

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 3rd party septic hauler. In 2019 a total of 13 loads were removed by Bubs, Inc. In 2020 the exceedance of TSS were reduced over 50% because we contracted to have solids removed on a more frequent basis. This schedule is being maintained and modified as necessary.
2. Due to Covid, we have limited personnel to monitor and record flow on a daily basis 7 days per week. Arrangements have since been made with the maintenance department personnel of the apartment complex to record flows on the days our plant operators are not able to do so, such as on weekends. All effort is made to have one of our operators visits the site daily Monday thru Friday. Record of the flows is taken at that site visit. The data is then recorded into a master flow sheet maintained at the office. These flow reports are included with this response.
3. To resolve this matter, dispersal to the areas showing signs of pooling or ponding are shut of temporarily and the flow is being diverted to other areas in the drip irrigation fields. Because there is infiltration seen to be coming from an adjacent

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 3rd party. They are not accessible due to the design and construction of the apartment complex and underground utilities.

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

GENERAL COMMENTS

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

2019

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
1-Jan-19	8869260-0	1565505 - 6307	4152416 - 9882	
2-Jan-19	8869260-1170	1571812 - 5948	4162292 - 9264	
3-Jan-19	8870430-0	1577760 - 5708	4171556 - 10668	
4-Jan-19	8870430-0	1583468 - 5530	4182164 - 10283	
5-Jan-19	8870430-0	1588998 - 4987	4192447 - 9987	
6-Jan-19	8870430-4133	1593985 - 5889	4202434 - 10337	
7-Jan-19	8874563 - 3570	1599874 - 3670	4212771 - 6797	
8-Jan-19	8878 ¹²³ 423 - 1433	1603544 - 6644	4219568 - 10937	
9-Jan-19	8879566 - 2666	1610188 - 6364	4230505 - 10219	
10-Jan-19	8882232 - 2060	1616552 - 6483	4240724 - 9646	
11-Jan-19	8884292 - 0	1623038 - 7007	4250370 - 9630	
12-Jan-19	8884292 - 3552	1630045 - 7169	4260000 - 10323	
13-Jan-19	8887844 - 3216	1637214 - 7633	4270323 - 9707	
14-Jan-19	8891060 - 427	1644847 - 6698	4280030 - 8867	
15-Jan-19	8891487 - 2011	1651445 - 7559	4288897 - 10188	
16-Jan-19	8893498 - 1283	1659004 - 7100	4299085 - 9672	
17-Jan-19	8894781 - 2153	1666104 - 7012	4308757 - 1360	
18-Jan-19	8896934 - 2408	1673116 - 7980	4318117 - 9888	
19-Jan-19	8902842 - 1992	1681096 - 7448	4328005 - 9401	
20-Jan-19	8909334 - 212	1688544 - 7243	4337406 - 9790	
21-Jan-19	89103546 - 2202	1695787 - 8193	4347196 - 10089	
22-Jan-19	8905748 - 1966	1703980 - 7658	4357285 - 10721	
23-Jan-19	8907654 - 0	1711638 - 9282	4368006 - 9883	
24-Jan-19	8907654 - 871	1720920 - 9693	4377889 - 9481	
25-Jan-19	8908525 - 0	1730613 - 8491	4387370 - 9473	
26-Jan-19	8908525 - 0	1739104 - 8808	4396843 - 9009	
27-Jan-19	8908525 - 1165	1747912 - 9088	4405862 - 9235	
28-Jan-19	8909710 - 661	1757000 - 10051	4415087 - 10171	
29-Jan-19	8910371 - 233	1767051 - 9265	4425258 - 11329	
30-Jan-19	8910604 - 0	1786766 - 7729	4436587 - 9666	
31-Jan-19	8910604 - 965	1784495 - 7432	4446523 - 8687	
1-Feb-19	8911569 - 0	1791927 - 7313	4455210 - 7411	
2-Feb-19	8911569 - 0	1799240 - 6807	4462621 - 7088	
3-Feb-19	8911569 - 1467	1806047 - 7221	4469109 - 7054	
4-Feb-19	8913036 - 0	1813268 - 9384	4476763 - 8449	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
5-Feb-19	8913036-0	1822662 - 8762	4485212 - 9133	
6-Feb-19	8913036-0	1831415 - 9079	4494345 - 8760	
7-Feb-19	8913036-4038	1840494-9212	4503105	
8-Feb-19	8917074 - 2380	1849706-7633	4512112-9119	
9-Feb-19	8919454 - 1888	1857339 - 6974	4521231 - 8477	
10-Feb-19	8921342-2206	1864313	4529708	
11-Feb-19	8923548 - 1489	1871815 - 10112	4538432-9212	
12-Feb-19	8925037-1007	1881927 - 8762	4547644 - 8788	
13-Feb-19	8926044 - 1590	1890689	4556432	
14-Feb-19	8927634-981	1899064 - 9876	4565227-9442	
15-Feb-19	8928615 - 1099	1908940 - 9218	4574669 - 9030	
16-Feb-19	8929714 - 763	1918158 - 9014	4583699 - 8645	
17-Feb-19	8930477 - 1349	1927172	4592344	
18-Feb-19	8931826 - 1091	1937254 - 9143	4602148 - 9730	
19-Feb-19	8932917 - 991	1946397	4611878	
20-Feb-19	8933908 - 1483	1955081	4620991	
21-Feb-19	8935391 - 4102	1964511	4630757	
22-Feb-19	8939493 - 6538	1970981 - 10238	4637226-7229	
23-Feb-19	8946031 - 5892	1981219 - 10842	4644455 - 6766	
24-Feb-19	8951923 - 5822	1992061	4651221	
25-Feb-19	8957745 - 6337	1992031	4657751	
26-Feb-19	8964082 - 6827	1999240 - 6976	4664811 - 7687	
27-Feb-19	8970914 - 6604	2006216 - 7305	4672498 - 7038	
28-Feb-19	8977518 - 6518	2013521	4679536	
1-Mar-19	8984036 - 7138	2020866 - 7555	4687218 - 8241	
2-Mar-19	8991174 - 6280	2028421 - 8109	4695459 - 7357	
3-Mar-19	8997454 - 6577	2036526 - 6569	4702518 - 7666	
4-Mar-19	9004031 - 7164	2043095	4710482	
5-Mar-19	9011198 - 5615	2049927	4718240	
6-Mar-19	9016810 - 5615	2056613	4725404	
7-Mar-19	9022425 - 6095	2062706	4731966	
8-Mar-19	9028526 - 6737	2068971 - 7229	4738462 - 7676	
9-Mar-19	9035257 - 6183	2076200 - 6793	4746138 - 6999	
10-Mar-19	9041440 - 7027	2082993	4753137	
11-Mar-19	9048461 - 6402	2089711 - 6133	4760680 - 6981	
12-Mar-19	9054869	2095844	4767661	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
13-Mar-19	9060851-7329	2102603-6893	4773869-7073	
14-Mar-19	9068150	2109496		
15-Mar-19	9074525-6669	2115956-5797	4787512-6988	
16-Mar-19	9081194-7188	2121763-6304	4794500-6273	
17-Mar-19	9088382	2128057	4800773	
18-Mar-19	9095187	2133895	4807767	
19-Mar-19	9102471	2139427	4815629	
20-Mar-19	9107456	2142424	4820700	
21-Mar-19	9113376	2146288	4826075	
22-Mar-19	9120673-7073	2148849-6077	4833396-5444	
23-Mar-19	9127746-6689	2154926-5769	4838834-5740	
24-Mar-19	9134435	2160695	4844574	
25-Mar-19	9141021	2166310	4850311	
26-Mar-19	9146326	2170767	4854724	
27-Mar-19	9151979	2175431	4859493	
28-Mar-19	9157679	2180433	4864456	
29-Mar-19	9163788-7846	2185784-5541	4869727-7059	
30-Mar-19	9171634-7410	2191325-5830	4876786-6702	
31-Mar-19	9179044	2197155	4883488	
1-Apr-19	9186874	2206001	4890119	
2-Apr-19	9191079	2210153	4896197	
3-Apr-19	9196613	2214848	4900024	
4-Apr-19	9203393	2220123	4905702	
5-Apr-19	9209602-5978	2225225-6411	4910942-5217	
6-Apr-19	9215585-6671	2231636-5882	4916159-5438	
