



**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      PERMIT # 4811-WR-4  
Inspection Report      Dated 1/22/2021

### **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 3<sup>rd</sup> 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

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.

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.

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 permittee 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 3<sup>rd</sup> 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 based off the Max Day Flow, this is a calculation based on the 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

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

Regards



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
1-Jan-18	5793555-9,648	9043184-8,711	3006960	18,599
2-Jan-18	5803403-9,045	9051895-9555	3006960	18,500
3-Jan-18	5812448-9,152	9061450-7390	3006960	16,542
4-Jan-18	5821600-8,067	9068840-8590	3006960	16,657
5-Jan-18	5829667-9,398	9077430-8783	3006960	17,681
6-Jan-18	5839065-8,444	9086213-8,019	3006960-0	
7-Jan-18	5847509-10,322	9094228-8,052	3006960-643	
★ 8-Jan-18	5857832-7807	9102280-6510	3007603-12,766	27,043
9-Jan-18	5865639-8,404	9108790-5,981	3020369-12,238	
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	9129652-3,901	3061707-7,059	
14-Jan-18	5896236-5,157	9138553-3646	3068766-7,727	
15-Jan-18	5901393-8,143	9137199-7,222	3076493-0	
16-Jan-18	5910536-10,234	9144421-8,226	3076493-0	
17-Jan-18	5920770-10,280	9152647-7379	3076493-0	
18-Jan-18	5931050-10,109	9160026-6662	3076493-0	
19-Jan-18	5941159-7,522	9166688-6,042	3076493-10,890	
20-Jan-18	5948681-6,903	9172730-5,420	3087383-9,229	
21-Jan-18	5955584-6,066	9178158-5,080	3096612-9,378	
22-Jan-18	5961650-6,481	9183230-4,642	3105990-8,920	
23-Jan-18	5968131-6,187	9187872-4,790	3114910-8,433	
24-Jan-18	5974318-5,933	9192652-4,978	3123343-8,186	
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	3153584-10,031	
29-Jan-18	5989490-7,214	9226287-8,416	3163615-3,904	
30-Jan-18	5996410-9147	9234703-6,744	3167519-41	
31-Jan-18	6005557-8312	9241447-6,902	3167560-80	
1-Feb-18	6013869-9787	9248349-7858	3167640-0	
2-Feb-18	6023656-9604	9255405-7878	3167640-0	
3-Feb-18	6033260-8205	9263283-7018	3167640-0	
4-Feb-18	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	6086137 - 8340	9303115 - 7934	3202820 - 1208	
11-Feb-18	6094477 - 9853	9311649 - 7102	3204028 - 2072	
12-Feb-18	6104330 - 11773	9318151 - 8551	3206100 - 0	
13-Feb-18	6116433 - 10,503	9326702 - 7912	3206100 - 0	
14-Feb-18	6126936 - 9,156	9334615 - 6947	3206100 - 0	
15-Feb-18	6136095 - 8303	9341562 - 6072	3206100 - 0	
16-Feb-18	6144398 - 11,073	9347634 - 6888	3206100 - 0	
17-Feb-18	6155471 - 10,240	9354522 - 7543	3206100 - 0	
18-Feb-18	6165711 - 9,399	9362065 - 8607	3206100 - 0	
19-Feb-18	6175110 - 10,335	9370675 - 8548	3206100 - 0	
20-Feb-18	6185445 - 10,735	9379223 - 8217	3206100 - 0	
21-Feb-18	6196180 - 9813	9387440 - 8961	3206100 - 0	
22-Feb-18	6205993 - 9141	9396001 - 10609	3206100 - 0	
23-Feb-18	6215134 - 8892	9406610 - 9210	3206100 - 0	
24-Feb-18	6224026 - 8254	9415820 - 8763	3206100 - 0	
25-Feb-18	6232280 - 7967	9424583 - 8,009	3206100 - 0	
26-Feb-18	6240247 - 7903	9432592 - 8348	3206100 - 0	
27-Feb-18	6248150 - 8582	9440940 - 9554	3206500 - 0	
28-Feb-18	6256732 - 8273	9449494 - 8019	3206500 - 0	
1-Mar-18	6265005 - 8248	9457513 - 8152	3206500 - 0	
2-Mar-18	6273253 - 7138	9465665 - 6784	3206500 - 9822	
3-Mar-18	6280391 - 6530	9472449 - 6215	3216322 - 9537	
4-Mar-18	6286921 - 5872	9478664 - 6063	3225859 - 9207	
5-Mar-18	6292793 - 5211	9484727 - 4976	3235066 - 8050	
6-Mar-18	6298004 - 5381	9489703 - 5122	3243116 - 7041	
7-Mar-18	6303385 - 5991	9494825 - 4654	3250967 - 7218	
8-Mar-18	6309373 - 5480	9499479 - 4737	3258180 - 6975	
9-Mar-18	6314853 - 5987	9504216 - 5138	3265155 - 7583	
10-Mar-18	6320840 - 6248	9509354 - 5762	3272738 - 7008	
11-Mar-18	6327124 - 7766	9515116 - 7004	3279746 - 6804	
12-Mar-18	6334890 - 8724	9522120 - 9056	3286590 - 0	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
13-Mar-18	6343614 - 9886	9831176 - 7834	3286550	
14-Mar-18	6353500 - 9083	9539010 - 8647	3286550	
15-Mar-18	6361583 - 9847	9547657 - 7893	3286550	
16-Mar-18	6370430 - 11588	9555550 - 10861	3286550	22389
17-Mar-18	6382018 - 9058	9566351 - 7062	3286550 - 0	
18-Mar-18	6390079 - 10031	9573413 - 8121	3286550 - 0	
19-Mar-18	6400106 - 9748	9581534 - 8659	3286550 - 0	
20-Mar-18	6409854 - 9063	9590193 - 8077	3286550 - 0	
21-Mar-18	6418917 - 9143	9598270 - 7480	3286550 - 0	
22-Mar-18	6428060 - 9182	9605750 - 7163	3286550 - 0	
23-Mar-18	6437242 - 9551	9613513 - 8089	3286550 - 0	
24-Mar-18	6446793 - 9073	9621602 - 8376	3286550 - 0	
25-Mar-18	6455866 - 9244	9629978 - 8942	3286550 - 0	
26-Mar-18	6465110 - 10596	9638920 - 9405	3286550 - 0	
27-Mar-18	6475706 - 10089	9648325 - 8722	3286550 - 0	
28-Mar-18	6485795 - 9805	9657047 - 9983	3286550 - 0	
29-Mar-18	6495600 - 7510	9665030 - 6510	3286550 - 0	
30-Mar-18	6503110 - 9239	9671540 - 7289	3286550 - 3578	
31-Mar-18	6511349 - 9666	9678829 - 8566	3290128 - 3016	
1-Apr-18	6521015 - 9969	9687395 - 9856	3293144 - 3238	
2-Apr-18	6530984 - 6948	9697251 - 5888	3296362 - 2987	
3-Apr-18	6537932 - 6008	9706139 - 5210	3299369 - 3699	
4-Apr-18	6543940 - 5959	9708349 - 4144	3303068 - 2798	
5-Apr-18	6549899 - 9095	9712493 - 7707	3305884 - 72	
6-Apr-18	6558994 - 9128	9720200 - 8459	3308956 - 0	
7-Apr-18	6668122 - 9633	9728659 - 8008	3305956 - 0	
8-Apr-18	6677755 - 9945	9736667 - 7713	3305956 - 214	
9-Apr-18	6587700 - 9571	9744380 - 8804	3306170 - 0	
10-Apr-18	6597271 - 10788	9753184 - 9924	3306170 - 0	
11-Apr-18	6608059 - 5843	9763108 - 4776	3306170 - 6205	
12-Apr-18	6618902 - 4328	9767884 - 3496	3312375 - 5265	
13-Apr-18	6618230 - 6894	9771380 - 6229	3317630 - 901	
14-Apr-18	6625124 - 4709	9777609 - 5081	3323431 - 8190	
15-Apr-18	6649833 - 4127	9782690 - 6030	3333621 - 8749	
16-Apr-18	6633960 - 14106	9788720 - 7180	3342370 - 0	21,286
17-Apr-18	6648066 - 9045	9795900 - 7905	3342370 - 0	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
18-Apr-18	6657111 - 10809	9803405 - 92888	3342370 - 0	
19-Apr-18	6687920 - 11925	9812693 - 10137	3342370 - 0	
20-Apr-18	6679845 - 9155	9822830 - 8204	3342370 - 0	
21-Apr-18	6689060 - 8603	9831034 - 7557	3342370 - 0	
22-Apr-18	6697603 - 8217	9838591 - 7837	3342370 - 0	
23-Apr-18	6706820 - 9276	9846428 - 8808	3342370 - 0	
24-Apr-18	6715096 - 10304	9855236 - 7663	3342370 - 0	
25-Apr-18	6725406 - 9643	9862899 - 8222	3342370 - 0	
26-Apr-18	6735043 - 10491	9871121 - 8499	3342370 - 0	
27-Apr-18	6745494 - 10871	9879620 - 8915	3342370 - 0	
28-Apr-18	6756365 - 9989	9888535 - 8328	3342370 - 0	
29-Apr-18	6766354 - 10436	9896863 - 8877	3342370 - 0	
30-Apr-18	6776790 - 9712	9905440 - 8392	3342370 - 0	
1-May-18	6786502 - 9118	9913832 - 7944	3342370 - 0	
2-May-18	6795620 - 9486	9921776 - 8209	3342370 - 0	
3-May-18	6805106 - 9490	9929985 - 8151	3342370 - 0	
4-May-18	6814956 - 7484	9938136 - 5448	3342370 - 7561	
5-May-18	6822440 - 6636	9943584 - 5762	3349931 - 8102	
6-May-18	6829076 - 6724	9949346 - 6260	3358033 - 7549	
7-May-18	6835800 - 6087	9955606 - 5119	3365582 - 6238	
8-May-18	6841887 - 5276	9960725 - 4798	3371820 - 7107	
9-May-18	6847163 - 5859	9965523 - 4347	3378927 - 6472	
10-May-18	6853022 - 6321	9969810 - 5058	3385399 - 6833	
11-May-18	6859343 - 6585	9974928 - 5441	3392232 - 7208	
12-May-18	6865928 - 6141	9980369 - 4986	3399440 - 6686	
13-May-18	6872069 - 6718	9985355 - 5383	3406126 - 6974	
14-May-18	6878787 - 8993	9990738 - 7258	3413100 - 0	
15-May-18	6887780 - 9132	9997996 - 6744	3413100 - 0	
16-May-18	6896912 - 2643	0004740 - 8127	3413100 - 7728	
