si	gnature and Printe	d Name)		Dalo	Time	Cui Use	stody S	ieals:	1	Intact	· · ·	 ۲
elinquished By: (Signalure and P	rinted Name)	Date	Time	Received By: (Si	gnature and Printe	d Name)		Date	Time		naroun		.	maci		
alloguished Bu, /Sinnalura and P	ripled Mama)		Time	Poneived for l ab	Bur (Slanshille) an	d Printed Nome	a)	Date	Time		jular re com		Conertu	Speci		L
ellinguished By: (Signalure and P Aud Auro - No	d Kuzer-	10-12-18	1726	Vial	By: (Signatürë an			Date 10/12/18			Yes	Y.		N	0	L
comments:	0				FLOW D	ATA	Field Test		Analys			Res			Inits	
					Analyst: Time:	·	pH: Temp.:	1613	NO		7.4	23	7	C) S	°F.	
					Reading:		DO:					_				
					Units:	•	Debris:					1		L		_

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

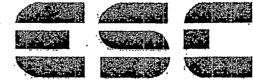
ontrol Number: 1809020093	Sample Date	eted By: BSW				
Istomer Name : DIXIELAND UTILITY LLC	Sample Time	bry By : BSW				
Istomer/Permit No. : 1698 / 4811-WR-4 001	Sample Type	order :				
Seport Date : 09/20/18	Sample From	.se Order :				
Late Time By Parameter 0/14 1249 BSW pH 0/17 1300 TSB Phosphorous, Total (as P) 0/18 1400 TSB Solids, Total Suspended 0/14 1600 TSB Fecal Coliform 0/14 1400 TSB BOD, Carbonaceous 0/14 1245 BSW Sample Collection/Travel	boratory Analysis Result No 6.7 S.U. 6.2 mg/L 16.0 mg/L < 4.0 /100ml 4.3 mg/L 1 each	otes <u>Quantity</u>	<u>Method</u> SM 2000 4500-H+ B EPA 365.3 SM 1997 2540 D 06/2012 Colilert18 SM 2001 5210 B	Quality Precision <u>% RPD</u> 3.88 4.55 0.00 0.00 0.00 0.00	Assurance Accuracy <u>* Recovery</u> 108.0 * N/A * 0.0 * 113.1 * 0.0 *	

Signature

Environmental Services Co., Inc.

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762

website: www.esclabs.com



CHAIN OF CUSTODY

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				Pr	oject Inf	ormation				Req	ues	ted	Para	ame	ters	
Company Name:	Dixieland Utility LL	C. ·		Permit/Pro	oject #:												
Address:	3302 N. Dixieland			Purchase	Purchase Order #:								ĺ				
	Rogers AR						,	·									
Telephone:	(479)936-0333	(Cell)	* - * <u>-</u>	Sampler N	lame(s):	Box	ter W	ooglay		ł							
Telephone:							,					8	3.F				
			and Signa	ture(s):	15	A LL	ooslay				TSS(28)	m(4					
ESC Client Number:	1698							1		ł	6	11.	lifor		·	1	
والأشار بالمستعاد بمعجبين التقسافي والتقافية بالمت	entification		Sample	Collection		T	Sample (Containers		ଳ	132	1 Z	3				
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	ويهري المحافظ محافظ المحافظ ال	#	pH(23)	Phos(25)	CBOD(70),	Fecal Coliform(43.IF)		Ì		
Dose Tank/Effluent		4-14-18	1243	GRAB	Water	teflon	150 ml		1	x							-
	1001020013	1		1	1		· · · ·			┝		┟───┘					
······································		╂╂	<u>├</u> ─ <u></u> ───	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pH<2	1		X	<u> </u>					-
		 	╞╼╌┠╌╼╍	GRAB	Water	Plastic	1 qt	none/ice	1		┝──	×					-
		<u> </u>		GRAB	Water	Whiripak	<u>300ml</u>	NaS2O4	+1				<u>×</u>				-
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Relinquished By: (Signature and Pri	nied Neme)	Dale	Tâne	Received By: (Si	gnature and Printe	d Name)		Date T	'ime		around	:) 1				
Relinquished By; (Signature and Pri	nted Name)	Date	Time	Received for Leb	By: (Signature.en	d Printed Nagne		Date	<u>មញ្ញា</u>	Regt Were		oles pr	operly	Spec prese			-
	والمراجع			Dament	ey: (Signature en Statue (W	newbo		the second s	認		Yes				Na		
Comments:				·	FLOW D	ATA	Field Test	Time Anal		Res	ult	Rest	lit	_	Units		-
					Time:		Temp.: 764							°C		۴·	-
					Reading:		D <u>O;</u>										_
,	Cool all samples to 6 de				Units:		Debris: Chlorinated	Yes No		Th.	De			Page		<u> </u>	-
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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: 1808020112	Sample Date : 08/10/18	Collected By: CLS
Customer Name : DIXIELAND UTILITY LLC	Sample Time : 0950	Delivery By : CLS
Customer/Permit No. : 1698 / 4811-WR-4 001	Sample Type : GRAB DIXIELAND	Work Order :
Report Date : 08/17/18	Sample From : DOSE TANK EFFLUENT	Purchase Order :
T abova to		Ouslity Aggurange

		LADOLALOLY ANALYSIS			Quality A	ance
Analysis					Precision	Accuracy
Date Time By	Parameter	Result N	Notes Quantity	Method	% RPD	% Recovery
08/10 0950 CLS	PH	7.1 S.U.		SM 2000 4500-H+ B	0.00	N/A *
08/14 1300 TSB	Phosphorous, Total (as P)	6.7 mg/L		EPA 365.3	3.01	101.4 *
08/16 1100 TSB	Solids, Total Suspended	24.0 mg/L		SM 1997 2540 D	6.39	N/A *
08/10 1715 JCB	Fecal Coliform	86.0 /100ml		06/2012 Colilert18	0.00	0.0 *
08/10 1400 TSB	BOD, Carbonaceous	5.1 mg/L		SM 2001 5210 B	6.97.	90.0 *
08/10 0935 CLS	Sample Collection/Travel	1 each		4		
	-					

* 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.