7-Apr-19	9222256	2237518	4921597	
8-Apr-19	9229049-6404	2243991-5723	4927494-4747	
9-Apr-19	9235483-6127	2249714-5409	4932241-4132	
10-Apr-19	9241580	2255123	4936373	
11-Apr-19	9247755	2260511	4941439	
12-Apr-19	9254396-7772	2266190-5485	4946518-5649	
13-Apr-19	9262168-7265	2271675-6062	4952167-5201	
14-Apr-19	9269433	227737	4957368	
15-Apr-19	9276954	2283245	4962854	
16-Apr-19	9283794	2287684	4967301	
17-Apr-19	9291296	2292765	4972679	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
18-Apr-19	9296906 - 6980	2300005 - 5366	4979934 - 5402	
19-Apr-19	9305886 - 7461	2305371 - 5621	4985336 - 6243	
20-Apr-19	9313347 - 7073	2310992 - 5106	4991579 - 5528	
21-Apr-19	9320420 - 7246	2316098 - 5620	4997107 - 5665	
22-Apr-19	9327666 - 164	2321718 - 0	5002772 - 159	
23-Apr-19	9327830 - 9349	2327118 - 7075	5002931 - 8138	
24-Apr-19	9337179 - 7288	2328793 - 5289	5011069 - 5276	
25-Apr-19	9344467 - 6599	2334082 - 5641	5016345 - 5648	
26-Apr-19	9351066 - 6937	2339723 - 5712	5021993 - 6861	
27-Apr-19	9358003 - 6480	2345435 - 5328	5028854 - 6237	
28-Apr-19	9364483 - 6787	2350763 - 5568	5035091 - 6832	
29-Apr-19	9371270 - 7345	2356331 - 5857	5041923 - 6973	
30-Apr-19	9378615 - 6985	2362188 - 5181	5048896 - 6049	
1-May-19	9385601 - 9154	2367369 - 6045	5054945 - 122	
2-May-19	9394755 - 10386	2373414 - 8408	5055067 - 65	
3-May-19	9405141 - 6923	2381825 - 4770	5055132 - 5009	
4-May-19	9412064 - 7408	2386595 - 5113	5060141 - 5980	
5-May-19	9419472 - 7292	2381708 - 14580	5066121 - 8450	
6-May-19	9426764 - 6724	2396288 - 5508	5074571 - 5621	
7-May-19	9433488 - 6390	2401796 - 5189	5080192 - 5072	
8-May-19	9439878 - 5620	2406897 - 4567	5085264 - 0	
9-May-19	9445498 - 5477	2411464 - 4472	5085264 - 9957	
10-May-19	9450975 - 6244	2415936 - 4748	5095221 - 6432	
11-May-19	9457219 - 5888	2420684 - 5099	5101653 - 6878	
12-May-19	9463107 - 5939	2425783 - 4906	5108531 - 5395	
13-May-19	9469046 - 6854	2430689 - 4993	5113926 - 6970	
14-May-19	9475900 - 8615	2435682 - 6704	5120896 - 181	
15-May-19	9484515 - 9679	2442386 - 6885	5121077 - 0	
16-May-19	9493594 - 101609	2449271 - 7112	5121077 - 0	
17-May-19	9504203 - 7171	2456383 - 4555	5121077 - 6891	
18-May-19	9511374 - 6837	2460938 - 4801	5127968 - 7567	
19-May-19	9518211 - 6928	2465739 - 4641	5135535 - 7128	
20-May-19	9525131 - 5918	2470380 - 3958	5142663 - 6315	
21-May-19	9531049 - 6702	2474538 - 5020	5148978 - 7223	
22-May-19	9537751 - 6980	2479358 - 5146	5156201 - 7483	
23-May-19	9544731	2484504	5163684	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
24-May-19	9550879 - 6991	2488981 - 4209	5170185 - 1373	
25-May-19	9557876 - 6506	2493180 - 4653	5177558 - 6888	
26-May-19	9564376	2497843	5184446	
27-May-19	9570760	2502641	5191105	
28-May-19	9576390	2506758	5196618	
29-May-19	9583072	2508894	5203018	
30-May-19	9586422	2513218	5208641	
31-May-19	9595482 - 7373	2518411 - 5349	5214373 - 7679	
1-Jun-19	9602855 - 6776	2523789 - 4987	5221457 - 6961	
2-Jun-19	9609631	2528746	5228413	
3-Jun-19	9616291	2533766	5236055	
4-Jun-19	9623114	2538720	5242700	
5-Jun-19	9629057 - 7720	2543107 - 5772	5248727 - 5408	
6-Jun-19	9636771 - 7059	2537335 - 5189	5254135 - 5079	
7-Jun-19	9643836 - 6892	2542524 - 4988	5259214 - 9876	
8-Jun-19	9650728 - 7350	2547512 - 5370	5264090 - 5348	
9-Jun-19	9659078	2552882	5269438	
10-Jun-19	9665806	2570454	5275178	
11-Jun-19	9673663	2576323	5280387	
12-Jun-19	9680061	2581259	5286781	
13-Jun-19	9686503	2585985	5292864	
14-Jun-19	9690067 - 7236	2588584 - 5263	5296503 - 6989	
15-Jun-19	9697365 - 6606	2593847 - 4908	5303492 - 6555	
16-Jun-19	9703911	2598755	5310047	
17-Jun-19	9711355	2603155	5316324	
18-Jun-19	9718593	2607960	5320259	
19-Jun-19	9726543	2613524	5324247	
20-Jun-19	9733796	2618919	5328895	
21-Jun-19	9742301 - 7809	2625096 - 5455	5330968 - 8298	
22-Jun-19	9750110 - 7222	2630551 - 4845	5339266 - 7577	
23-Jun-19	9757232	2635391	5346843	
24-Jun-19	9764541 - 11577	2640638 - 7921	5354604 - 433	
25-Jun-19	9771618	2648559	5355037 - 0	
26-Jun-19	9786992 - 12,020	2655807 - 7233	5355037 - 38	19,281
27-Jun-19	9799012	2663040	5355075 - 0	
28-Jun-19	9809358	2669300	5355075	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
29-Jun-19				
30-Jun-19				
1-Jul-19	98212205 - 10047	2181827 - 7082	5355342 - 49	17178
2-Jul-19	9851252 - 9443	2698104 - 6874	5355391 - 40	11657
3-Jul-19	9861695 - 12542	2705783 - 7009 7009	5355431 5355431 - 42	19593
4-Jul-19	9874737 - 12414	2712792 - 7119	5355473 - 40	19623
5-Jul-19	9886651 - 9201	2719961 - 7728	5355513 - 0	16370
6-Jul-19	9895852 - 9187	2727689 - 7632	5355513 - 0	16819
7-Jul-19	9905039 - 9126	2735321 - 7731	5355513 - 0	16856
8-Jul-19	9914164 - 6878	2743052 - 6192	5355513 - 6277	18347
9-Jul-19	9921042 - 5859	2748244 - 890	5360790 - 649	16048
10-Jul-19	9926896 - 687	275234 - 4598	536089 - 7244	18799
11-Jul-19	9933853 - 5730	2756832 - 4632	5365233 - 5891	16253
12-Jul-19	9939583 - 5952	2761464 - 6112	5381124 - 6511	18815
13-Jul-19	9945635 - 5833	2767876 - 6348	5387635 - 6424	18605
14-Jul-19	9951868 - 6008	2774224 - 6328	5394059 - 6452	18788
15-Jul-19	9957376 - 5730	2786552 - 6081	5400511 - 6508	18391
16-Jul-19	9963106 - 6471	2786633 - 6820	5408091 - 6936	20227
17-Jul-19	9969577 - 5426	2793453 - 5804	5413955 - 5737	16967
18-Jul-19	9975003 - 5846	2799257 - 5919	5419692 - 6169	18034
19-Jul-19	9980849 - 6328	2805176 - 5897	5425956 - 6345	18670
20-Jul-19	9987177 - 6501	2811173 - 6063	5432201 - 6287	18851
21-Jul-19	9993678 - 6647	2817236 - 6127	5438588 - 6201	18975
22-Jul-19	0000325 - 11314	2823313 - 8759	5444789 - 0	20073
23-Jul-19	0011639 - 8217	2832122 - 6550	5444789 - 0	14767
24-Jul-19	0019856 - 8724	2838672 - 7036	5444789 - 0	15760
25-Jul-19	0028580 - 10311	2845708 - 8080	5444789 - 0	18391
26-Jul-19	0032711 - 10762	2852788 2852788 - 8126	5444789 - 0	18288
27-Jul-19	0049553 - 10583	2861914 2861914 - 8008	5444789 - 6	18586
28-Jul-19	0060136 - 10654	2868188 2868188 - 8074	5444789 - 0	18788
29-Jul-19	0070790 - 10463	2878062 - 7740	5444789 - 0	18203
30-Jul-19	0081253 - 7078	2885807 - 5129	5444789 - 0	12827
* 31-Jul-19	0088331 - 12352	2890931 - 9384	5444789 - 6	21736 max day
1-Aug-19	0100683 - 6308	2900315 - 4817	5444789 - 0	11125
2-Aug-19	0106991 - 6192	2905132 - 4886	5444789 - 5781	16859
3-Aug-19	0113184 - 6238	2910048 - 4911	5450570 - 5650	16799