17-May-18	6899555 - 7189	0012867 - 1896	3420828 - 9699	
18-May-18	6906744 - 8953	0014763 - 0	3430527 - 10682	
19-May-18	6915697 - 9286	0014763 - 7	3440609 - 10418	
20-May-18	6924983 - 10187	0014770 - 0	3451027 - 10613	
21-May-18	6935170 - 11461	0014770 - 0	3461640 - 11026	22,427
22-May-18	6946671 - 7812	0014770 - 130	3472666 - 9,055	
23-May-18	6954383 - 7417	0014900 - 0	3481721 - 7119	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
24-May-18	6961806 - 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 - 8073	3498070 - 0	
28-May-18	7003635 - 11610	0042432 - 7908	3498070 - 0	
29-May-18	<del>7015245</del> - 11358	20050346 - 9054	3498070 - 0	
30-May-18	<del>7026663</del> - 10876	0059394 - 8377	3498070 - 0	
31-May-18	7037479 - 10591	0067771 - 8379	3498070 - 0	
1-Jun-18	7048070 - 11,054	20076150 - 7838	3498070 - 0	
2-Jun-18	7059124 - 10,633	0082988 - 8201	3498070 - 0	
3-Jun-18	7069757 - 10846	0092189 - 8513	3498070 - 80	
4-Jun-18	7080603 - 3367	0100702 - 9464	3498150 - 9750	
5-Jun-18	7083970 - 4930	0110166 - 6107	2507900 - 8832	
6-Jun-18	<del>7088900</del> - 4301	<del>0116273</del> - 6547	<del>3516732</del> - 7913	
7-Jun-18	<del>7093201</del> - 576	<del>0122320</del> - 4307	3524645 - 5502	15,578
8-Jun-18	7098976 - 11888	0127127 - 7661	3530147 - 1044	
9-Jun-18	7110858 - 11502	0134788 - 8493	3531191 - 0	
10-Jun-18	7122360 - 11191	0143281 - 7967	3531191 - 0	
11-Jun-18	7133551 - 10588	0151218 - 8111	3531191 - 0	
12-Jun-18	7144139 - 11004	0159329 - 7566	3531191 - 0	
13-Jun-18	7155143 - 10999	0166895 - 8043	3531191 - 0	
14-Jun-18	7166142 - 10590	0174938 - 7544	3531191 - 029	
15-Jun-18	7176732 - 12501	0182482 - 8344	3531220 - 0	
16-Jun-18	7189233 - 12307	0190826 - 9123	3531220 - 0	
17-Jun-18	7201540 - 11984	<del>0199449</del> - 9089	3531220 - 0	
18-Jun-18	7213524 - 11621	20208588 - 8317	3531220 - 0	
19-Jun-18	7225145 - 10125	20216905 - 7505	3531220 - 80	
20-Jun-18	7235270 - 10430	<del>20224800</del> - 7394	3531260 - 0	
21-Jun-18	7245700 - 14,068	20231804 - 6962	3531260 - 3230	24,260
22-Jun-18	7259768 - 8437	20238766 - 7239	3534490 - 0	
23-Jun-18	7268205 - 8965	20246005 - 7940	3534490 - 0	
24-Jun-18	7286170 - 7922	20253945 - 7332	3534490 - 0	
25-Jun-18	7294092 - 8846	20261277 - 7042	3534490 - 0	
26-Jun-18	7305016 - 7680	20268319 - 5163	3534490 - 280	13,843
27-Jun-18	7312696 - 12101	20273482 - 7881	3534770 - 120	
28-Jun-18	7324797 - 11694	20281363 - 8242	3534890 - 0	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
29-Jun-18	7336491-12,808	0289605-9117	3534890-0	
30-Jun-18	7349299-12,666	0298722-8723	3534890-194	
1-Jul-18	7361965-12,438	0307445-8644	3535086-0	
2-Jul-18	7374403-8023	0316089-8318	3535086-0	
3-Jul-18	7382426-14,298	0321407-9882	3535086-0	
4-Jul-18	7396724-13,706	0331289-9065	3535086-0	
5-Jul-18	7410430-7856	0340354-5105	3535086-0	
6-Jul-18	7418286-12,333	0345459-6829	3535086-0	
7-Jul-18	7430619-11,420	0352288-7573	3535086-0	
8-Jul-18	7442039-11,261	0359861-7940	3535086-0	
9-Jul-18	7453300-7808	0367801-5558	3535086-0	
10-Jul-18	7461108-7373	0373359-4694	3535086-0	
11-Jul-18	7468481-7651	0378053-4767	3535086-9348	21,766
12-Jul-18	7476132-6884	0382820-4352	3552439-8494	
13-Jul-18	7483016-7102	0387172-4549	3570281-8871	
14-Jul-18	7490118-7483	0391721-5174	3579152-8512	
15-Jul-18	7497601-7724	0396895-5071	3587664-8888	
16-Jul-18	7605325-10651	0401966-7468	3596552-0	
17-Jul-18	7515976-12888	0409434-8153	3596552-0	
18-Jul-18	7528864-13207	0417587-8395	3596552-193	
19-Jul-18	7542071-12669	0425982-7999	3596750-0	
20-Jul-18	7554680-9662	0433981-0	3596750-10838	
21-Jul-18	7564342-9076	0433981-0	3607588-10109	
22-Jul-18	7573418-9122	0433981-38	3617697-10613	
23-Jul-18	7582540-16,228	0434019-1	3628310-11,084	
24-Jul-18	7592768-9092	0434020-0	3639394-10,233	
25-Jul-18	7601860-8787	0434020-0	3649627-10870	
26-Jul-18	7610647-8239	0434020-5228	3660497-9,124	
27-Jul-18	7618886-7255	0439248-3921	3669621-7956	
28-Jul-18	7626241-7971	0443169-3511	3677577-8159	
29-Jul-18	7634112-7768	0446680-3727	3685736-7660	
30-Jul-18	7641880-11355	0450407-8086	3693396-244	
31-Jul-18	7653235-14279	0458493-10046	3693640-0	
1-Aug-18	7667514-11,831	0465539-8181	3693640-0	
2-Aug-18	7679345-9749	0476720-7325	3693640-0	
3-Aug-18	7689094-8824	0484045-5997	3693640-7848	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
4-Aug-18	7697618 - 7420	0490032 - 5176	3701488 - 8391	
5-Aug-18	7705038 - 8072	0495202 - 5769	3709879 - 8093	
6-Aug-18	7713110 - 8772	0500971 - 5663	3717972 - 7294	
7-Aug-18	7721882 - <del>8000</del> <sup>7108</sup>	0506633 - 4960	3725266 - 8308	
8-Aug-18	7728990 - 6819	0511113 - 5212	3733574 - 8019	
9-Aug-18	7735809 - 7239	516825 - 5349	3741593 - 7952	
10-Aug-18	7743048 - 7332	522174 - 4958	3749545 - 8161	
11-Aug-18	7750380 - 7009	516825 - 4209	3757706 - 7498	
12-Aug-18	7757389 - 7152	521034 - 15,450	3765204 - 7716	
13-Aug-18	7764541 - 14628	536484 - 9762	3772920 - 0	
14-Aug-18	7779169 - 14451	546246 - 10298	3772920 = 0	
15-Aug-18	7793260 - 11632	556544 - 7728	3772920 - 0	
16-Aug-18	7804892 - 10858	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	3772920 - 0	
20-Aug-18	7849950 - 10763	596071 - 8551	3772920 - 0	
21-Aug-18	7860713 - 11308	604622 - 7801	3772920 - 0	
22-Aug-18	7872021 - 11112	612423 - 8194	3772920 - 0	
23-Aug-18	7883133 - 11955	620617 - 8986	3772920 - 0	
24-Aug-18	7895088 - 11619	629603 - 8666	3772920 - 0	
25-Aug-18	7906707 - 11089	638269 - 8082	3772920 - 0	
26-Aug-18	7917796 - 11246	646351 - 8619	3772920 - 0	
27-Aug-18	7929042 - 15905	654970 - 10484	3772920 - 0	
28-Aug-18	7944947 - 16321	665454 - 11523	3772920 - 0	
29-Aug-18	7961268 - 15244	676977 - 11883	3772920 - 590	
30-Aug-18	7976512 - 8108	688860 - 7128	3773510 - 0	
31-Aug-18	7984620 - 8876	696988 - 5970	3773510 - 0	
1-Sep-18	7993496 - 7811	701958 - 6339	3773510 - 0	
2-Sep-18	8001207 - 8561	708297 - 6052	3773510 - 0	
3-Sep-18	8009768 - 9455	714349 6395	3773510 - 0	
4-Sep-18	8019223 - 15009	720744 - 12,323	3773510 - 0	
5-Sep-18	8034232 - 14608	733067 - 12,143	3773510 - 0	
6-Sep-18	8048740 - 10484	745210 - 6274	3773510 - 0	
7-Sep-18	8059234 - 10088	751484 - 5801	3773510 - 0	
8-Sep-18	8069322 - <del>8020</del> <sup>8078</sup>	757285 - 5725	3773510	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
9-Sep-18	8074160 - 4992	763010 - 5861	3773510 - 0	
10-Sep-18	8079152 - 3849	768871 - 2701	3773510 - 4378	
11-Sep-18	8082701 - 5309	771572 - 4202	3777888 - 5970	
12-Sep-18	8088010 - 5230	775774 - 3916	3783858 - 6302	
13-Sep-18	8093240 - 6481	779690 - 5384	3790160 - <del>9388</del>	
14-Sep-18	8099731 - 6822	785074 - 4892	3799548 - 8894	
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	8127930 - 12600	804723 - 8597	3834581 - 15389	
19-Sep-18	8140530 - 3949	813320 - 3288	3849970 - 4444	
20-Sep-18	8144479 - 3497	816608 - 2598	3854414 - 4141	
21-Sep-18	8147976 - 10,100	819206 - 7822	3858555 - 0	
22-Sep-18	8158078 - 9771	827028 - 7359	3858555 - 0	
23-Sep-18	8167847 - 9460	834387 - 7876	3858555 - 0	
24-Sep-18	8177307 - 14229	842263 - 12066	3858555 - 0	
25-Sep-18	8191536 - 6520	854329 - 5457	3858555 - 0	
26-Sep-18	8198056 - 9424	859786 - 7610	3858555 - 0	
27-Sep-18	8207480 - 10670	867596 - 8234	3858555 - 0	
28-Sep-18	8218150 - 11294	875830 - 9128	3858555 - 0	
29-Sep-18	8229444 - 10,708	884958 - 8454	3858555 - 0	
30-Sep-18	8240152 - 10463	893412 - 8374	3858555 - 0	
1-Oct-18	8250615 - 10758	901786 - 8464	3858555 - 0	
2-Oct-18	8261373 - 8044	910250 - 5901	3858555 - 5885	
3-Oct-18	8269417 - 7278	916151 - 5187	3864440 - 7203	
4-Oct-18	8276695 - 7763	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 - 6371	
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	976309 - <del>4058</del>	3936702 - <del>6000</del>	