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	ansas 72762							Corp	Car	501- Isbac	221. J, Ne	-2565 w Me 1ESC	5 exico		35
Phone: 479-750-1170	Fax: 479-750-1172		CI	HAIN C	DF CUS	STO	YC								
	Client Information				Pro	oject Inf	ormation				Rec	jues	ted	Paran	neters
Company Name:	Dixieland Utility LL	С.		Permit/Pro	oject#:		<u> </u>]					
Address:	3302 N. Dixieland	_		Purchase	Order #:						}				
	Rogers AR			1]	ļ		•		
Telephone:	(479)936-0333	(Cell)		Sampler N	lame(s):	Ch	s Stra	سرحرد منه			ł				
Telephone:		******	<u> </u>	1		11	T			1	ļ		Э.Т		
				and Signa	ture(s):				<u></u>	1		22	4 4		
ESC Client Number:	1698	·				•••••••••••				1	6	H S	lfor		
Sample Ider		r	Sample	Collection		1	Sample (Container	 S	ାନ୍ତି	s(25	5	3		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	7		pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.IF)		
Dose Tank/Effluent	1808020112	8/10/18	and the second s	GRAB	Water	teflon	150 ml	none	1	x				· /	╧
	1	1		GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pH<		†÷	x	<u>├</u>			+
	/			GRAB	Water	Plastic	1 qt	none/ice	1			x			┥─┤
				GRAB	Water	Whiripak		NaS2O4			<u> </u>		x		++
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alinguished By: (Signature and Printe	d Napia),	Date	Time	Received By: (Si	gnature and Printer	Name)		Dale	1 Time	Cust	ody Se) 9al6:			
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elinquished By: (Signature and Printe	d Nama)	Date	Time	Received By: (Si	gnature and Printed	Namo)		Date	Timə	Regu	around dar			Special	
elinquished By: (Signature and Printe	d Name)	Date	Time	Received for Lab	By: (Signature and	Printed Name)	SIG/B	Time		sam	plas pro	operly	preșerve	d:
omments:				901	FLOW DA	DAT	Field Test		Analyst	Res	Yes	Resu		No Un	
					Analyst		pH:	OASC	45	7.		7.	7		
······					Time:		Temp.:	- Z	12	29.	2	29.		0	٦°
·····				<u></u>	Reading: Units:		DO: Debris:		<u> </u>	┼──		<u> </u>	-+		
والترجيب ويتقال ومعتور ويور أكرار المتكور التر	Cool all samples to 6 de	arrees C					Chlorinated	2 Yes N	<u> </u>	This		tume'	nt is	Page	of

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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

	: DIXIELAND UTILITY LLC Z NO. : 1698 / 4811-WR-4 001	Sample ' Sample '	~ ~		Deliver Work Or	ed By: CLS y By : CLS der : ne Order :	
	I	aboratory Analysi	5			Quality 1	Assurance
Analysis						Precision	Accuracy
Date Time By	Parameter	Result	Notes	Quantity	Method	* RPD	* Recovery
07/13 1000 drs	Ammonia Nitrogen	27 1 mg/T.			SM 1997 4500-NH3 F	0 00	101 0 *

07/13 1000 JCB	Ammonia Nitrogen	27.1 mg/L	SM 1997 4500-NH3 F	0.00	101.0 *
07/19 1000 TSB	Total Kjeldahl Nitrogen	28.2 mg/L	02/2014 HACH 10242	10.99	98.5 *
07/13 1235 CLS	pH	7.0 S.U.	SM 2000 4500-H+ B	0.00	N/A *
07/18 1245 CLS	Phosphorous, Total (as P)	6.4 mg/L	EPA 365.3	4.15	109.0
07/17 1300 TSB	Solids, Total Suspended	21.0 mg/L	SM 1997 2540 D	8.12	N/A *
07/13 1430 CLS	Fecal Coliform	10.0 /100ml	06/2012 Colilert18	2.74	0.0 *
07/13 1400 TSB	BOD, Carbonaceous	8.2 mg/L	SM 2001 5210 B	0.92	109.0 *
07/16 1345 TSB	Nitrate + Nitrite	9.4 mg/L	01/2013 HACH 10206	1.74	95.7 *
07/19 1500 TSB	Nitrogen, Plant Available	36.8 mg/L	SM 1997 4500-N		
07/13 1230 CLS	Sample Collection/Travel	1 each		0.00	100.0 *

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

Signature

Environmental Services Co., Inc.