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
4-Aug-19	119422 - 6457	2914929 - 4419	5456220 - 5696	17,072
5-Aug-19	0125879 - 6411	2918848 - 5738	5461916 - 6372	
6-Aug-19	0132290 - 6299	2925586 - 5826	5418288 - 6412	
7-Aug-19	0138589 - 6287	2931412 - 5789	5474700 - 6513	
8-Aug-19	0144876 - 6239	2937201 - 5700	54811213 - 6576	
9-Aug-19	015115 - 6072	2942901 - 5405	5487789 - 6489	
10-Aug-19	0157187 - 6213	2948306 - 5350	5494278 - 6425	
11-Aug-19	0163400 - 6121	2953656 - 5304	5500703 - 6303	
12-Aug-19	0168521 - 6048	2958960 2958960 - 6016	5507000 5507000 - 6345	18409
13-Aug-19	0175581 - 7456	2964976 - 7415	5513351 - 7544	22414 max day
14-Aug-19	0183024 - 3836	2972391 - 3973	5520815 - 4056	
15-Aug-19	0188959 - 8628	2976364 - 1567	5524951 - 8177	
16-Aug-19	0195487 - 9100	2977931 - 0	5533128 - 8127	
17-Aug-19	0203687 - 9236	2977931 - 0	5542255 - 9054	
18-Aug-19	0212923 - 9922	2977931 - 0	5551309 - 9059	
19-Aug-19	0222845 - 10,041	2977931 - 0	5560368 - 9502	
20-Aug-19	0232886 - 9883	2977931 - 0	5568870 - 9411	
21-Aug-19	247769 - 9382	2977931 - 0	5579281 - 9436	
22-Aug-19	0252151 - 8330	2977931 - 0	5588717 - 8142	
23-Aug-19	0260481 - 10522	2977931 - 0	5597138 - 1112	
24-Aug-19	0271003 - 10608	2977931 - 0	5608250 - 11,023	
25-Aug-19	0281611 - 10681	2977931 - 0	5619273 - 10951	
26-Aug-19	0292295 - 10437	2977931 - 0	5630224 - 10202	
27-Aug-19	0302732 - 10519	2977931 - 0	5640476 - 10337	
28-Aug-19	0313251 - 10600	2977931 - 0	5650763 - 10,224	
29-Aug-19	0323917 - 10534	2977931 - 0	5660987 - 10104	
30-Aug-19	0334451 - 10452	2977931 - 0	5671091 - 10277	
31-Aug-19	0344903 - 10391	2977931 - 0	5681368 - 10189	
1-Sep-19	0355294 - 10543	2977931 - 0	5691557 - 10280	
2-Sep-19	0365837 - 11228	2977931 - 0	5701837 - 11228	22456
3-Sep-19	0377065 - 6633	2977931 - 0	5713065 - 6451	
4-Sep-19	0383698 - 6914	2977931 - 3901	5719516 - 4901	
5-Sep-19	0390612 - 7055	2981832 - 3662	5724417 - 4895	
6-Sep-19	0397667 - 6924	2985494 - 3669	5729312 - 0	
7-Sep-19	0404591 - 11792	2989163 - 14182	5729312 - 0	
8-Sep-19	0416383 - 1979	3003245 - 14,455	5729312 - 0	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
9-Sep-19	0425362-8313	3017800-89126	5729312-0	
10-Sep-19	0436675-8196	3026726-8761	5729312-0	
11-Sep-19	0444873-8224	3035487-8884	5729312-0	
12-Sep-19	0453097-8114	3044371-9356	5729312-0	
13-Sep-19	0461211-9872	3053727-2647	5729312-8446	
14-Sep-19	0471083-9953	3056374-2433	5737158-8506	
15-Sep-19	0481036-9694	3058807-2568	5746264-8623	
16-Sep-19	04910730-9018	3056238-182	5754887-8859	
17-Sep-19	0499748-8976	3056420-174	5763746-8727	
18-Sep-19	0508724-8952	3056594-166	5772473-8704	
19-Sep-19	0517676-8981	3056760-185	5781117-8760	
20-Sep-19	0526665-4820	3056945-2300	5789937-6899	
21-Sep-19	0531485-4516	3059251-2100	5791636-6724	
22-Sep-19	0536001-4745	3061351-2431	5803310-6566	
23-Sep-19	0540746-169	3063782-2557	5810016-6884	
24-Sep-19	0540915-83	3066389-9441	5816900-8904	
25-Sep-19	0540998-92	3075780-10711	5825804-9903	
26-Sep-19	0541090-181	3086491-10601	5835707-9697	
27-Sep-19	0541271-9961	3097092-9627	5845364-244	
28-Sep-19	0551172-9786	3106719-9576	5845608-0 5845608-0	
29-Sep-19	0560908-10017	3116295-9403	5845608-0	
30-Sep-19	0570925-9601	3125698-9503	5845608-0	
1-Oct-19	0580546-8922	3135201-7775	5845608-0	
2-Oct-19	0589448-8779	3142976-7658	5845608-0	
3-Oct-19	0598227-8614	3150634-7419	5845608-0	
4-Oct-19	0607041-10307	3158053-8287	5845608-0	
5-Oct-19	0617348-10562	3166340-8362	5845608-0	
6-Oct-19	0627910-10402	3174702-8361	5845608-0	
7-Oct-19	0638312-9362	3183063-7661	5845608-0	
8-Oct-19	0647674-10629	3190724-8301	5845608-0	
9-Oct-19	0658303-9669	3199025-7218	5845608-0	
10-Oct-19	0667972-10342	3206243-8498	5845608-0	
11-Oct-19	0678314-10469	3214741-9513	5845608-0	
12-Oct-19	0688783-10522	3224254-9406	5845608-0	
13-Oct-19	0699305-10347	3233660-9428	5845608-0	
14-Oct-19	0709162-10066	3243088-9361	5845608-1127	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
15-Oct-19	0719718 - 80	3252449 - 6846	5846135 - 6652	
16-Oct-19	0719798 - 0	3259308 - 8656	5853387 - 9121	
17-Oct-19	0719798 - 6232	3267964 - 6467	5862508 - 6911	
18-Oct-19	0725030 - 321	3274431 - 9612	5864499 - 10329	
19-Oct-19	0725351 - 716	3284043 - 9822	5879828 - 10,276	
20-Oct-19	0725827 - 254	3293865 - 9699	5890104 - 10236	
21-Oct-19	0725881 - 27	3303564 - 9231	5900340 - 10787	
22-Oct-19	0725908 - 112	3312755 - 9193	5910627 - 10374	
23-Oct-19	0726020 - 0	3321888 - 9937	5921001 - 11566	
24-Oct-19	0726020 - 0	3331825 - 898	5932667 - 10418	
25-Oct-19	0726020 - 0	3341023 - 10,253	5942985 - 12399	
26-Oct-19	0726020 - 0	3350276 - 10,187	5955374 - 12,241	
27-Oct-19	0726020 - 0	3360463 - 9617	5967638 - 12143	
28-Oct-19	0726020 - 6325	3370080 - 3531	5979781 - 11245	
29-Oct-19	0732345 - 9826	3373611 - 0	5991026 - 10771	
30-Oct-19	0742171 - 9167	3373611 - 0	6001797 - 11177	
31-Oct-19	0751938 - 12167	3373611 - 0	6012974 - 13549	
1-Nov-19	0764105 - 9383	3373611 - 0	6024433 - 10,184	
2-Nov-19	0773488 - 4227	3373611 - 0	6036617 - 10,289	
3-Nov-19	0782635 - 9327	3373611 - 0	6046900 - 9954	
4-Nov-19	0791962 - 9176	3373611 - 0	6056860 - 11588	
5-Nov-19	0801138 - 9263	3373611 - 0	6068448 - 11569	
6-Nov-19	0810401 - 9920	3373611 - 0	6080017 - 10,265	
7-Nov-19	0820321 - 9751	3373611 - 0	6090782 - 10,383	
8-Nov-19	0830072 - 9848	3373611 - 0	6100665 - 10,355	
9-Nov-19	0839823 - 9866	3373611 - 0	6111020 - 10407	
10-Nov-19	08491689 - 9735	3373611 - 0	6121427 - 10,714	
11-Nov-19	0859424 - 10680	3373611 - 0	6132141 - 12285	
12-Nov-19	0870104 - 9485	3373611 - 0	6144426 - 11074	
13-Nov-19	0879589 - 9412	3373611 - 5649	6155500 - 10609	
14-Nov-19	0889001 - 6144	3379260 - 6374	6166109 - 7292	
15-Nov-19	0895145 - 9837	3385634 - 0	6178401 - 10,011	
16-Nov-19	0904985 - 9914	3385634 - 0	6183412 - 10,165	
17-Nov-19	0914899 - 9910	3385634 - 0	6193577 - 10063	
18-Nov-19	0924801 - 7813	338634 - 7161	6203645 - 1463	
19-Nov-19	0932702 - 9500	33893515 - 3921	6208893 - 6529	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
20-Nov-19	0942202 - 9021	3397436 - 0	6210422 - 9090	
21-Nov-19	0951223 - 9971	3397436 - 0	6219512 - 9023	
22-Nov-19	0961194 - 14308	3397436 - 0	6228535 - 2613	
23-Nov-19	0975502 - 14266	3397436 - 0	6231148 - 2528	
24-Nov-19	0989768 - 14011	3397436 - 0	6233676 - 2825	
25-Nov-19	1003785 - 8617	3397436 - 0	6236501 - 8590	
26-Nov-19	1012402 - 9743	3397436 - 7289	6245091 - 2001	
27-Nov-19	1022145 - 9964	3404716 - 9166	6247092 - 0	
28-Nov-19	1032109 - 9901	3413882 - 9208	6247092 - 0	
29-Nov-19	1047010 - 9869	3423090 - 9294	6247092 - 0	
30-Nov-19	1051869 - 9875	3432384 - 9408	6247092 - 0	
1-Dec-19	1061744 - 9555	3441792 - 9480	6247092 - 0	
2-Dec-19	1071299	3451272	6247092	
3-Dec-19				
4-Dec-19				
5-Dec-19				
6-Dec-19				
7-Dec-19				
8-Dec-19				
9-Dec-19				
10-Dec-19				
11-Dec-19				
12-Dec-19				
13-Dec-19				
14-Dec-19				
15-Dec-19				
16-Dec-19				
17-Dec-19				
18-Dec-19				
19-Dec-19				
20-Dec-19				
21-Dec-19				
22-Dec-19				
23-Dec-19				
24-Dec-19				
25-Dec-19				