7982

8147

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
15-Oct-18	8258847-12329	984291-9385	3944849	
16-Oct-18	8371176-10123	993676-7184	3944849	
17-Oct-18	8381299-9664	1000860-6584	3944849	
18-Oct-18	8390963-11423	1007444-7282	3944849	
19-Oct-18	8402386-10282	1014726-8465	3944849	
20-Oct-18	8412118-11291	1023121-7881	3944849	
21-Oct-18	8424009-10697	1031072-8189	3944849	
22-Oct-18	8434706-13644	1039261-10928	3944849	
23-Oct-18	8448350-9998	1050189-7029	3944849	
24-Oct-18	8458348-10284	1057218-6333	3944849	
25-Oct-18	8468632-9378	1063551-6939	3944849	
26-Oct-18	8478010-9351	1070490-8589	3944849	
27-Oct-18	8487361-8762	1079079-9277	3944849	
28-Oct-18	8496123-8726	1088356-9101	3944849	
29-Oct-18	8504851-8239	1097457-9888	3944849	
30-Oct-18	8513090-7776	1107345-10609	3944849	
31-Oct-18	8520866-7984	1117854-10098	3944849	
1-Nov-18	8528850-7772	1127952-10561	3944849-921	
2-Nov-18	8536625-5173	<del>1137513</del> 1137513-6450	3945770-8761	
3-Nov-18	8541798-4429	1144963-5876	3954531-7639	
4-Nov-18	8546227-4776	1150839-6341	3962170-7640	
5-Nov-18	8551003-5822	1157180-6661	3969810-6730	
6-Nov-18	8556825-4478	1163841-5945	3976540-5958	
7-Nov-18	8561303-5019	1169786-6307	3982498-6345	
8-Nov-18	8566322-5220	1176093-6018	3988843-6011	
9-Nov-18	8571642-4787	1182111-5983	3994864-6228	
10-Nov-18	8576429-5258	1188094-6824	4001082-6441	
11-Nov-18	<del>8581687</del> 8581687-6093	<del>1194916</del> 1194916-6252	<del>4007523</del> 4007523-7407	
12-Nov-18	8587780-8047	1201170-9190	4014930	
13-Nov-18	8595827-8730	1210360-11420	4014930	
14-Nov-18	8604557-8123	1221780-10699	4014930	
15-Nov-18	8612680-6877	1232379-9758	4014930	
16-Nov-18	8619557-7737	1242137-8943	4014930	
17-Nov-18	8627289-7318	1251080-9222	4014930	
18-Nov-18	8634667-7748	1260302-8957	4014930	
19-Nov-18	8642355-8388	1269259-9245	4014930	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
20-Nov-18	8650743 - 7832	1278504 - 9340	4014930	
21-Nov-18	8658575 - 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	
25-Nov-18	8689541 - 7099	1321715 - 6286	4014930	
26-Nov-18	8696640 - 4219	1328001 - 7130	4014930 - 9382	
27-Nov-18	8700859 - 4501	1335131 - 6676	4024312 - 8847	
28-Nov-18	8705360 - 3910	1341807 - 6982	4033159 - 9306	
29-Nov-18	8709270 - 9015	1348789 - 4178	4042475 - 5522	
30-Nov-18	8718285 - 6678	1352967 - 9458	4047997	
1-Dec-18	8724963 - 5980	1362425 - 8979	4047997	
2-Dec-18	8730943 - 6470	1371404 - 9246	4047997	
3-Dec-18	8737413 - 6709	1380650 - 8889	4047997	
4-Dec-18	8744122 - 7228	1389539 - 8573	4047997	
5-Dec-18	8751350 - 7092	1398112 - 9039	4047997	
6-Dec-18	8758442 - 4659	1407152 - 7272	4047997 - 7383	
7-Dec-18	8763061 - 5152	1414424 - 6608	4055380 - 6974	
8-Dec-18	8768153 - 4710	1421032 - 6812	4062354 - 7038	
9-Dec-18	8772863 - 0	1427844 - 7338	4069392 - 6858	
10-Dec-18	8777683 - 5454	1434882 - 3620	4076250 - 8550	
11-Dec-18	8783137 - 5050	1438502 - 3233	4084800 - 8100	
12-Dec-18	8788187 - 6304	1441735 - 3302	4092906 - 9129	
13-Dec-18	8794491 - 5765	1445037 - 3763	4102029 - 8591	
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	
17-Dec-18	8817703 - 5861	1459729 - 8955	4136768	
18-Dec-18	8823564 - 5259	1468684 - 8424	4136768	
19-Dec-18	8828823 - 3397	1477168 - 9047	4136768	
20-Dec-18	8832220 - 3608	1486155 - 9345	4136768	
21-Dec-18	8835228 - 3993	1495500 - 8431	4136768	
22-Dec-18	8839221 - 3208	1503931 - 7860	4136768	
23-Dec-18	8842429 - 3566	151191 - 8298	4136768	
24-Dec-18	8845995 - 3394	152089 - 8043	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	
27-Dec-18	8859705-5712	1541110-5658	4136768-3198	
28-Dec-18	8865417-2815	1546768-4976	4139966-4302	
29-Dec-18	8868232-0	1551744-4419	4144268-3981	
30-Dec-18	8868232-0	1556163	4148249-4161	
31-Dec-18	8868232	1560860	4152410	