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

Eave 470 750 4479

Phone: 470,750,1170



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

> Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

	Client Information				Pr	oject Inf	ormation				Rec	ques	ted	Par	ame	eter	<u>}_</u>
Company Name:	Dixieland Utility LL	.C.		Permit/Pro	oject#:		,	, ,									
Address:	3302 N. Dixieland		······	Purchase	Order #:	. <u></u>				1			66				ĺ
	Rogers AR						_				2		66)				
Telephone:	(479)936-0333	(Cell)		Sampler N	lame(s):	Clar	<u>Stre</u>	oe			15.		PAN				
Telephone:					~						Ž	16]	28),	(43			l i
• ••••••••••••••••••••••••••••••••••••				and Signa	ture(s):	C	l =				E	Ŧ)ssi	E			
ESC Client Number:	1698										Phos(25), NH ₃ -N(15.A)	s-TKN(16.C)N+N(91)	CBOD(70), TSS(28),PAN(99.99)	ecal Coliform(43)			1
Sample Id	entification		Sample	e Collection			Sample (Containers		pH(23)	28(2)	EN N	6	aic			
identification	ESC Control #	Date	Time	Туре	Matrix	. Туре	Volume	Preservat	ive ‡	Ē	Ĕ.	s-1	B	Fec			
Dose Tank/Effluent	1807020143	7113/18	1235	GRAB	Water	teflon	150 mi	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				
	Y	Y	F	GRAB	Water	Whirlpak	300ml	NaS2O4	1					x			
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tellinquished By: (Signature and Prin	ited Name)	7/13/18	Time	· Received By: (Si	gnalure and Printe	d Name)		Date	Timə	Cus Use	ody S	eals:	r	Inta			 1
Relinquished By: (Signeture and Prin	Ned Name)	Date	1400 Time	Received By: (Si	gnature and Printe	d Name)		Date	Time	Tur	aroun		I	Intel			
Relinquished By: (Signature and Prir	And Alexan	Date	Time	K f			<u>}</u>		Time	Reg		ples pr		Spe			
iennquisned by. (orginalitie and Ffit	Ked Melle)	Date		(LAMOL +	By (Signature an MYCR: (Maen	500155	7/13/101	400	AAG1		X	Operiy	hiese	No No		
Comments:				······	FLOW D	ATA	Field Test		Analyst	Res		Res			Units) 	
					Analyst: Time:		pH: Temp.:	1238	<u>US</u>	17	<u>.0</u> 2, 2_	17.0	3	100	,	*	
· · · · · · · · · · · · · · · · · · ·					Reading:		DO:										
·	Or all all assessments of the				Units:		Debris:			-	De	cume		1	- /	<u>_</u>	,
	Cool all samples to 6 de	egrees C.	والمحادثة المتحاد		-		Chlorinated	? Yes No	_	In	s LO	SUME	HIC IS	rag	<u>e</u> 7	<u> </u>	

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: 1806020079 Customer Name : DIXIELAND UTILITY LLC Customer/Permit No. : 1698 / 4811-WR-4 001 Report Date : 06/13/18	Sample Date : 06/08/18 Sample Time : 1530 Sample Type : GRAB Sample From : DOSETANK/EFFLUE	Deliver Work Or	ed By: CLS Ty By : CLS der : se Order :	
Analysis Parameter Date Time By Parameter 06/08 1530 CLS pH 06/12 0800 TSB Phosphorous, Total (as P) 06/12 1430 JCB Solids, Total Suspended 06/09 1530 JCB Coliform, Fecal 06/08 1400 TSB BOD, Carbonaceous 06/08 1530 JCB Sample Collection/Travel	Result Notes Quantity 7.1 S.U. 7.1 mg/L 26.5 mg/L 200 /100ml 9.9 mg/L 1 each	<u>Method</u> SM 2000 4500-H+ B EPA 365.3 SM 1997 2540 D SM 9222 D 1997 SM 2001 5210 B	<u>Quality P</u> Precision <u>% RPD</u> 0.00 1.71 17.75 0.00 0.00 0.00	Accuracy <u>* Recovery</u> N/A * 109.7 * N/A * N/A * 95.5 *

Signature Environmental Services Co., Inc.

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

Fax: 479-750-1172

Cool all samples to 6 degrees C.

Phone: 479-750-1170



CHAIN OF CUSTODY

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

> Carlsbad, New Mexico 575-887-1ESC

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Requested Parameters Client Information Project Information Company Name: Dixieland Utility LLC. Permit/Project #: 3302 N. Dixieland Purchase Order #: Address: **Rogers AR** Cho's Strage Sampler Name(s): (479)936-0333 (Cell) Telephone: TSS(28) Telephone: Fecal Coliform(43) and Signature(s): ESC Client Number: CBOD(70), 1698 Phos(25) pH(23) Sample Containers Sample Identification Sample Collection Preservative # Identification ESC Control # Date Volume Time Type Matrix Туре 1806020079 1/8/18/15:30 Dose Tank/Effluent GRAB Water teflon 150 ml none 1 х x GRAB Water Plastic 8 oz H₂SO₄,pH<2 1 х GRAB Water Plastic 1 at none/ice 1 GRAB Water Whiripak 300ml NaS2O4 1 X elinguished By: (Signature and Printed Name) Date Received By: (Signature and Printed Name) Date Custody Seals: Time Тіше 18/ 17:30 18 Used? 1 intact? telinguished By: (Signature and Printed Name Received By: (Signature and Printed Name) Tumaround: Date Time Time Regular Special 1 Date 18 Receiver for Lab By) (Signature and Edated Name)/ Were samples properly preserved: Relinquished By: (Signature and Printed Name) Date Time 17-30 Brend Ohn DWM 5 Yes No Time FLOW DATA **Field Test** Analyst Result Result Comments: Units pH: 15:30 7 Analyst: 65 7.1 Time: Temp.: 24.2 29:T 60 4 Reading: DO:

JCVFORMSICHAIN.XLS G:\WP.