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
26-Dec-19				
27-Dec-19				
28-Dec-19				
29-Dec-19				
30-Dec-19				
31-Dec-19				

BIOCLERE FIELD REPORT

Date	1/1/2019		
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
Grease Trap		
Primary Tank #1	1"	60"
Primary Tank #2 (if applicable)	3"	35"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	24"
Other: _____		

(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 ₃)	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH ₃ -N (mg/l)	<input type="text"/>
NO ₃ -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?	<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, consult AQUAPOINT, INC.				

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	Amps	4.46 Amps	Amps
What is the amperage of dosing pump 2?	4.24 Amps	Amps	4.92 Amps	Amps
What is the amperage of recycle pump?	4.44 Amps	Amps	4.50 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 577,204 Gallons for an average daily flow of 18,619 Gallons per day, with a max daily flow of 21,277 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 pumped 8 truck loads of sludge out of the system including one Bioclere and the lift station.

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	1/31/2019		
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
Grease Trap		
Primary Tank #1	2"	30"
Primary Tank #2 (if applicable)	2"	27"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	14"
Other: _____		

(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 CaCO₃)

pH

Turbidity (NTU)

Sample
Locations:

Effluent samples are taken
from Pump Tank

Temperature (F)

DO (mg/l)

NH₃-N (mg/l)

NO₃-N (mg/l)

Other:

(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	2		2	

(6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (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?	<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, consult AQUAPOINT, INC.				

BIOCLERE FIELD REPORT

Page 3

(7) Pumps and Control Panel

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

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	4.81	Amps		Amps
What is the amperage of dosing pump 2?	4.77	Amps		Amps	4.89	Amps		Amps
What is the amperage of recycle pump?	4.68	Amps		Amps	4.74	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 533,414 Gallons for an average daily flow of 19,051 Gallons per day, with a max daily flow of 21,329 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

Date	3/5/2019		
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	2"	48"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	5"	35"	Effluent Tank	0	13"
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? ☒ 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:

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

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: .4	min on:	hrs off:	min on: 6	hrs off: .4	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?	4.87 Amps	Amps	4.72 Amps	Amps
What is the amperage of dosing pump 2?	4.72 Amps	Amps	4.74 Amps	Amps
What is the amperage of recycle pump?	4.82 Amps	Amps	4.62 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 527,179 Gallons for an average daily flow of 17,006 Gallons per day, with a max daily flow of 21,811 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

Page 1

Date	4/2/2019		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	Ken Gregory		
Bioclere Model #(s)	36/30 X 2		

☒ O & M ☐ Commissioning
☐ Testing ☐ Other:

--	--

1) Is there odor around the site? ☒ Yes ☐ No

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
Grease Trap		
Primary Tank #1	3"	41"
Primary Tank #2 (if applicable)	1"	31"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	8"
Other:		

(3) Bioclere Venting

☒ 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...

☒ Yes ☐ No

for Bioclere 2A? (if applicable) ☒ Yes ☐ No

☐ 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:

Alkalinity (as CaCO₃)

pH

Turbidity (NTU)

Sample
Locations:

Effluent samples are taken
from Pump Tank

Temperature (F)

DO (mg/l)

NH₃-N (mg/l)

NO₃-N (mg/l)

Other:

(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	2		2	

(6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (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?	<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, consult AQUAPOINT, INC.				