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations:	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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 Amps	Amps
What is the amperage of dosing pump 2?	4.81 Amps	Amps	5.06 Amps	Amps
What is the amperage of recycle pump?	4.30 Amps	Amps	4.58 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

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

Is the recycle siphon break weep hole operating as designed?  
 (If "no", clean weep hole)  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
- 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

# BIOCLERE FIELD REPORT

Date	2/5/2018		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	Ken Gregory		
Bioclere Model #(s)	36/30 X 2		

Reason For Site Visit:

- O & M       Commissioning  
 Testing       Other:

## (1) Odor

- 1) Is there odor around the site?  Yes     No
- 2) Where is the source of odor? Bioclere and Primary Settling Tank(s) Vents
- 3) If odor is present, check all that apply:  Mild     Medium     Strong  
 Musty     Septic

## (2) Sludge & Scum Depth Measurements

	Scum	Sludge		Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		
Primary Tank #1	3"	68"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	5"	75"	Effluent Tank	0	6"
Bioclere 1A			Other: _____		
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 doubt, put a small plastic bag around vent and allow to fill)*
- 3) Is the fan operating and in good condition...
- |                                  |   |                                  |   |
|----------------------------------|---|----------------------------------|---|
| for Bioclere 1A?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | for Bioclere 2A? (if applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| for Bioclere 1B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            | for Bioclere 2B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations:	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 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.

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

# BIOCLERE FIELD REPORT

Date

Client

Address

City  State

Inspector

Bioclere Model #(s)

Reason For Site Visit:

- O & M       Commissioning  
 Testing       Other:

## (1) Odor

1) Is there odor around the site?  Yes       No

2) Where is the source of odor?

3) If odor is present, check all that apply:  Mild       Medium       Strong  
 Musty       Septic

## (2) Sludge & Scum Depth Measurements

	Scum	Sludge		Scum	Sludge
Grease Trap	<input type="text"/>	<input type="text"/>	Bioclere 2A (if applicable)	<input type="text"/>	<input type="text"/>
Primary Tank #1	<input type="text" value="3"/>	<input type="text" value="60"/>	Bioclere 2B (if applicable)	<input type="text"/>	<input type="text"/>
Primary Tank #2 (if applicable)	<input type="text" value="2"/>	<input type="text" value="66"/>	Effluent Tank	<input type="text" value="0"/>	<input type="text" value="13"/>
Bioclere 1A	<input type="text"/>	<input type="text"/>	Other: _____	<input type="text"/>	<input type="text"/>
Bioclere 1B (if applicable)	<input type="text"/>	<input type="text"/>			

## (3) Bioclere Venting

1) Record the Bioclere fan model #(s):

2) Is air passing through the vent(s)?  Yes       No

*(if in doubt, put a small plastic bag around vent and allow to fill)*

3) Is the fan operating and in good condition...

- for Bioclere 1A?  Yes       No      for Bioclere 2A? (if applicable)  Yes       No  
 for Bioclere 1B? (if applicable)  Yes       No      for Bioclere 2B? (if applicable)  Yes       No

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations:	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 5	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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		5.35 Amps	
What is the amperage of dosing pump 2?	4.94 Amps		5.25 Amps	
What is the amperage of recycle pump?	4.46 Amps		4.30 Amps	
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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.

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

# BIOCLERE FIELD REPORT

Date	4/2/2018		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	Ken Gregory		
Bioclere Model #(s)	36/30 X 2		

**Reason For Site Visit:**

- O & M       Commissioning  
 Testing       Other:

## (1) Odor

1) Is there odor around the site?  Yes     No

2) Where is the source of odor? Bioclere and Primary Settling Tank(s) Vents

3) If odor is present, check all that apply:  Mild     Medium     Strong  
 Musty     Septic

## (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			Other: _____		
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 doubt, put a small plastic bag around vent and allow to fill)*

3) Is the fan operating and in good condition...

- |                                  |   |                                  |   |
|----------------------------------|---|----------------------------------|---|
| for Bioclere 1A?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | for Bioclere 2A? (if applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| for Bioclere 1B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            | for Bioclere 2B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations:	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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		5.06 Amps	
What is the amperage of dosing pump 2?	4.63 Amps		4.98 Amps	
What is the amperage of recycle pump?	4.19 Amps		4.11 Amps	
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 30 day period was 563,400 Gallons for an average daily flow of 18,780 Gallons per day, with a max daily flow of 21,286 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 Lift Station scum removed, and end sections for Settling tanks sludge removed.

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

# BIOCLERE FIELD REPORT

Date	5/4/2018		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	Ken Gregory		
Bioclere Model #(s)	36/30 X 2		

**Reason For Site Visit:**

- O & M       Commissioning  
 Testing       Other:

## (1) Odor

- 1) Is there odor around the site?  Yes     No
- 2) Where is the source of odor? Bioclere and Primary Settling Tank(s) Vents
- 3) If odor is present, check all that apply:  Mild     Medium     Strong  
 Musty     Septic

## (2) Sludge & Scum Depth Measurements

	Scum	Sludge		Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		
Primary Tank #1	5"	84"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	3"	72"	Effluent Tank	0	15"
Bioclere 1A			Other: _____		
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 doubt, put a small plastic bag around vent and allow to fill)*
- 3) Is the fan operating and in good condition...
- |                                  |   |                                  |   |
|----------------------------------|---|----------------------------------|---|
| for Bioclere 1A?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | for Bioclere 2A? (if applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| for Bioclere 1B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            | for Bioclere 2B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray
	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray
	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown
	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown
	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? (If not, consult AQUAPOINT, INC.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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	bad Amps	_____ Amps
What is the amperage of dosing pump 2?	4.54 Amps	_____ Amps	4.91 Amps	_____ Amps
What is the amperage of recycle pump?	4.08 Amps	_____ Amps	4.05 Amps	_____ Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 597,690 Gallons for an average daily flow of 19,280 Gallons per day, with a max daily flow of 22,427 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 Lift Station scum removed, and end sections for Settling tanks sludge removed.

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



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text"/> 2	<input type="text"/>	<input type="text"/> 2	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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		5.12 Amps	
What is the amperage of dosing pump 2?	4.59 Amps		4.93 Amps	
What is the amperage of recycle pump?	4.08 Amps		4.04 Amps	
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 538,687 Gallons for an average daily flow of 17,956 Gallons per day, with a max daily flow of 24,260 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



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray
	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray
	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown
	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown
	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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 Amps	Amps
What is the amperage of dosing pump 2?	4.58 Amps	Amps	4.89 Amps	Amps
What is the amperage of recycle pump?	4.18 Amps	Amps	4.17 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 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.

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

# BIOCLERE FIELD REPORT

Date	8/6/2018		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	Ken Gregory		
Bioclere Model #(s)	36/30 X 2		

**Reason For Site Visit:**

- O & M       Commissioning  
 Testing       Other:

**(1) Odor**

- 1) Is there odor around the site?     Yes     No
- 2) Where is the source of odor?    Bioclere and Primary Settling Tank(s) Vents
- 3) If odor is present, check all that apply:     Mild     Medium     Strong  
     Musty     Septic

**(2) Sludge & Scum Depth Measurements**

	Scum	Sludge		Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		
Primary Tank #1	8"	84"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	6"	74"	Effluent Tank	0	22"
Bioclere 1A			Other: _____		
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 doubt, put a small plastic bag around vent and allow to fill)*
- 3) Is the fan operating and in good condition...
- |   |  |
|---|--|
| for Bioclere 1A? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      | for Bioclere 2A? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| for Bioclere 1B? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No | for Bioclere 2B? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No            |
- (Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations: Effluent samples are taken from Pump Tank	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

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

Is the recycle siphon break weep hole operating as designed?  
 (If "no", clean weep hole)  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
- 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 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



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If process control test samples were taken, please provide the following information:	
Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>
pH	<input type="text"/>
Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>
DO (mg/l)	<input type="text"/>
NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>
Other:	<input type="text"/>
Sample Locations: <input type="text"/>	Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray
	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray
	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown
	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown
	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs off:

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

What is the amperage of dosing pump 1?	4.49 Amps		5.04 Amps	
What is the amperage of dosing pump 2?	4.56 Amps		5.12 Amps	
What is the amperage of recycle pump?	4.09 Amps		4.11 Amps	
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 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



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 30 day period was 572,074 Gallons for an average daily flow of 19,069 Gallons per day, with a max daily flow of 29,987 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.