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Units:

Debris:

Chlorinated? Yes No

Enviro Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-	onmental Services Company	Y, INC. Northwest Arkansas 1107 Century Ar Springdale, AR 1. (479)750-1170 Fax	venue 72762
Control Number: 1805020128 Customer Name : DIXIELAND UTILITY LLC Customer/Permit No. : 1698 / 4811-WR-4 001 Report Date : 05/17/18	Sample Date : 05/11/18 Sample Time : 1522 Sample Type : GRAB Sample From : DOSE TANK EFFL	Delive: Work On	ced By: AEU ry By : AEU rder : se Order :
Analysis Parameter 05/11 1526 AEU pH 05/15 1000 TSB Phosphorous, Total (as P) 05/15 1030 JCB Solids, Total Suspended 05/11 1710 AEU Coliform, Fecal 05/11 1400 VLP BOD, Carbonaceous	or standard on the same date.	Method SM 2000 4500-H+ B EPA 365.3 SM 1997 2540 D SM 9222 D 1997 SM 2001 5210 B	Quality Assurance Precision Accuracy * RPD * Recovery 0.00 N/A 0.00 100.8 * 13.44 N/A * 28.81 N/A * 4.29 101.3 *

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.

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Phone: 479-750-1170	Fax: 479-750-1172		CH	IAIN (of Cu	STO	DY										
	Client Information			[Pr	oject Inf	ormation			T	F	Real	ues	led	Para	ime	ters
Company Name:	Dixieland Utility LL	 ?		Permit/P								Ť				T	
Address:	3302 N. Dixieland	<u>.</u>			e Order #:	······				_	\neg	·					
Audress.				r utonaac						7	/				1		
·····	Rogers AR				, 	Alla	hall	indition.	1		/						1
Telephone:	(479)936-0333	(Cell)	<u> </u>	Sampler	Name(s):	<u>, ZHU</u>	<u>m</u> u	<u>NOMU</u>	oac	4	>					- 1	
Telephone:				l.			<u></u>		$ \leq $	\square			58)	[3]			
				and Sign	ature(s):	A CONTRACT	Ca.						TSS(28)	Coliform(43)			
ESC Client Number:	1698											6	6	ifo			
Sample Ide	entification		Sample	Collection			Sample	Containers	3		ନ୍ଥ	s(2)	Ĕ	2			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume		ينتج فعان	#	pH(23)	Phos(25)	CBOD(70),	Fecal			
Dose Tank/Effluent	151050 MASY	FIII 8	1522	GRAB	Water	teflon	150 mJ	лопе			x	-					
Dose ranvemuent	TO LEAR MAD	CANFL.O	1								<u>^</u> †		-			-+	
				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1		×			 	-+	
				GRAB	Water	Plastic	<u>1 qt</u>	none/ice		1	_		<u>×</u>		<u> </u>		
•		-fra	/	GRAB	Water	Whiripak	300ml	NaS2O4		1				X	┢──┣		
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					-						-					-	
<u> </u>					1			<u> </u>			-+	+	-			\rightarrow	+
	2	0					h			-	-+		-+				
Relingulation By: (Stgnature and Prin	Led Name), / /	/ Date .	A. Alime	Received By; (Signature and Printer	d Name)		Date	Tim		usto	dy Sea	als;		-		
Call and All	all lindeader	15/11/18	1405							Ĺ	lsed?	Ē	カ		Intact	<u>7</u>	
Relinquished By; (Signature and Prin	led Name)	/ Date	Time	Received By; (i	Signature and Printed	d Name)		Date	Tim			round:			0		
Relinquished By: (Signature and Prin	ed Nama)	Date	Time	Received for La	b By: (Signature enc	Printed Name		Date	Tim	_	Regula Vere s		X as pro	periv	Speci preserv		
	,			1-	-0	5 -	TRO .	\$11/18			١	Yes	X			Vo	
Comments:					FLOW D		Field Test		Analys		Resul		Rësu		Į.	Jnits	
					Analyst: Time:		pH: Temp.:	Bale	HĘ	<u>~</u> +	31	3	五	렊			7
······································					Reading:		DO:				-72-1	us r	21	-41	Ŭ		<u> </u>
· · · · · · · · · · · · · · · · · · ·					Units:		Debris:					<u> </u>					
	Cool all samples to 6 de	-					Chlorinated	? Yes N		1-			_		0	Lo	

G:WI DCIFORMSICHAIN, XLS .

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Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-1341

04/17 0800 TSB Total Kjeldahl Nitrogen

04/18 1430 CLS Solids, Total Suspended

04/13 1630 AEU Coliform, Fecal

04/13 1400 TSB BOD, Carbonaceous

04/16 1200 AEU Phosphorous, Total (as P)

04/17 1600 TSB Nitrogen, Plant Available

04/13 1215 JCB Sample Collection/Travel

Nitrate + Nitrite

04/13 1215 JCB pH

04/16 1430 TSB

Northwest Arkansas Branch 1107 Century Avenue Springdale, AR 72762 Tel. (479)750-1170 Fax (479)750-1172

110.0 *

109.0 *

100.0 *

96.2 *

N/A *

N/A *

N/A *

2.30

0.00

0.00

9.52

8.22

3.37

0.00

02/2014 HACH 10242

01/2013 HACH 10206

SM 2000 4500-H+ B

SM 1997 2540 D

SM 9222 D 1997

SM 2001 5210 B

SM 1997 4500-N

EPA 365.3

	: DIXIELAND UTILITY LLC L No. : 1698 / 4811-WR-4 001	Sample Date : 04/13/18 Sample Time : 1215 Sample Type : GRAB DIXIELA Sample From : DOSE TANK EF	Delive: ND Work O:	ed By: JCB cy By : JCB rder : se Order :	
Analysis	Labo	ratory Analysis		Quality A Precision	Assurance Accuracy
<u>Date Time By</u> 04/13 1145 TSB	Parameter	<u>Result</u> <u>Notes</u> <u>Quantity</u> 42.7 mg/L	<u>Method</u> SM 1997 4500-NH3 F	% RPD	<u>% Recovery</u> 103.0 *

42.8 mg/L

7.3 S.U.

6.6 mg/L

16.0 mg/L

25.1 mg/L

2.8 mg/L

45.5 mg/L

1 each

7000 /100ml

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

Invironmental Services Co., Inc.