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: .4	min on: hrs off:	min on: 6 hrs off: .4	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?	4.82 Amps	Amps	4.83 Amps	Amps
What is the amperage of dosing pump 2?	4.63 Amps	Amps	4.72 Amps	Amps
What is the amperage of recycle pump?	4.60 Amps	Amps	4.53 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 588,616 Gallons for an average daily flow of 19,621 Gallons per day, with a max daily flow of 25,262 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

Date	5/1/2019		
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"	51"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	4"	35"	Effluent Tank	0	18"
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 CaCO₃)

pH

Turbidity (NTU)

Sample
Locations:

Effluent samples are taken
from Pump Tank

Temperature (F)

DO (mg/l)

NH₃-N (mg/l)

NO₃-N (mg/l)

Other:

(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" value=""/>	<input type="text" value="2"/>	<input type="text" value=""/>

(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?	<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, consult AQUAPOINT, INC.				

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: .4	min on: hrs off:	min on: 6 hrs off: .4	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	4.95 Amps	Amps
What is the amperage of dosing pump 2?	4.51 Amps	Amps	4.90 Amps	Amps
What is the amperage of recycle pump?	4.56 Amps	Amps	4.44 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 520,351 Gallons for an average daily flow of 16,785 Gallons per day, with a max daily flow of 19,985 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.

Have contacted Bubs to set time to have minimum of 2 loads removed from Lift Station and North Bioclere and 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	6/3/2019		
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
Grease Trap		
Primary Tank #1	6"	50"
Primary Tank #2 (if applicable)	3"	40"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	12"
Other: _____		

(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 1B? (if applicable) ☐ Yes ☐ No

for Bioclere 2A? (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:

Alkalinity (as CaCO₃)

pH

Turbidity (NTU)

Sample Locations:

Effluent samples are taken from Pump Tank

Temperature (F)

DO (mg/l)

NH₃-N (mg/l)

NO₃-N (mg/l)

Other:

(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	2		2	

(6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (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?	<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, consult AQUAPOINT, INC.				

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: .4	min on:	hrs off:	min on: 6	hrs off: .4	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	Amps	4.95 Amps	Amps
What is the amperage of dosing pump 2?	4.71 Amps	Amps	4.77 Amps	Amps
What is the amperage of recycle pump?	4.30 Amps	Amps	4.56 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:

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.
Bubs removed 2 loads from Lift Station and North Bioclere and 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	7/2/2019		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	James Bartlett		
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
Grease Trap		
Primary Tank #1	5"	48"
Primary Tank #2 (if applicable)	1"	60"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	22"
Other: _____		

(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 ₃)	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
		Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH ₃ -N (mg/l)	<input type="text"/>
		NO ₃ -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?	<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, consult AQUAPOINT, INC.				

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: .4	min on: hrs off:	min on: 6 hrs off: .4	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?	4.38 Amps	Amps	4.81 Amps	Amps
What is the amperage of dosing pump 2?	4.75 Amps	Amps	4.59 Amps	Amps
What is the amperage of recycle pump?	4.68 Amps	Amps	4.54 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 flow over a 31 day period was 474,307 Gallon for an average daily flow of 15,300 gallons and a daily max flow of 29,678 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 had a dosing pump go down and had to be replaced. It is back up and running properly now.

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	8/5/2019		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	James Bartlett		
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	2"	38"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	1"	37"	Effluent Tank	0	11"
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 CaCO₃)

pH

Turbidity (NTU)

Sample
Locations:

Effluent samples are taken
from Pump Tank

Temperature (F)

DO (mg/l)

NH₃-N (mg/l)

NO₃-N (mg/l)

Other:

(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	2		2	

(6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (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?	<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, consult AQUAPOINT, INC.				

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: .4	min on: hrs off:	min on: 6 hrs off: .4	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	4.97 Amps	Amps
What is the amperage of dosing pump 2?	4.60 Amps	Amps	4.98 Amps	Amps
What is the amperage of recycle pump?	4.29 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 flow over a 33 day period was 632,092 Gallon for an average daily flow of 19,154 gallons and a daily max flow of 21,756 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.

Bubs removed 2 loads from Lift Station and North Bioclere and 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	9/3/2019		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	James Bartlett		
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	2"	43"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	2"	48"	Effluent Tank	0	11"
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 ₃)	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH ₃ -N (mg/l)	<input type="text"/>
NO ₃ -N (mg/l)	<input type="text"/>	Other:	<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?	<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, consult AQUAPOINT, INC.				

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: .4	min on: hrs off:	min on: 6 hrs off: .4	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?	4.50 Amps	Amps	5.16 Amps	Amps
What is the amperage of dosing pump 2?	4.68 Amps	Amps	5.04 Amps	Amps
What is the amperage of recycle pump?	4.64 Amps	Amps	4.36 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 flow over a 31 day period was 537,686 Gallon for an average daily flow of 17,345 gallons and a daily max flow of 22,414 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

Date	10/1/2019		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	James Bartlett		
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	2"	46"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	2"	50"	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 ₃)	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH ₃ -N (mg/l)	<input type="text"/>
NO ₃ -N (mg/l)	<input type="text"/>	Other:	<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?	<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, consult AQUAPOINT, INC.				

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:	10	min off:	2
What is the recycle pump timer setting?	min on:	6	hrs off:	.4	min on:	6	hrs off:	.4

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

What is the amperage of dosing pump 1?	4.58	Amps		Amps	5.21	Amps		Amps
What is the amperage of dosing pump 2?	4.96	Amps		Amps	5.15	Amps		Amps
What is the amperage of recycle pump?	4.74	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? ☐ 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 flow over a 30 day period was 477,862 Gallon for an average daily flow of 15,929 gallons and a daily max flow of 22,456 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

Date	11/1/2019		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	James Bartlett		
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
Grease Trap		
Primary Tank #1	2"	44"
Primary Tank #2 (if applicable)	2"	58"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	13"
Other: _____		

(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 ₃)	pH	Turbidity (NTU)
Sample Locations:	Effluent samples are taken from Pump Tank	Temperature (F)	DO (mg/l)	NH ₃ -N (mg/l)
		NO ₃ -N (mg/l)	Other:	

(5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
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" value="1"/>	<input type="text" value="2"/>	<input type="text" value="1"/>

(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?	<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, consult AQUAPOINT, INC.				

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:	min on:	min off:	min on:	10 min off:	min on:	min off:
What is the recycle pump timer setting?	min on:	6 hrs off:	min on:	hrs off:	min on:	6 hrs off:	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?	4.56 Amps	Amps	5.18 Amps	Amps
What is the amperage of dosing pump 2?	5.03 Amps	Amps	5.19 Amps	Amps
What is the amperage of recycle pump?	4.79 Amps	Amps	5.03 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 flow over a 31 day period was 677,188 Gallon for an average daily flow of 21,845 gallons and a daily max flow of 25,248 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

Date	12/3/2019		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	James Bartlett		
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	2"	45"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	2"	59"	Effluent Tank	0	12"
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 ₃)	pH	Turbidity (NTU)
Sample Locations:	Effluent samples are taken from Pump Tank	Temperature (F)	DO (mg/l)	NH ₃ -N (mg/l)
		NO ₃ -N (mg/l)	Other:	

(5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
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	2		2	

(6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (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?	<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, consult AQUAPOINT, INC.				