We pulled 2 loads of sludge from each settling tank in the middle of September.

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

# BIOCLERE FIELD REPORT

Date	11/2/2018		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	Ken Gregory		
Bioclere Model #(s)	36/30 X 2		

**Reason For Site Visit:**

- O & M       Commissioning  
 Testing       Other:

## (1) Odor

- 1) Is there odor around the site?  Yes     No
- 2) Where is the source of odor? Bioclere and Primary Settling Tank(s) Vents
- 3) If odor is present, check all that apply:  Mild     Medium     Strong  
 Musty     Septic

## (2) Sludge & Scum Depth Measurements

	Scum	Sludge		Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		
Primary Tank #1	4"	62"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	2"	35"	Effluent Tank	0	23"
Bioclere 1A			Other: _____		
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 doubt, put a small plastic bag around vent and allow to fill)*
- 3) Is the fan operating and in good condition...
- |                                  |   |                                  |   |
|----------------------------------|---|----------------------------------|---|
| for Bioclere 1A?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | for Bioclere 2A? (if applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| for Bioclere 1B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            | for Bioclere 2B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations: Effluent samples are taken from Pump Tank	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 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.

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



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations: Effluent samples are taken from Pump Tank	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray
	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray
	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown
	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown
	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (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? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (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 on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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")
- 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 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.

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

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

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

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek
<b>FACILITY ADDRESS</b>
3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b>
4811-WR-4
<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
12/1/2018	12/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.462253	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.032547	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	9.2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	29.2	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	< 10	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	6.41	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l		
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	1/4/2019
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

Dec 2018 VILLAGES OF CROSS CREEK 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

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

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

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek
<b>FACILITY ADDRESS</b>
3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b>
4811-WR-4
<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>		
MM/DD/YYYY		MM/DD/YYYY
11/1/2018		11/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.498341	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, dally maximun	REPORT	0.020763	MGD	Dally	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	14.4	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	261	colonies/100ml		
pH	6.0 - 9.0	7.5	s.u.		
Total Phosphorus (TP)	REPORT	5.79	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Dally	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	12/3/2018
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

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

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

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

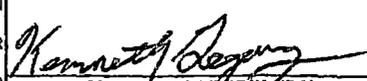
<b>FACILITY NAME (IF DIFFERENT)</b> Villages of Cross Creek
<b>FACILITY ADDRESS</b> 3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b> 4811-WR-4
<b>AFIN NO.</b> 04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY 10/1/2018	MM/DD/YYYY 10/31/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	11/6/2018
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

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

Zone Identification	GPD/sq 2
1	2,777
2	2,777
3	2,777
4	2,777
5	2,777
6	2,777
7	3,293
8	3,833
9	Not used
10	Combined with 8
11	3,244
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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

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

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek
<b>FACILITY ADDRESS</b>
3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b>
4811-WR-4
<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
9/1/2018	9/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.572074	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.029987	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	4.3	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	16	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	< 4	colonies/100ml		
pH	6.0 - 9.0	6.7	s.u.		
Total Phosphorus (TP)	REPORT	6.2	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	10/4/2018
				MM/DD/YYYY

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

Sept 2018 VILLAGES OF CROSS CREEK LOADING RATES 29,987 Max Day

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
17	Not used

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

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

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek
<b>FACILITY ADDRESS</b>
3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b>
4811-WR-4
<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>		
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>
8/1/2018		8/31/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.633514	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, dally maximun	REPORT	0.025675	MGD	Dally	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	5.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	24	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	86	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	6.7	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l		
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( 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	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 <b>SIGNATURE OF PRINCIPAL</b>	<b>TELEPHONE</b>	<b>DATE</b>
			(479) 530-5926	9/7/2018
<b>TYPED OR PRINTED</b>		<b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>
<b>COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)</b>				

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

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

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

<b>FACILITY NAME (IF DIFFERENT)</b> Villages of Cross Creek
<b>FACILITY ADDRESS</b> 3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b> 4811-WVR-4
<b>AFIN NO.</b> 04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY 7/1/2018	MM/DD/YYYY 7/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.644382	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021766	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	8.2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	21	mg/l		
Facal Collform Bacteria (FCB)	10,000	10	colonies/100ml		
pH	6.0 - 9.0	7	s.u.		
Total Phosphorus (TP)	REPORT	6.4	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	28.2	mg/l		
Ammonia Nitrogen	REPORT	27.1	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	9.4	mg/l		
Plant Available Nitrogen (PAN)	REPORT	36.8	mg/l		
Loading Rate	REPORT	see attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	8/7/2018  MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

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

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

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

<b>FACILITY NAME (IF DIFFERENT)</b> Villages of Cross Creek
<b>FACILITY ADDRESS</b> 3302 N Dixieland Rd Little Flock AR

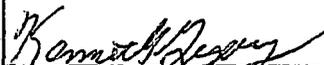
<b>PERMIT NO.</b> 4811-WR-4
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<b>AFIN NO.</b> 04-00899
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WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY 6/1/2018	MM/DD/YYYY 6/30/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.538687	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.024260	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD <sub>5</sub> )	30	9.9	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	26.5	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	200	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	7.1	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	6/30/2018  MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

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

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

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

<b>FACILITY NAME (IF DIFFERENT)</b> Villages of Cross Creek
<b>FACILITY ADDRESS</b> 3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b> 4811-WR-4
<b>AFIN NO.</b> 04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY 5/1/2018	MM/DD/YYYY 5/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.597691	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.022427	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	8.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	22.6	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	20	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	7	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	6/7/2018  MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

May 2018 VILLAGES OF CROSS CREEK 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
16	Not used
17	Not used

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

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

<b>FACILITY NAME (IF DIFFERENT)</b> Villages of Cross Creek
<b>FACILITY ADDRESS</b> 3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b> 4811-WR-4
<b>AFIN NO.</b> 04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY 4/1/2018	MM/DD/YYYY 4/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.563401	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021286	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	25.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	16	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	7,000	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	6.6	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	42.8	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	42.7	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT	2.8	mg/l		
Plant Available Nitrogen (PAN)	REPORT	45.5	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	5/6/2018  MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference 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

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

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

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek
<b>FACILITY ADDRESS</b>
3302 N Dixteland Rd Little Flock AR

<b>PERMIT NO.</b>
4811-WR-4
<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>		
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>
3/1/2018		3/31/2018

<b>TREATED WASTEWATER EFFLUENT SAMPLING</b>					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.565561	MG	Total Flow per calendar month.	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.022786	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	10.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	17.7	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	154	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.7	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO3-N ) + Nitrite Nitrogen ( 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	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	<i>Kenneth Dequoy</i> <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
			(479) 530-5926	4/7/2018
<b>TYPED OR PRINTED</b>				<b>MM/DD/YYYY</b>
<b>COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)</b>				

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

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

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

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek
<b>FACILITY ADDRESS</b>
3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b>
4811-WR-4
<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
2/1/2018	2/28/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.481076	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.023828	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	12.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	27.9	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	470	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	5.8	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	3/8/2018  MM/DD/YYYY

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

Feb 2018 VILLAGES OF CROSS CREEK 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**

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

<b>FACILITY NAME (IF DIFFERENT)</b>
Villages of Cross Creek
<b>FACILITY ADDRESS</b>
3302 N Dixieland Rd Little Flock AR

<b>PERMIT NO.</b>
4811-WR-4
<b>AFIN NO.</b>
04-00899

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>		
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>
1/1/2018		1/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.521754	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.027083	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	14	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	28	colonies/100ml		
pH	6.0 - 9.0	7.5	s.u.		
Total Phosphorus (TP)	REPORT	5.7	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	39.2	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	38.8	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N ) + Nitrite Nitrogen ( NO <sub>2</sub> -N )	REPORT	3.3	mg/l		
Plant Available Nitrogen (PAN)	REPORT	42.2	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	2/5/2018  MM/DD/YYYY
TYPED OR PRINTED <b>Kathy Bartlett</b>				
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

Jan 2018 VILLAGES OF CROSS CREEK LOADING RATES 27,083 Max Day

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

# Environmental Services Company, Inc.

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

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

Control Number: 1812020100  
 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 EFFLUENT

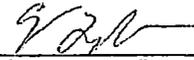
Collected By: JEW  
 Delivery By : JEW  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

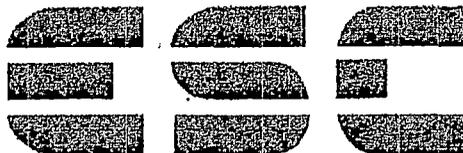
<u>Analysis</u>							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
12/14	1435	JEW	pH	7.6	S.U.		SM 2000 4500-H+ B	0.00	N/A *
12/18	1000	TSB	Phosphorous, Total (as P)	6.410	mg/L		EPA 365.3	0.00	106.0 *
12/20	0930	TSB	Solids, Total Suspended	29.2	mg/L		SM 2011 2540 D	1.46	N/A *
12/14	1607	VLP	Fecal Coliform (MPN/100mL)	< 10.0	/100ml		06/2012 Colilert18	0.00	0.0 *
12/14	1400	TSB	BOD, Carbonaceous	9.2	mg/L		SM 2001 5210 B	10.41	96.0 *
12/12		ESC	Sample Collection/Travel		1 each				

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

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature   
 Environmental Services Co., Inc.