	Environmental Serv Northwest 1107 Centur Springdale, Arka website: www.eso	Arkansas ny Street ansas 72762							Corp	Car	ice, L 501-2 sbad, 575-8	21-2 , Nev	2565 / Mex		insas	;	
F	Phone: 479-750-1170	Fax: 479-750-1172		Cł	IAIN C	of cus	STO	ŊΥ									-
	(Client Information				Pro	oject Inf	ormation			F	Req	leste	ed Pa	rame	eters	>
d	Company Name:	Dixieland Utility LL	C.		Permit/Pro	oject#:									1		
ļ	ddress:	3302 N. Dixieland			Purchase	Order #:								5			I
	-	Rogers AR		, =	1				1		1			2.5			ł
h	elephone:	(479)936-0333	(Cell)		Sampler N	lame(s):	Joh	n Bl	Ø			5 A		N N			ł
4	Telephone:		<u></u>					h. It	no se		1	ž	ਜ਼				
-					and Signa	turo/c\·		ayaqat y		<u> </u>		ЪЧ	ž				l
F	SC Client Number:	1698				uie(3).						Z	중	(/U), 155(28),F Coliform(43)			
ŀ	Sample Iden	ومرود المتحدث والمحد ومناهلة المتحديدين المركب	I	Sampla	Collection		1	Somple	Container	······	ଳ	52	9	2 3	;		
ŀ	Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	The second s	the second s	pH(23)	Phos(25), NH ₃ -N(15.A)	s-TKN(16.C)N+N(91)	usub(//u), 155(28),PAN(99.99) Feral Coliform(43)			
F	ويهويه الأوالي المترجد المراجع الأراجع والأ	1804020153	4/13/18	RID				T		and the second secon			5	거표	` `	┝╾┾	,0
ŀ	Dose Tank/Effluent	TOUNDIDE	4/13/18	- BUD-	GRAB	Water	teflon	150 ml	none		×			-+-	+		
-					GRAB	Water	Plastic	8 oz	H₂SO₄,pH<			×	<u>×</u>			┢─┤	
-	<u></u>				GRAB	Water	Plastic	1 qt	none/ice					×	<u> </u>	┟──┧	<u> </u>
⊢		~			GRAB	Water	Whiripak	300ml	NaS2O4	1				_ ×		╄╌┥	<u> </u>
	<u> </u>							 					-+		_		<u> </u>
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Re	Inquished By: (Signature and Printed	Name) Budg	4 13/18	1255	Received By; (S)	gnature and Printed	i Name)		Date	Time	L	dy Sea	ils: 771				
Re	Inquished By Signature and Printed	Name)	Date	Time	Received By: (Si	anature and Printed	l Name)	<u></u>	Data	Time	Used? Tuma	round:			act?		L
	leader of the dollars and the set						1		<u>A</u>		Regul		\mathbf{x}		eclai		
r.e	Inquished By: (Signature and Printed	Name)	Data	Time	Received for Lab	By (Signature and		Inderwa	UBA	13BS		sampe Yes		erly pre	servea: No	—	I
C	mments:	······································	······	، بن بر برا میکرد. در		FLOW DA		Field Test		Analyst	Resu	it 1	Result		Unit	3 	
\vdash						Analyst: Time:		pH: Temp.:	1215	SCO	17	3	73	2 16			
	=					Reading:		DO:	<u>-</u>		1-20		<u>aa.</u> (-		<u> </u>	
						Units:		Debris:									
	ingeny yaratikin kirken yaratiki par	Cool all samples to 8 de	grees C,					Chlorinated	i? Yes N	0	This	Docu	men	is Pa	no T	of <u>1</u>	

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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: 1803020103 Customer Name : DIXIELAND UTILITY LLC Customer/Permit No. : 1698 / 4811-WR-4 00 Report Date : 03/19/18	Sample Date : 03/09/18 Sample Time : 1240 1 Sample Type : GRAB DIXIELAND Sample From : DOSE TANK EFFLU	Collected By: JCB Delivery By : JCB Work Order : Furchase Order :
Analysis <u>Date Time By</u> <u>Parameter</u> 03/09 1240 JCB pH 03/13 1027 VLP Phosphorous, Total (as P) 03/16 1102 AEU Solids, Total Suspended 03/09 1700 JCB Coliform, Fecal 03/09 1400 TSB BOD, Carbonaceous 03/09 1240 JCB Sample Collection/Travel	Laboratory Analysis <u>Result</u> <u>Notes</u> <u>Quantity</u> 7.2 S.U. 6.7 mg/L 17.7 mg/L 154 /100mL 10.7 mg/L 1 each	Method Quality Assurance Precision SM 2000 4500-H+ B 0.00 N/A EPA 365.3 4.08 103.5 SM 1997 2540 D 1.80 N/A SM 9222 D 1997 0.00 N/A SM 2001 5210 B 23.77 113.0

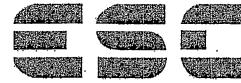
* QA data shown is from a different sample or standard on the same date.