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:	min on:	min off:	min on:	10 min off:	min on:	min off:
What is the recycle pump timer setting?	min on:	6 hrs off:	min on:	hrs off:	min on:	6 hrs off:	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?	4.75 Amps	Amps	5.21 Amps	Amps
What is the amperage of dosing pump 2?	5.25 Amps	Amps	5.22 Amps	Amps
What is the amperage of recycle pump?	4.86 Amps	Amps	5.13 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 flow over a 30 day period was 631,140 Gallon for an average daily flow of 21,038 gallons and a daily max flow of 25,626 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

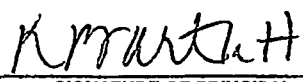
PERMITTEE NAME
Benton County, Arkansas Suburban Sewer District No 1 Villages of Cross Creek
PERMITTEE ADDRESS
PO Box 9299 Fayetteville AR 72703

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
12/1/2019		12/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.474307	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.029678	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	29.4	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	25.7	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	> 24196.0	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	6.35	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		
Loading Rate	REPORT		gpd/ft 2		

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
Kathy Bartlett TYPED OR PRINTED			(479) 530-5926	1/13/2020 MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				
Repaired and currently repairing multiple dripline damage caused by neighbors fallen trees caused by storm Also replacing portions of the fence that were damaged				

Dec 2019 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max	29,678
Zone Identification	GPD/sq 2
1	3,354
2	3,354
3	3,354
4	3,354
5	3,354
6	3,354
7	3,977
8	4,630
9	Not used
10	Combined with 8
11	947
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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


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

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2019	11/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.631140	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.025626	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	19.5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	16.4	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	12	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT		mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		
Loading Rate	REPORT		gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett			(479) 530-5926	12/16/2019
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Because of excessive storm and high wind damage trees and branches fell onto the drip field and damaged fences and dripfield. At the current time fences and field are scheduled to be repaired and replaced. Trees and branches have all been removed and cleared

Nov 2019 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

25626

Zone Identification

GPD/sq 2

1

2,895

2

2,895

3

2,895

4

2,895

5

2,895

6

2,895

7

3,433

8

3,997

9

Not used

10

Combined with 8

11

826

12

Not used

13

Not used

14

Not used

15

Not used

16

Not used

17

Not used

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

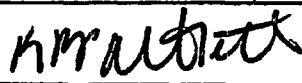
PERMITTEE NAME
Benton County, Arkansas Suburban Sewer District No 1 Villages of Cross Creek
PERMITTEE ADDRESS
PO Box 9299 Fayetteville AR 72703

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2019	10/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.677188	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.025284	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	25.7	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	16	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.8	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	34.6	mg/l		
Ammonia Nitrogen	REPORT	17.1	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	10.3	mg/l		
Plant Available Nitrogen (PAN)	REPORT	32.6	mg/l		
Loading Rate	REPORT		gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center;">Kathy Bartlett</div> 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.	<div style="text-align: center;">  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT </div>	TELEPHONE (479) 530-5926	DATE 11/14/2019 MM/DD/YYYY
		COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) Repaired 14 areas in drip line		

Oct 2019 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

25284

Zone Identification	GPD/sq 2
1	2,928
2	2,928
3	2,928
4	2,928
5	2,928
6	2,928
7	3,388
8	3,944
9	Not used
10	Combined with 8
11	3,337
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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

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

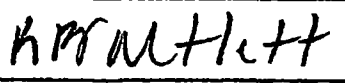
FACILITY NAME (IF DIFFERENT)
Villages of Cross Creek
FACILITY ADDRESS
3302 N Dixieland Rd Little Flock AR

PERMIT NO.
4811-WR-4

AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2019	9/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.477862	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.022456	MGD	Daily	
Carbonaceous Blochemical Oxygen Demand (CBOD5)	30	9.9	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	177.5	mg/l		
Fecal Colliform Bacteria (FCB)	10,000	201	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Phosphorus (TP)	REPORT	8.38	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	No Report	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (479) 530-5926	DATE 10/14/2019 MM/DD/YYYY
Kathy Bartlett				
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 Exceeded TSS limit, the Pump Tank needed to have solids removed. Work completed in October
 Repaired 2 supply/return line fittings

Sept 2019 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max		22456
Zone Identification		GPD/sq 2
1		2,537
2		2,537
3		2,537
4		2,537
5		2,537
6		2,537
7		3,009
8		3,503
9		Not used
10		Combined with 8
11		722
12		Not used
13		Not used
14		Not used
15		Not used
16		Not used
17		Not used

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


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

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2019	8/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.537686	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.022414	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	10.4	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	12.4	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	> 2419.6	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.32	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	No Report	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett TYPED OR PRINTED			(479) 530-5926	9/4/2019 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 Isolated 3 areas in lower drip field where the ground was wet but not surfacing, in the process of making repairs

Aug 2019 VILLAGES OF CROSS CREEK LOADING RATES Max Day 22,414

Zone Identification	GPD/sq 2
1	2,533
2	2,533
3	2,533
4	2,533
5	2,533
6	2,533
7	3,003
8	3,497
9	Not used
10	Combined with 8
11	2,959
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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


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

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2019	7/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.632092	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021756	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	5.5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	17.6	mg/l		
Fecal Collform Bacteria (FCB)	10,000	22	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	6.78	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	37.2	mg/l		
Ammonia Nitrogen	REPORT	32.5	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	6.77	mg/l		
Plant Available Nitrogen (PAN)	REPORT	50.4	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett			(479) 530-5926	8/7/2019
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

July 2019 VILLAGES OF CROSS CREEK LOADING RATES Max day 21,756

Zone Identification	GPD/sq 2
1	2,458
2	2,458
3	2,458
4	2,458
5	2,458
6	2,458
7	2,915
8	3,394
9	Not used
10	Combined with 8
11	2,872
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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


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

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
6/1/2019		6/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING.					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.485429	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.019281	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	13.2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	24.5	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	4,884	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	7.16	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	

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
Kathy Bartlett			(479) 530-5926	7/1/2019
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

June 2019 VILLAGES OF CROSS CREEK LOADING RATES 19,281 Max Day

Zone Identification	GPD/sq 2
1	2,179
2	2,179
3	2,179
4	2,179
5	2,179
6	2,179
7	2,584
8	3,008
9	Not used
10	Combined with 8
11	2,545
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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


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

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2019	5/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.520351	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, dally maximun	REPORT	0.019985	MGD	Daily	
Carbonaceous Blochemical Oxygen Demand (CBOD5)	30	7.9	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	31.5	mg/l		
Fecal Collform Bacteria (FCB)	10,000	< 10	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	7.06	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	

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
Kathy Bartlett			(479) 530-5926	6/7/2019
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) Solids were high due to sludge in settling tank. We are scheduling to have tank and plant pumped. We will monitor and report next month.

May 2019 VILLAGES OF CROSS CREEK LOADING RATES Max Day 19,985

Zone Identification	GPD/sq 2
1	2,258
2	2,258
3	2,258
4	2,258
5	2,258
6	2,258
7	2,678
8	3,118
9	Not used
10	Combined with 8
11	2,638
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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

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


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

PERMIT NO.
4811-WR-4

AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2019	4/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.588616	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.025262	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	4.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	26.9	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	131	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	4.75	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	27.6	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	25.5	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	1.88	mg/l		
Plant Available Nitrogen (PAN)	REPORT	28	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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
Kathy Bartlett			(479) 530-5926	5/2/2019
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

April 2019 VILLAGES OF CROSS CREEK LOADING RATES Max Day 25,262 Gal

Zone Identification	GPD/sq 2
1	2,855
2	2,855
3	2,855
4	2,855
5	2,855
6	2,855
7	3,385
8	3,941
9	Not used
10	Combined with 8
11	3,335
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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


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

FACILITY NAME (IF DIFFERENT)
Villages of Cross Creek
FACILITY ADDRESS
3302 N Dixie Rd Little Rock AR

PERMIT NO.
4811-WR-4
APIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2019	3/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.527179	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021811	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	7.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	21.6	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	24	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	6.58	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 ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett			(479) 530-5926	4/3/2019
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

March 2019 VILLAGES OF CROSS CREEK LOADING RATES 21,811 Max Day

Zone Identification	GPD/sq 2
1	2465
2	2465
3	2465
4	2465
5	2465
6	2465
7	2923
8	3403
9	Not used
10	Combined with 8
11	2879
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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

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

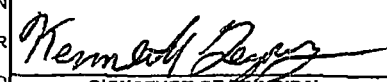
FACILITY NAME (IF DIFFERENT)
Villages of Cross Creek
FACILITY ADDRESS
3302 N Dixieland Rd Little Flock AR

PERMIT NO.
4811-WR-4

AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
2/1/2019		2/28/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.533414	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021329	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	11.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	38	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	727	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.8	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	

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
Kathy Bartlett			(479) 530-5926	3/7/2019
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) We feel our solids were still high due to tanks settling after removal of sludge, we have observed effluent become clearer, and will monitor to see if further steps are needed such as increasing recycle pump rates.