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



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

Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters										
Company Name: Dixieland Utility LLC.				Permit/Project #:						pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.IF)							
Address: 3302 N. Dixieland				Purchase Order #:																
Rogers AR				Sampler Name(s): James Wittse, James Wittse																
Telephone: (479)936-0333 (Cell)				and Signature(s):																
Telephone:																				
ESC Client Number: 1698																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	1812020100	12-14-18	1435	GRAB	Water	teflon	150 mL	None	1	X										
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X									
				GRAB	Water	Plastic	1 qt	None, Cool <sup>†</sup>	1			X								
				GRAB	Water	Whirlpak	125 mL	NaS <sub>2</sub> O <sub>4</sub> Cool <sup>†</sup>	1				X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:										
James Wittse, James W. Hse		12-14-18	1600	James Wittse, James W. Hse						Used? <input type="checkbox"/> Intact? <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:										
				James Wittse, James W. Hse						Regular <input type="checkbox"/> Special <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:										
				James Wittse, James W. Hse				12-14-18	1600	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units									
				Analyst:		pH:	14.35	JKW	7.6	7.6										
				Time:		Temp.:	14.35	JKW	13.9	13.9	(C)	°F								
				Reading:		DO:														
				Units:		Debris:														
Cool all samples to 6 degrees C.						Chlorinated?	Yes	No	This Document is Page ___ of ___											

SR

# Environmental Services Company, Inc.

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

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

Control Number: 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 EFFLUENT

Collected By: JEW  
 Delivery By : JEW  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

<u>Analysis</u>							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
11/09	1515	JEW	pH	7.5	S.U.		SM 2000 4500-H+ B	2.63	N/A *
11/16	1415	TSB	Phosphorous, Total (as P)	5.790	mg/L		EPA 365.3	2.79	107.0 *
11/15	1200	TSB	Solids, Total Suspended	14.4	mg/L		SM 1997 2540 D	5.71	N/A *
11/09	1645	TSB	Fecal Coliform (MPN/100mL)	261.0	/100ml		06/2012 Colilert18	0.00	0.0 *
11/09	1400	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	14.67	98.3 *
11/09		ESC	Sample Collection/Travel	1	each			0.00	0.0 *

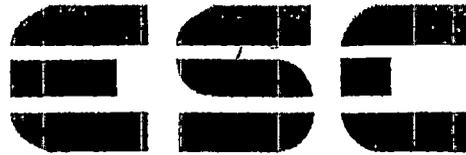
\* QA data shown is from a different sample or standard on the same date.

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Signature \_\_\_\_\_

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 1107 Century Street  
 Springdale, Arkansas 72762  
 website: www.esclabs.com



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

Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters										
Company Name: Dixieland Utility LLC.						Permit/Project #:					pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43,IF)							
Address: 3302 N. Dixieland						Purchase Order #:															
Rogers AR						Sampler Name(s): <i>James Wilke James Wilke</i>															
Telephone: (479)936-0333 (Cell)						and Signature(s):															
Telephone:																					
ESC Client Number: 1698																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Dose Tank/Effluent	1811020064	11-9-18	1510	GRAB	Water	teflon	150 mL	None	1	X											
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X										
				GRAB	Water	Plastic	1 qt	None, Cool <sup>f</sup>	1			X									
				GRAB	Water	Whiripak	125 mL	NaS <sub>2</sub> O <sub>4</sub> Cool <sup>f</sup>	1				X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:		Used? <input type="checkbox"/>		Intact? <input type="checkbox"/>							
<i>James Wilke James Wilke</i>		11-9-18	1630							Turnaround:		Regular <input type="checkbox"/>		Special <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:		Yes <input type="checkbox"/>		No <input type="checkbox"/>							
				<i>James Wilke James Wilke</i>				11-9-18	1630												
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units								
						Analyst:		pH:	1515	<i>JPW</i>	7.5	7.5									
						Time:		Temp.:	1515	<i>JPW</i>	20.8	20.8	C								
						Reading:		DO:													
						Units:		Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___											

*SK*

# Environmental Services Company, Inc.

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

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

Control Number: 1810020110  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 10/22/18

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

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

### Laboratory Analysis

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

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Signature \_\_\_\_\_

Environmental Services Co., Inc.



# Environmental Services Company, Inc.

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

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

Control Number: 1809020093  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 09/20/18

Sample Date : 09/14/18  
 Sample Time : 1245  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

Collected By: BSW  
 Delivery By : BSW  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
09/14	1249	BSW	pH	6.7	S.U.		SM 2000 4500-H+ B		
09/17	1300	TSB	Phosphorous, Total (as P)	6.2	mg/L		EPA 365.3	3.88	108.0 *
09/18	1400	TSB	Solids, Total Suspended	16.0	mg/L		SM 1997 2540 D	4.55	N/A *
09/14	1600	TSB	Fecal Coliform	< 4.0	/100ml		06/2012 Colilert18	0.00	0.0 *
09/14	1400	TSB	BOD, Carbonaceous	4.3	mg/L		SM 2001 5210 B	0.00	113.1 *
09/14	1245	BSW	Sample Collection/Travel	1	each			0.00	0.0 *

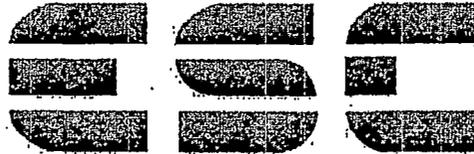
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Signature \_\_\_\_\_

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 1107 Century Street  
 Springdale, Arkansas 72762  
 website: www.esclabs.com



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

Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

## CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters									
Company Name:		Dixieland Utility LLC.		Permit/Project #:						pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.IF)						
Address:		3302 N. Dixieland Rogers AR		Purchase Order #:															
Telephone:		(479)936-0333 (Cell)		Sampler Name(s):		Baxter Woosley													
Telephone:				and Signature(s):		<i>Baxter Woosley</i>													
ESC Client Number:		1698																	
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	1809020093	9-14-18	1249	GRAB	Water	teflon	150 ml	none	1	X									
	I	I	I	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> pH<2	1		X								
	I	I	I	GRAB	Water	Plastic	1 qt	none/ice	1			X							
	I	I	I	GRAB	Water	Whirlpak	300ml	Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub>	1				X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input type="checkbox"/>		Intact? <input type="checkbox"/>							
<i>Baxter Woosley</i> Baxter Woosley		9-14-18		<i>Damen</i>				Turnaround:		Regular <input type="checkbox"/>		Special <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input type="checkbox"/>		No <input type="checkbox"/>							
				<i>Damen</i>		9-14-18	1800												
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units							
				Analyst:		pH: 6.7		1249	BSU										
				Time:		Temp.: 69		1249	BSU										
				Reading:		DO:													
				Units:		Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1									

## Environmental Services Company, Inc.

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

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

Control Number: 1808020112  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 08/17/18

Sample Date : 08/10/18  
 Sample Time : 0950  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

Collected By: CLS  
 Delivery By : CLS  
 Work Order :  
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
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				

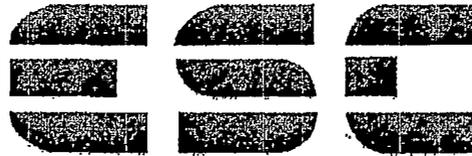
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Signature \_\_\_\_\_

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 website: www.esclabs.com



Corporate Office, Little Rock, Arkansas  
 501-221-2565  
 Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters				
Company Name:		Dixieland Utility LLC.		Permit/Project #:										
Address:		3302 N. Dixieland		Purchase Order #:										
		Rogers AR		Sampler Name(s):		<i>Chris Strange</i>								
Telephone:		(479)936-0333 (Cell)		and Signature(s):		<i>CS</i>								
Telephone:														
ESC Client Number:		1698												
Sample Identification		Sample Collection				Sample Containers				pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.1F)	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#					
Dose Tank/Effluent	1808020112	8/10/18	0950	GRAB	Water	teflon	150 ml	none	1	X				
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X			
				GRAB	Water	Plastic	1 qt	none/ice	1			X		
				GRAB	Water	Whirlpak	300ml	Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub>	1				X	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input checked="" type="checkbox"/>		Intact? <input type="checkbox"/>		
<i>Chris Strange</i>		8/10/18	1215					Turnaround:		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>		
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
				<i>Vicki L. Drake</i>		8/10/18	1215							
Comments:		FLOW DATA				Field Test		Time	Analyst	Result	Result	Units		
						pH:		0950	CS	7.1	7.1			
						Temp.:		Y	Y	29.2	29.2	°F		
						Reading:								
						Units:								
						Debris:								

Cool all samples to 6 degrees C.