Signature

Environmental Services Co., Inc.

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

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CHAIN OF CUSTODY

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

Carlsbad, New Mexico 575-887-1ESC

Phone: 479-750-1170	Fax: 479-750-1172		U	HAIN C		2101	זכ	•									
	Client Information				Pr	oject Inf	ormation				F	Requ	ues	ted	Para	ame	ters
Company Name:	Dixieland Utility LL	<u>C.</u>		Permit/Pro	ject#:	<u></u>							1				
Address:	3302 N. Dixieland			Purchase	Order #:						•						
	Rogers AR																
Telephone:	(479)936-0333	(Cell)		Sampler N	ame(s):	John	n Bred						1				
Telephone:]		Jetn	1 Bysd 1 Byse	1					<u>@</u>	<u>(</u>			
				and Signat	ure(s):		/						22(2	m(4			
ESC Client Number:	1698		•	1 -	.,							6	CBOD(70), TSS(28)	Coliform(43)			
Sample Ide	entification		Sample	Collection			Sample (Containers	a de la companya de l		53)	Phos(25)	6	U Te			-
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preservat	ive	#	pH(23)	Ĕ	8	Fecal			
Dose Tank/Effluent	1803020103	3/9/18	1240	GRAB	Water	tefion	150 ml	none		1	x	· ·					
			l r	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pH<2	2	1		x					
				GRAB	Water	Plastic	1 qt	none/ice		1			x				
		F		GRAB	Water	Whiripak	300ml	NaS2O4		1				x			
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Relinquished By: (Signature and Prin	ted Name)	Date	1400 Time	Received By: (Sig	mature and Printed	i Neme)	·,	Oate	ារិកទ	. 1		round:				L	
Relinquished By: (Signature and Prin	ind Alamol	Date		Pagestrait for the	Signalure and	7			17.000		egul	ar i	ХЛ	nortu	Spec prese		
ani idalanan py. Jorgitaini a sha Filit	en vana)	Late	(IIII a	recorvences cab	- Un	ilei U	Dower	BIG/18	MÔ	Ľ		Yes	<u>~</u>	heily		Veq.	
Comments:					FLOW D/	ATA	Field Test		Analys		lesu		Resu			Units	
					Analyst: Time:		pH: Temp.:	1240	Jef	2₽	7.1 19.	춝十	7. M.	ਡ	6) -		٩F
		··· , · · · · · · · · ·			Reading:		DO:			-+	111	-+	<u>, (6</u>	-	<u> </u>		
					Units:		Debris:										
	Cool all samples to 6 de	egrees C.					Chlorinated	? Yes No		1	his	Doc	Ime	nt is	Page	J.	of _

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: 18020 Customer Name : DIXIE Customer/Permit No. : Report Date : 02/19/1	LAND UTILITY LLC 1698 / 4811-WR-4 001			Deliver Work Or	ed By: AEU y By : AEU der : ae Order :	
Analysis	Laborat	cory Analysis	a, <u>-</u> 18 - 94 - 48 - 97 - 7 - 6 - 97 - 7 - 6 - 97 - 7 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		<u>Quality</u> Precision	Assurance Accuracy
Date Time By	Parameter	Result Notes	Quantity	Method	<u> </u>	& Recovery

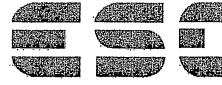
02/09 1415 AEU	pH	7.3 S.U.	SM 2000 4500-H+ B	0.00	N/A *
02/12 1200 TSB	Phosphorous, Total (as P)	5.8 mg/L	EPA 365.3	1.60	103.3 *
02/16 1400 AEU	Solids, Total Suspended	27.9 mg/L	SM 1997 2540 D	1.77	N/A *
02/0 9 1700 JCB	Coliform, Fecal	470 /100ml	SM 9222 D 1997	36.36	N/A *
02/09 1400 TSB	BOD, Carbonaceous	12.6 mg/L	SM 2001 5210 B	14.60	113.0 *

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

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

CHAIN OF CUSTODY Phone: 479-750-1170 Fax: 479-750-1172 **Client Information Project Information Requested Parameters** Permit/Project #: Company Name: Dixieland Utility LLC. Address: Purchase Order #: 3302 N. Dixieland **Rogers AR** Amber Unbruget (Cell) Sampler Name(s): Telephone: (479)936-0333 Telephone: CBOD(70), TSS(28) Fecal Coliform(43) and Signature(s): ESC Client Number: 1698 Phos(25) pH(23) Sample Identification Sample Collection Sample Containers # Identification ESC Control # Date Volume Preservative Time Туре Matrix Type RADADAN Jalix HIN Dose Tank/Effluent х GRAB Water teflon 150 ml none 1 GRAB Plastic H-SO4 pH<2 х Water 8 oz 1 . GRAB Plastic none/ice х Water 1 qt 1 NaS2O4 GRAB Whirlpak 300ml х Water . 1 (Signature and Printed Name) Received By: (Signature and Printed Name) Date Time Custody Seals:\ 143 JA/18 morin Used? π intact? Relinquished By: (Signature and Prinled Name Received By: (Signature and Printed Name) Dale Time Turnaround:/ Dal Time X Regular Special Received for Lab Sy: (Signature and Printed Name) 2918 1445 Were samples properly preserved: Relinquisted By: (Signature and Printed Name) Date Time X Yes No FLOW DATA Field Test Analyst Result Units Time Result Comments: pH: AEL X 7.3 Analyst: 1415 7.3 ರ Time: Temp.: 18.10 18.0 DO: Reading: Debris: Units: Chlorinated? Yes This Document is Par-Cool all samples to 6 degrees C. No) of a