Feb 2019 VILLAGES OF CROSS CREEK LOADING RATES ^{21,329} max/day	
Zone Identification	GPD/sq 2
1	2,410
2	2,410
3	2,410
4	2,410
5	2,410
6	2,410
7	2,858
8	3,327
9	Not used
10	Combined with 8
11	2,815
12	Not used
13	Not used
14	Not used
15	Not used
16	Not used
17	Not used

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


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

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

PERMIT NO.
4811-WR-4
AFIN NO.
04-00899

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
1/1/2019		1/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.577204	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, dally maximun	REPORT	0.021277	MGD	Daily	
Carbonaceous Blochemical Oxygen Demand (CBOD5)	30	6.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	30	36	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	< 4	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	6.3	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	44.4	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	40.1	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	1.72	mg/l		
Plant Available Nitrogen (PAN)	REPORT	43.1	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett			(479) 530-5926	1/7/2019
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 High TSS was due to recycle pump in one unit clogging. We have since desludged entire system, Cleaned pumps. We will monitor and report next month.

Jan 2019 VILLAGES OF CROSS CREEK LOADING RATES Max Day 21,277

Zone Identification	GPD/sq 2
1	2,404
2	2,404
3	2,404
4	2,404
5	2,404
6	2,404
7	2,851
8	3,319
9	Not used
10	Combined with 8
11	2,809
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: 1912020097
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 01/02/20

Sample Date : 12/19/19
Sample Time : 1415
Sample Type : GRAB
Sample From : EFFLUENT

Collected By: VLP
Delivery By : VLP
Work Order :
Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
12/19	1419	VLP	pH	7.1 S.U.			SM 2011 4500-H+ B	0.00
12/27	1400	TWM	Phosphorous, Total (as P)	6.35 mg/L			EPA 365.3	0.90
12/30	1030	TSB	Solids, Total Suspended	25.7 mg/L			SM 2011 2540 D	26.17
12/19	1600	VLP	Fecal Coliform (MPN/100mL)	> 24196.0 /100ml (b)			06/2012 Colilert18	0.00
12/20	1200	TSB	BOD, Carbonaceous	29.4 mg/L			SM 2001 5210 B	5.30
								% Recovery
								N/A *
								111.0 *
								N/A *
								0.0 *
								92.7

* QA data shown is from a different sample or standard on the same date.
(b) Exceeds Permit Limits for Maximum Concentration

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.

474 307

29 678



Carlsbad, New Mexico
575-887-1ESC

CHAIN OF CUSTODY

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: 1911020127
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 12/02/19

Sample Date : 11/21/19
Sample Time : 1440
Sample Type : GRAB DIXIELAND
Sample From : DOSE TANK EFFLUENT

Collected By: JE
Delivery By : JE
Work Order :
Purchase Order :

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
11/21	1440	JEW	pH	7.4	S.U.		SM 2011 4500-H+ B		
11/22	1445	TSB	Phosphorous, Total (as P)	6.16	mg/L		EPA 365.3	0.58	108.0 *
11/26	1430	TSB	Solids, Total Suspended	16.4	mg/L		SM 2011 2540 D	5.00	N/A *
11/21	1712	TSB	Fecal Coliform (MPN/100mL)	12.4	/100ml		06/2012 Colilert18	0.00	0.0 *
11/22	1200	TSB	BOD, Carbonaceous	19.5	mg/L		SM 2001 5210 B	2.05	99.6

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Signature

Environmental Services Co., Inc.

631,140
25,626

Carlsbad, New Mexico
575-887-1ESC

CHAIN OF CUSTODY

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: 1910020124
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 10/28/19

Sample Date : 10/17/19
Sample Time : 1214
Sample Type : GRAB DIXIELAND
Sample From : DOSE TANK EFFLUENT

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

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
10/17	1500	TSB	Ammonia as N, (HACH 10205)	17.10 mg/L			SM 2011 4500-NH3 F	0.38
10/21	1230	TSB	Total Kjeldahl Nitrogen	34.6 mg/L			02/2014 HACH 10242	2.11
10/17	1216	NTR	pH	7.2 S.U.			SM 2011 4500-H+ B	0.00
10/21	1544	TSB	Phosphorous, Total (as P)	6.80 mg/L			EPA 365.3	0.90
10/23	1430	TSB	Solids, Total Suspended	25.7 mg/L			SM 2011 2540 D	4.85
10/17	1630	TSB	Fecal Coliform (MPN/100mL)	15.8 /100mL			06/2012 Colilert18	0.00
10/18	0800	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	6.84
10/21	1300	TSB	Nitrate + Nitrite	10.30 mg/L			01/2013 HACH 10206	1.82
10/22	1500	TSB	Nitrogen, Plant Available	32.6 mg/L			SM 1997 4500-N	
								% Recovery
								96.0 *
								95.2 *
								N/A *
								108.0 *
								N/A *
								0.0 *
								118.0 *
								98.4 *

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

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Signature

Environmental Services Co., Inc.

677,188
25,284

14 rcp

Carlsbad, New Mexico
575-887-1ESC

CHAIN OF CUSTODY

G:\WP\ JCFORMS\CHAIN.XLS

Environmental Services Company, Inc.

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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: 1909020083
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 10/03/19

Sample Date : 09/26/19
Sample Time : 1330
Sample Type : GRAB DIXIELAND
Sample From : DOSE TANK EFFLUENT

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

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>							<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>% RPD</u>	<u>% Recovery</u>
09/27	1330	JEW	pH	6.8 S.U.			0.00	N/A
09/30	1330	TSB	Phosphorous, Total (as P)	8.380 mg/L			2.23	112.0 *
09/30	1030	TSB	Solids, Total Suspended	177.5 mg/L	(b)		0.00	N/A *
09/26	1645	TSB	Fecal Coliform (MPN/100mL)	201.0 /100ml			19.59	0.0 *
09/27	0900	TSB	BOD, Carbonaceous	9.9 mg/L			12.23	103.6 *

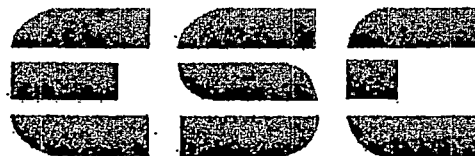
* QA data shown is from a different sample or standard on the same date.
(b) Exceeds Permit Limits for Maximum Concentration

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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 #:						<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">pH(23)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Phos(25)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Fecal Coliform(43-IF)</div> </div>					
Address: 3302 N. Dixieland				Purchase Order #:											
Rogers AR				Sampler Name(s): <i>James Walter James Wiltse</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	1909020083	9-26-19	1330	GRAB	Water	teflon	150 mL	None	1	X					
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X				
				GRAB	Water	Plastic	1 qt	None, Cool†	1			X			
				GRAB	Water	Whirlpak	100 ml	NaS ₂ O ₄ Cool†	1				X		
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:					
<i>James Walter James Wiltse</i>		9-26-19	1640							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 By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:					
				<i>James Walter James Wiltse</i>				9-26-19	1640	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units			
				Analyst:		pH:		1330	<i>JEW</i>	6.8	6.8				
				Time:		Temp.:		1330	<i>JEW</i>	28.4	28.5	°F			
				Reading:		DO:									
				Units:		Debris:									
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page <u>1</u> of <u>1</u>					

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: 1908020056
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 08/26/19

Sample Date : 08/15/19
Sample Time : 1405
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

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

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
08/15	1405	JEW	pH	7.2	S.U.		SM 2011 4500-H+ B	0.00
08/19	1500	TSB	Phosphorous, Total (as P)	6.320	mg/L		EPA 365.3	0.00
08/20	1406	TSB	Solids, Total Suspended	12.4	mg/L		SM 2011 2540 D	1.24
08/15	1640	TSB	Fecal Coliform (MPN/100mL)	> 2419.6	/100ml		06/2012 Colilert18	0.00
08/16	0800	TSB	BOD, Carbonaceous	10.4	mg/L		SM 2001 5210 B	0.65
								% Recovery
								N/A *
								107.0 *
								N/A *
								0.0 *
								114.0 *

* 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.