Chlorinated? Yes No

This Document is Page 1 of 1

# Environmental Services Company, Inc.

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

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

Control Number: 1807020143  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 07/20/18

Sample Date : 07/13/18  
 Sample Time : 1235  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

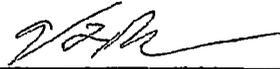
Collected By: CLS  
 Delivery By : CLS  
 Work Order :  
 Purchase Order : .

<u>Laboratory Analysis</u>						<u>Quality Assurance</u>		
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>				<u>% RPD</u>	<u>% Recovery</u>
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.

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Signature \_\_\_\_\_

  
 Environmental Services Co., Inc.



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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/EFFLUENT

Collected By: CLS  
 Delivery By : CLS  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

<u>Analysis</u>							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
06/08	1530	CLS	pH	7.1	S.U.		SM 2000 4500-H+ B	0.00	N/A *
06/12	0800	TSB	Phosphorous, Total (as P)	7.1	mg/L		EPA 365.3	1.71	109.7 *
06/12	1430	JCB	Solids, Total Suspended	26.5	mg/L		SM 1997 2540 D	17.75	N/A *
06/09	1530	JCB	Coliform, Fecal	200	/100ml		SM 9222 D 1997	0.00	N/A *
06/08	1400	TSB	BOD, Carbonaceous	9.9	mg/L		SM 2001 5210 B	0.00	95.5 *
06/08	1530	JCB	Sample Collection/Travel	1	each				

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

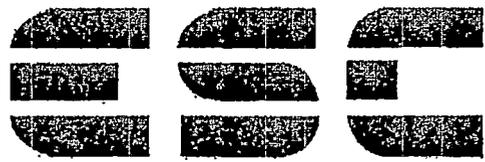
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Signature \_\_\_\_\_



Environmental Services Co., Inc.

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 Springdale, Arkansas 72762  
 website: www.esclabs.com



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 501-221-2565

Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters									
Company Name: Dixieland Utility LLC.				Permit/Project #:						pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43)						
Address: 3302 N. Dixieland				Purchase Order #:															
Rogers AR				Sampler Name(s): <i>Chris Strong</i>															
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>[Signature]</i>															
Telephone:																			
ESC Client Number: 1698																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	1806020079	6/8/18	15:30	GRAB	Water	teflon	150 ml	none	1	X									
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X								
				GRAB	Water	Plastic	1 qt	none/ice	1			X							
				GRAB	Water	Whirlpak	300ml	NaS <sub>2</sub> O <sub>4</sub>	1				X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:									
<i>[Signature]</i> Chris Strong		6/8/18	17:30	<i>[Signature]</i> John Burch				6/8/18	17:30	Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:									
										Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received For Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:									
				<i>[Signature]</i> John Burch				6/8/18	17:30	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>						
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
				Analyst:	pH:	15:30	CS	7.1	7.1										
				Time:	Temp.:	Y	Y	24.2	29.1	(C)	°F								
				Reading:	DO:														
				Units:	Debris:														
Cool all samples to 6 degrees C.										Chlorinated? Yes No		This Document is Page 1 of 1							

# Environmental Services Company, Inc.

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Northwest Arkansas Branch  
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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 EFFLUENT

Collected By: AEU  
 Delivery By : AEU  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis			Laboratory Analysis				
Date	Time	By	Parameter	Result	Notes	Quantity	Method
05/11	1526	AEU	pH	7.2	S.U.		SM 2000 4500-H+ B
05/15	1000	TSB	Phosphorous, Total (as P)	7.0	mg/L		EPA 365.3
05/15	1030	JCB	Solids, Total Suspended	22.6	mg/L		SM 1997 2540 D
05/11	1710	AEU	Coliform, Fecal	20	/100ml		SM 9222 D 1997
05/11	1400	VLP	BOD, Carbonaceous	8.8	mg/L		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 *

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

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Signature   
 Environmental Services Co., Inc.

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

Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters										
Company Name: Dixieland Utility LLC.				Permit/Project #:						pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43)							
Address: 3302 N. Dixieland				Purchase Order #:																
Rogers AR				Sampler Name(s): <i>Amber Underwood</i>																
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>[Signature]</i>																
Telephone:																				
ESC Client Number: 1698																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	<i>170820287</i>	<i>5/11/18</i>	<i>1322</i>	GRAB	Water	teflon	150 ml	none	1	x										
	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		x									
				GRAB	Water	Plastic	1 qt	none/ice	1			x								
				GRAB	Water	Whirlpak	300ml	NaS <sub>2</sub> O <sub>4</sub>	1				x							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:										
<i>[Signature]</i>		<i>5/11/18</i>	<i>1305</i>	<i>[Signature]</i>						Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:										
										Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:										
				<i>[Signature]</i>				<i>5/11/18</i>	<i>16.05</i>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>							
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units										
				Analyst:	pH:	<i>15.96</i>	<i>APV</i>	<i>7.2</i>	<i>7.2</i>											
				Time:	Temp.:	<i>I</i>	<i>I</i>	<i>62.10</i>	<i>62.10</i>	<i>°C</i>										
				Reading:	DO:															
				Units:	Debris:															
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <i>1</i> of <i>1</i>										

# Environmental Services Company, Inc.

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 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: 1804020153  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 04/19/18

Sample Date : 04/13/18  
 Sample Time : 1215  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

Collected By: JCB  
 Delivery By : JCB  
 Work Order :  
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
04/13	1145	TSB	Ammonia Nitrogen	42.7 mg/L		SM 1997 4500-NH3 F	0.00	103.0 *
04/17	0800	TSB	Total Kjeldahl Nitrogen	42.8 mg/L		02/2014 HACH 10242	2.30	110.0 *
04/13	1215	JCB	pH	7.3 S.U.		SM 2000 4500-H+ B	0.00	N/A *
04/16	1200	AEU	Phosphorous, Total (as P)	6.6 mg/L		EPA 365.3	0.00	109.0 *
04/18	1430	CLS	Solids, Total Suspended	16.0 mg/L		SM 1997 2540 D	9.52	N/A *
04/13	1630	AEU	Coliform, Fecal	7000 /100ml		SM 9222 D 1997	8.22	N/A *
04/13	1400	TSB	BOD, Carbonaceous	25.1 mg/L		SM 2001 5210 B	3.37	100.0 *
04/16	1430	TSB	Nitrate + Nitrite	2.8 mg/L		01/2013 HACH 10206	0.00	96.2 *
04/17	1600	TSB	Nitrogen, Plant Available	45.5 mg/L		SM 1997 4500-N		
04/13	1215	JCB	Sample Collection/Travel	1 each				

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Signature   
 Environmental Services Co., Inc.



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Northwest Arkansas Branch  
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 Springdale, AR 72762  
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Control Number: 1803020103  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 03/19/18

Sample Date : 03/09/18  
 Sample Time : 1240  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

Collected By: JCB  
 Delivery By : JCB  
 Work Order :  
 Purchase Order :

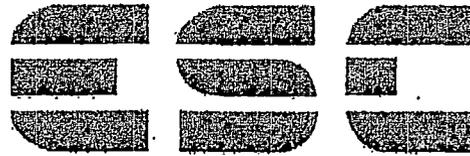
<u>Laboratory Analysis</u>						<u>Quality Assurance</u>		
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
03/09	1240	JCB	pH	7.2 S.U.		SM 2000 4500-H+ B	0.00	N/A *
03/13	1027	VLP	Phosphorous, Total (as P)	6.7 mg/L		EPA 365.3	4.08	103.5 *
03/16	1102	AEU	Solids, Total Suspended	17.7 mg/L		SM 1997 2540 D	1.80	N/A *
03/09	1700	JCB	Coliform, Fecal	154 /100ml		SM 9222 D 1997	0.00	N/A *
03/09	1400	TSB	BOD, Carbonaceous	10.7 mg/L		SM 2001 5210 B	23.77	113.0 *
03/09	1240	JCB	Sample Collection/Travel	1 each				

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 website: www.esclabs.com



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 Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information					Project Information					Requested Parameters										
Company Name: Dixieland Utility LLC.					Permit/Project #:					pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43)							
Address: 3302 N. Dixieland Rogers AR					Purchase Order #:															
Telephone: (479)936-0333 (Cell)					Sampler Name(s): <i>John Byrd</i>															
Telephone:					and Signature(s): <i>John Byrd</i>															
ESC Client Number: 1698																				
Sample Identification			Sample Collection			Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	1803020103	3/19/18	1240	GRAB	Water	teflon	150 ml	none	1	X										
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> pH<2	1		X									
				GRAB	Water	Plastic	1 qt	none/ice	1			X								
				GRAB	Water	Whirlpak	300ml	Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub>	1				X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?									
<i>John Byrd</i> John Byrd		3/19/18	1400	<i>John Byrd</i>						<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special									
										<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No									
				<i>John Byrd</i>		3/19/18	1400			<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Comments:					FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
					Analyst:	pH:	1240	JCB	7.2	7.2										
					Time:	Temp.:			19.6	19.6	°F									
					Reading:	DO:														
					Units:	Debris:														
Cool all samples to 6 degrees C.					Chlorinated? Yes No			This Document is Page 1 of 1												