G:\WP-JDOC\FORMS\CHAIN.XLS

Date Time By Parameter Result Notes Quantity Method % RPD % 01/12 1100 TSB Ammonia Nitrogen 38.8 mg/L SM 1997 4500-NH3 F 0.00 01/30 0830 TSB Total Kjeldahl Nitrogen 39.2 mg/L 02/2014 HACH 10242 7.14 01/12 1250 JCB pH 7.5 S.U. SM 2000 4500-H+ B 0.00	13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221	1-1341 Te	1107 Century Av Springdale, AR 1. (479)750-1170 Fax	venue 72762	'2
Analysis Parameter Result Notes Quantity Method % RPD % Date Time By Parameter Result Notes Quantity Method % RPD % 01/12 1100 TSB Ammonia Nitrogen 38.8 mg/L SM 1997 4500-NH3 F 0.00 01/30 0830 TSB Total Kjeldahl Nitrogen 39.2 mg/L 02/2014 HACH 10242 7.14 01/12 1250 JCB pH 7.5 S.U. SM 2000 4500-H+ B 0.00	Customer Name : DIXIELAND UTILITY LLC Customer/Permit No. : 1698 / 4811-WR-4 001	Sample Time : 1250 Sample Type : GRAB DIXIELAND	Deliver Work Or	ry By : JCB rder :	
01/19 1200 AED Filospholous, 101al (as F) 5.7 mg/L IFA 365.3 0.00 01/17 1633 AEU Solids, Total Suspended 14.0 mg/L SM 1997 2540 D 1.53 01/12 1730 JCB Coliform, Fecal 28 /100ml SM 9222 D 1997 13.15 01/12 1400 TSB BOD, Carbonaceous < 2.0 mg/L SM 2001 5210 B 5.99 01/15 1500 TSB Nitrate + Nitrite 3.3 mg/L 01/2013 HACH 10206 0.00 01/31 1030 TSB Nitrogen, Plant Available 42.2 mg/L SM 1997 4500-N 0.00	AnalysisParameterDateTimeByParameter01/121100TSBAmmonia Nitrogen01/300830TSBTotal Kjeldahl Nitrogen01/121250JCBpH01/191200AEUPhosphorous, Total (as P)01/171633AEUSolids, Total Suspended01/121730JCBColiform, Fecal01/121400TSBBOD, Carbonaceous01/151500TSBNitrate + Nitrite	Result Notes Ouantity 38.8 mg/L 39.2 mg/L 39.2 mg/L 7.5 S.U. 5.7 mg/L 14.0 mg/L 14.0 mg/L 28 /100ml < 2.0 mg/L 3.3 mg/L	SM 1997 4500-NH3 F 02/2014 HACH 10242 SM 2000 4500-H+ B EPA 365.3 SM 1997 2540 D SM 9222 D 1997 SM 2001 5210 B 01/2013 HACH 10206	Precision <u>* RPD</u> 0.00 7.14 0.00 0.00 1.53 13.15 5.99	Assurance Accuracy <u>% Recoven</u> 102.7 99.2 N/A 95.0 N/A N/A 114.0 101.6

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Environmental Services Company, Inc.

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

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Corporate Office

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.

Northwest Arkansas Branch

Accuracy

% Recovery

102.7 *

99.2 *

N/A *

95.0'*

N/A *

N/A *

114.0 *

101.6 *

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



CHAIN OF CUSTODY

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

> Carlsbad, New Mexico 575-887-1ESC

> > { }

Phone: 479-750-1170	Fax: 479-750-1172		UI UI															
	Client Information				Pr	oject Inf	ormation				F	Requ	lest	ed	Para	ame	eters	
Company Name:	Dixieland Utility LL	C.		Permit/Pro	oject #:						Τ							
Address:	3302 N. Dixieland			Purchase	Order #:										1			
······	Rogers AR			1				4						1				
Telephone:	(479)936-0333	(Cell)		Sampler N	lame(s).	The	he Br	nd				~		•				
Telephone:	(470)000 0000	(00#/			ame(a).					-			_	-				
relephone.			·····			<i>p</i> _u	nd life	PGT	<u> </u>				23	(43	l Ì			
	-			and Signa	ture(s):							- []	۲ <u>۲</u>	Lo	1			
ESC Client Number:	1698		فندائذ بمستجربات									52	CBOD(70), TSS(28)	Fecal Coliform(43)				
Sample Ider	ntification		Sample	Collection	الانتفادية ويرجون واخترارها		Sample	Containers	3		pH(23)	Phos(25)	ğ	ы ы		-		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	Ŧ	ā.	8	Fe				
Dose Tank/Effluent	1801020145	172/18	1250	GRAB	Water	teflon	150 ml	none		1	x							
	1			GRAB	Water '	Plastic	8 oz	H₂SO₄,pH<	:2	1		x						
				GRAB	Water	Plastic	1 qt	none/ice		1			x			\neg		
	1		<u>.</u>	GRA8	Water	Whirlpak		NaS2O4		1	-+	-		x		-		
				01010	VValei	TAINibar	Joona	1420204			-+			-	 †			
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Relinquished By: (Signature and Printed		Date 1/12/18	1340	Received By: (Si	gnature and Printed	i Name)		Date	វីវិភាទ		Justod Jaed?	iy Seal	17		intect	 1 cu		
Seinquished By: Signature and Printed	Sohn Byord	///c//////////////////////////////////	Tima	Received By: (Sk	gnature and Printed	1 Name)		Date	Time			ound:	4		mac			
				$\frac{1}{2}$	<u>. </u>						leguia		X		Spec			
Relinquished By: (Signature and Printed	i Name)	. Date	Time	Received for App	ev: (Signalure and			H2-18	团	bľ		samplé res	s pro	perly		rved: No		
Comments:			Q		FLOW D	ATA	Field Test	Time	Analys		Resul		a lesul	t.		Units		-
· · · · · · · · · · · · · · · · · · ·				····	Analyst:		pH:	1250	TC	31	4,0	51	4	<u>n</u>	$\overline{\frown}$	Ngabini Ngabin		
					Time:		Temp.:	- And		1	15.	71-	16	Ń	<u>;c/</u>		"F	-
	· · · · · · · · · · · · · · · · · · ·				Reading: Units:		DO: Debris:			-+		-+-						-
ويبهر معارية بمنته والتكريم متعجب بالمحمد	Cool all samples to 6 de	aroon C			onita.		Chlorinated	? Yes N		-	'hie l	Docu	mor	+ 10	Page	T	of _/	
	COUL AIL SAMPLES TO D DE	giees G.	كالأخريك الإغراق	ير بالايرند بي أكار الم	•		Chiormateo	r 165 IV			182	1000	1118(11.13	aye		~	-

GIWPS. STORMSICHAIN.XLS

Bub's, Inc. P.O. Box 746 Tontitown; AR 72770

¥ . ~ \$



Date	Invoice #
12/4/2018	132166

Bill To

Tom Bartlett 8533 Apple Glen Rd. Rogers, Ar. 72756

			P.O. No.	Terms
				Net 15
Quantity	Description		Rate	Amount
1	Vacuum Truck Service		290.00	290.00
and a second second second	Labor		240.00	240.00
	Sales Tax		0.00%	0.00
	,			
			· · · ·	
		,		
	-			
Thank you for you	r business		Total	\$530.00

Phone #	Fax #	E-mail
479-361-2333	479-361-2294	bubsinc@gmail.com

Bub's, Inc. P.O. Box 746 Tontitown, AR 72770

Date	Invoice #
9/10/2018	6224
p, t, elk	n

Bill To

Tom Bartlett 8533 Apple Glen Rd. Rogers, Ar. 72756

		P.O. No.	Terms
			Net 15
Quantity	Description	Rate	Amount
2	Vacuum Truck Service	290.00	
	Sales Tax	0.00%	0.00
		_	
Thank you for you	r business	Total	\$580.00

Phone #	Fax #	E-mail
479-361-2333	479-361-2294	bubsinc@gmail.com

BBB SEPTIC & PORTABLE TOILET SERVICE P.O. BOX 1271 BENTONVILLE, AR 72712 (479)271-0058 office@bbbseptic.com bbbseptic.com

BILL TO	SHIP TO STATE STATE STATE
GREENFIELD CAPITAL VILLAGE	GREENFIELD CAPITAL VILLAGE
ACROSS CREEKS	ACROSS CREEKS
8533 APPLE GLEN	3302 DIXIELAND ROAD
ROGERS, AR 72756	ROGERS, AR 72756
e en	

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS ENCLOSED	/
111566	05/23/2018	\$360.00	06/01/2018	Due on receipt	innerski stanovana na na osobila stanovana prež

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
05/23/2018	SERVICE	SERVICE CALL; Re-plumbed duplex pumps to headworks unit.	1	85.00	85.00
05/23/2018	LABOR	LABOR PER HOUR	3	85.00	255.00
05/23/2018	PARTS	PVC glue and primer	1	20.00	20.00
WE ARE NEV	ER TOO BUSY FOR YOU	R REFERRALS!!! BAL	ANCE DUE	an partar na tapata anazarne kononzeronan eta	\$360.00

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Invoice

BUB'S, IN P.O. BOX 746 TONTITOWN, AR 72770 (479) 361-2333 NAME DATE 12-4-18 TOm Barrictt Apartments 1:5+ Station Kogers AR CASH SOLD BY C.O.D. CHARGE ON ACCT. MDSE. RET'D Josh × DESCRIPTION QTY. AMOUNT 1 Plumped 4000 sal Septic 290.0d Time: n 9:29 Time out 11:29 240.00 TAX RECEIVED BY TOTAL \$ 530.00 THANK YOU 132166 returned goods MUST be accompanied by this bill.

BUES MC. PO BOX 746 TONTITOWN, AR 72770 479-361-2333 NAME DATE 9-10-18 Ractlett ADDRESS PHONE Kogers AR SOLD B C.O.D. CHARGE ON ACCT. MDSE. RET'D DESCRIPTION QTY. AMOUNT plum and 10,000 and Sective \$ 290 x 2 2 Time: 1 9:00 meant 10:00 Timein 11:30 Time out 12:30 TAX RECEIVED BY TOTAL \$580.00 6224 THANK YOU All claims and returned goods MUST be accompanied by this bill.

BUB'S INC PO BOX 746 TONTITOWN, AR 72770 479-361-2333 NAME DATE 9-11-18 10m $K \sim$ ADDRESS PHONE Rosers AR SOLD BY C.O.D. ON ACCT. CASH CHARGE MOSE, RET'D Just OT A TIO) AMOUNT DESC 2 Pumped 290X2 12,000 gal 500/2 9:00 iner 9:58 Time in 11:30 Timeout 12:30 TAX RECEIVED BY TOTAL 580,00 6226 THANK YOU All claims and returned goods MUST be accompanied by this bill.

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