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Control Number: 1802020106  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 02/19/18

Sample Date : 02/09/18  
 Sample Time : 1410  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

Collected By: AEU  
 Delivery By : AEU  
 Work Order :  
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
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 *
02/09	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 *

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Carlsbad, New Mexico  
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Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters					
Company Name:		Dixieland Utility LLC.		Permit/Project #:											
Address:		3302 N. Dixieland		Purchase Order #:											
		Rogers AR		Sampler Name(s):		Amber Underwood									
Telephone:		(479)936-0333 (Cell)		and Signature(s):											
Telephone:															
ESC Client Number:		1698													
Sample Identification		Sample Collection				Sample Containers				PH(23)	Phos(26)	CBOD(70), TSS(28)	Fecal Coliform(43)		
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
Dose Tank/Effluent	80202010	2/9/18	1410	GRAB	Water	teflon	150 ml	none	1	X					
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> pH<2	1		X				
				GRAB	Water	Plastic	1 qt	none/ice	1			X			
				GRAB	Water	Whirlpak	300ml	NaS <sub>2</sub> O <sub>4</sub>	1				X		
Relinquished By: (Signature and Printed Name)		Date		Time		Received By: (Signature and Printed Name)		Date		Time		Custody Seals:			
		2/9/18		1445				2/9/18		1445		Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>			
Relinquished By: (Signature and Printed Name)		Date		Time		Received By: (Signature and Printed Name)		Date		Time		Turnaround:			
												Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>			
Relinquished By: (Signature and Printed Name)		Date		Time		Received for Lab By: (Signature and Printed Name)		Date		Time		Were samples properly preserved:			
								2/9/18		1445		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Comments:				FLOW DATA		Field Test		Time		Analyst		Result		Units	
				Analyst:		pH:		1415		AEL		7.3		7.3	
				Time:		Temp.:		↓		↓		18.10		18.10 °C	
				Reading:		DO:									
				Units:		Debris:									
Cool all samples to 8 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1					

# Environmental Services Company, Inc.

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

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

Control Number: 1801020145  
 Customer Name : DIXIELAND UTILITY LLC  
 Customer/Permit No. : 1698 / 4811-WR-4 001  
 Report Date : 01/31/18

Sample Date : 01/12/18  
 Sample Time : 1250  
 Sample Type : GRAB DIXIELAND  
 Sample From : DOSE TANK EFFLUENT

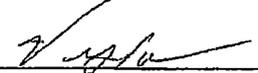
Collected By: JCB  
 Delivery By : JCB  
 Work Order :  
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
01/12	1100	TSB	Ammonia Nitrogen	38.8 mg/L		SM 1997 4500-NH3 F	0.00	102.7 *
01/30	0830	TSB	Total Kjeldahl Nitrogen	39.2 mg/L		02/2014 HACH 10242	7.14	99.2 *
01/12	1250	JCB	pH	7.5 S.U.		SM 2000 4500-H+ B	0.00	N/A *
01/19	1200	AEU	Phosphorous, Total (as P)	5.7 mg/L		EPA 365.3	0.00	95.0 *
01/17	1633	AEU	Solids, Total Suspended	14.0 mg/L		SM 1997 2540 D	1.53	N/A *
01/12	1730	JCB	Coliform, Fecal	28 /100ml		SM 9222 D 1997	13.15	N/A *
01/12	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	5.99	114.0 *
01/15	1500	TSB	Nitrate + Nitrite	3.3 mg/L		01/2013 HACH 10206	0.00	101.6 *
01/31	1030	TSB	Nitrogen, Plant Available	42.2 mg/L		SM 1997 4500-N		

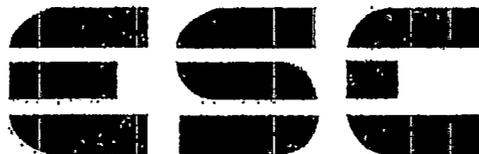
\* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature \_\_\_\_\_

  
 Environmental Services Co., Inc.

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



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

Carlsbad, New Mexico  
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters										
Company Name: Dixieland Utility LLC.				Permit/Project #:						pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43)							
Address: 3302 N. Dixieland				Purchase Order #:																
Rogers AR				Sampler Name(s): <i>John Byrd</i>																
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>John Byrd</i>																
Telephone:																				
ESC Client Number: 1698																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	1801020145	1/12/18	1250	GRAB	Water	teflon	150 ml	none	1	X										
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> pH<2	1		X									
				GRAB	Water	Plastic	1 qt	none/ice	1			X								
				GRAB	Water	Whirlpak	300ml	NaS <sub>2</sub> O <sub>4</sub>	1				X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?									
<i>John Byrd</i>		1/12/18	1340	<i>John Byrd</i>						<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Regular	Special									
								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time													
				<i>Domenica...</i>		1/12/18	1340													
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units										
				Analyst:	pH:	1250	JCB	7.5	7.5											
				Time:	Temp.:	1	1	15.1	16.2	°F										
				Reading:	DO:															
				Units:	Debris:															
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1										

**Bub's, Inc.**

P.O. Box 746  
Tontitown, AR 72770

**Invoice**

Date	Invoice #
12/4/2018	132166

<b>Bill To</b>
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
1	Labor	240.00	240.00
	Sales Tax	0.00%	0.00

Thank you for your business	<b>Total</b> \$530.00
-----------------------------	-----------------------

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

**Bub's, Inc.**

P.O. Box 746  
Tontitown, AR 72770

**Invoice**

Date	Invoice #
9/10/2018	6224

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

*Mixieluna*

P.O. No.	Terms
	Net 15

Quantity	Description	Rate	Amount
2	Vacuum Truck Service	290.00	580.00
	Sales Tax	0.00%	0.00

Thank you for your business	<b>Total</b> \$580.00
-----------------------------	-----------------------

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

**BBB SEPTIC & PORTABLE TOILET SERVICE**

P.O. BOX 1271

BENTONVILLE, AR 72712

(479)271-0058

office@bbbseptic.com

bbbseptic.com

**Invoice****BILL TO**

GREENFIELD CAPITAL VILLAGE  
 ACROSS CREEKS  
 8533 APPLE GLEN  
 ROGERS, AR 72756

**SHIP TO**

GREENFIELD CAPITAL VILLAGE  
 ACROSS CREEKS  
 3302 DIXIELAND ROAD  
 ROGERS, AR 72756

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

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 NEVER TOO BUSY FOR YOUR REFERRALS!!!

BALANCE DUE

**\$360.00**







Align top of FedEx Express® shipping label here.

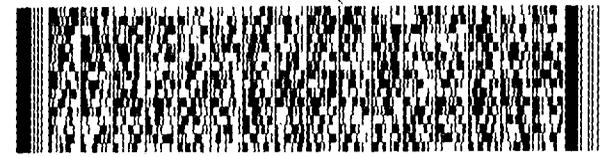
FROM: (479) 530-5926  
NWA UTILITY SERVICES INC  
PO BOX 9299  
FAYETTEVILLE AR 72703  
US

SHIP DATE: 11MAR21  
ACTWGT: 5.00 LB MAN  
CAD: 0167450/CAFE3407  
BILL SENDER

TO **ADEQ**  
**OFFICE OF WATER DRIVE**  
**5301 NORTSHORE DRIVE**

**NORTH LITTLE ROCK AR 72118 (US)**

INU: REF: DEPT:



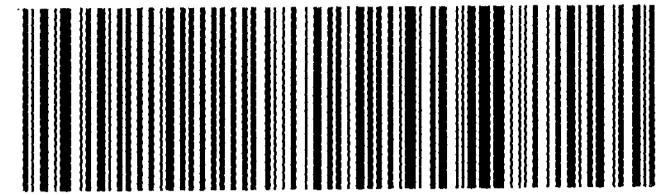
S

TRK# 9552 9988 0722

72118

9622 0019 0 (000 000 0000) 0 00 9552 9988 0722

Part #: 155148-434 RIT EXP. 09/21



OFFICE OF WATER DRIVE  
5301 NORTSHORE DRIVE  
NORTH LITTLE ROCK, AR 72118-3228-01  
159-6597  
ETP: 3  
96220J1900003103172000955299880722  
PD: SP: 100: Y  
923162A  
G

EX

RO

2503/AC39/0582

100101002100