Carlsbad, New Mexico
575-887-1ESC

CHAIN OF CUSTODY

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: 1907020077
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 07/26/19

Sample Date : 07/19/19
Sample Time : 1520
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

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

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
07/19	1200	TSB	Ammonia as N, (HACH 10205)	32.50 mg/L			SM 2011 4500-NH3 F	0.53	98.0 *
07/23	0900	TSB	Total Kjeldahl Nitrogen	37.2 mg/L			02/2014 HACH 10242	5.71	99.6 *
07/19	1520	JEW	pH	7.3 S.U.			SM 2011 4500-H+ B	0.00	N/A *
07/23	1200	TSB	Phosphorous, Total (as P)	6.780 mg/L			EPA 365.3	0.00	103.0 *
07/25	1200	TSB	Solids, Total Suspended	17.6 mg/L			SM 2011 2540 D	7.59	N/A *
07/19	1650	TSB	Fecal Coliform (MPN/100mL	21.8 /100ml			06/2012 Colilert18	0.00	0.0 *
07/19	1700	TSB	BOD, Carbonaceous	5.5 mg/L			SM 2001 5210 B	6.87	88.0 *
07/23	0900	TSB	Nitrate + Nitrite	6.77 mg/L			01/2013 HACH 10206	1.20	97.0 *
07/23	1545	TSB	Nitrogen, Plant Available	50.4 mg/L			SM 1997 4500-N		

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

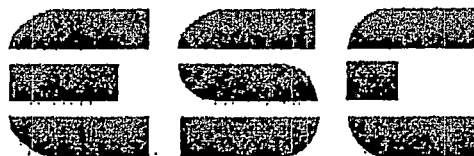
* QA data shown is from a different sample or standard on the same date.

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Signature


Environmental Services Co., Inc.

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



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

Carlsbad, New Mexico
575-887-1ESC

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

CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters										
Company Name: Dixieland Utility LLC.						Permit/Project #:					pH(23)	Phos(25), NH ₃ -N(15.A)	s-TKN(16.C)N+N(91)	CBOD(70), TSS(28), PAN(99.99)	Fecal Coliform(43.IF)						
Address: 3302 N. Dixieland						Purchase Order #:															
Rogers AR						Sampler Name(s): <i>James W. Hise</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	1907020077	7-19-19	1520	GRAB	Water	teflon	150 ml	none	1	X											
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X	X									
				GRAB	Water	Plastic	1 qt	none/ice	1				X								
				GRAB	Water	Whirlpak	300ml	Na ₂ S ₂ O ₄	1					X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:													
<i>James W. Hise</i>		7-19-19	1625	<i>James W. Hise</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>James W. Hise</i>		7-19-19	1625	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units										
				Analyst:		pH:	1520	YEL	7.3	7.3											
				Time:		Temp.:	1520	YEL	30.8	30.7	°C °F										
				Reading:		DO:															
				Units:		Debris:															
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u>1</u> of <u>1</u>											

Environmental Services Company, Inc.

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Control Number: 1906020078
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 06/29/19

Sample Date : 06/21/19
Sample Time : 1050
Sample Type : GRAB
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>	
06/21	1055	JEW	pH	7.2	S.U.		SM 2011 4500-H+ B	Precision
06/27	1015	TSB	Phosphorous, Total (as P)	7.160	mg/L		EPA 365.3	% RPD
06/28	1427	TSB	Solids, Total Suspended	24.5	mg/L		SM 2011 2540 D	Accuracy
06/21	1604	TSB	Fecal Coliform (MPN/100mL)	4884.0	/100mL		06/2012 Colilert18	% Recovery
06/21	1300	TSB	BOD, Carbonaceous	13.2	mg/L		SM 2001 5210 B	

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

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Signature



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Control Number: 1905020065
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 05/21/19

Sample Date : 05/13/19
Sample Time : 1330
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

Collected By: VLP
Delivery By : VLP
Work Order :
Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
05/13	1331	VLP	pH	7.2 S.U.			SM 2000 4500-H+ B	1.38
05/20	1040	AKA	Phosphorous, Total (as P)	7.060 mg/L			EPA 365.3	0.82
05/16	0900	AKA	Solids, Total Suspended	31.5 mg/L	(b)		SM 2011 2540 D	11.87
05/13	1600	AKA	Fecal Coliform (MPN/100mL)	< 10.0 /100mL			06/2012 Colilert18	0.00
05/15	1500	AKA	BOD, Carbonaceous	7.9 mg/L			SM 2001 5210 B	19.44
								% Recovery
								N/A
								106.0 *
								N/A *
								0.0
								109.1

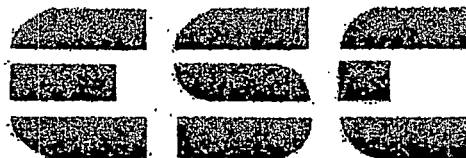
* QA data shown is from a different sample or standard on the same date.
(b) Exceeds Permit Limits for Maximum Concentration

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Signature


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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 #:				<p>PH(23) Phos(26) CBOD(70) TSS(28) Fecal Coliform(43.1F)</p>							
Address: 3302 N. Dixieland				Purchase Order #:											
Rogers AR				Sampler Name(s): <i>V-L. Pate</i>											
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>[Signature]</i>											
ESC Client Number: 1698															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	PH(23)	Phos(26)	CBOD(70)	TSS(28)	Fecal Coliform(43.1F)	
Dose Tank/Effluent	19050200665	5/13/19	1330	GRAB	Water	teflon	150 mL	None	0	X					
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ pH<2	1		X				
				GRAB	Water	Plastic	1 qt	None, Cool [†]	1			X			
				GRAB	Water	Whirlpak	125 mL	NaS ₂ O ₄ Cool [†]	1				X		
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	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: 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"/>							
Comments:				FLOW DATA		Field Test		Time		Analyst		Result		Units	
				Analyst:		pH:		1331		930		7.2		34	
				Time:		Temp.:		2		2				°C °F	
				Reading:		DO:									
				Units:		Debris:									
Cool all samples to 6 degrees C.				Chlorinated? Yes No		This Document is Page		of							

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Control Number: 1904020086
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 04/17/19

Sample Date : 04/12/19
Sample Time : 1416
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

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

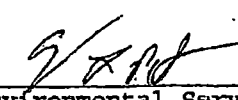
Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	
04/12	1500	AKA	Ammonia as N, (HACH 10205)	25.50 mg/L			SM 2011 4500-NH3 F	Precision
04/15	1145	AKA	Total Kjeldahl Nitrogen	27.6 mg/L			02/2014 HACH 10242	% RPD
04/12	1418	NTR	pH	7.4 S.U.			SM 2000 4500-H+ B	Accuracy
04/16	1100	AKA	Phosphorous, Total (as P)	4.750 mg/L			EPA 365.3	% Recovery
04/16	0900	TSB	Solids, Total Suspended	26.9 mg/L			SM 2011 2540 D	
04/12	1650	AKA	Fecal Coliform (MPN/100mL)	131.4 /100mL			06/2012 Colilert18	
04/12	1400	TSB	BOD, Carbonaceous	4.1 mg/L			SM 2001 5210 B	
04/16	0930	AKA	Nitrate + Nitrite	1.88 mg/L			01/2013 HACH 10206	
04/16	1145	AKA	Nitrogen, Plant Available	28.0 mg/L			SM 1997 4500-N	

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CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters				
Company Name: Dixieland Utility LLC.						Permit/Project #:					pH(23) Phos(25) NH ₃ -N(15-A) S-TKN(16) C-N+N(91) CBOD(70) SS(28) PAN(99.99) Fecal Coliform(43.1F)				
Address: 3302 N. Dixieland						Purchase Order #:									
Rogers AR						Sampler Name(s): Ned Ryerson									
Telephone: (479)936-0333 (Cell)						and Signature(s): <i>Ned Ryerson</i>									
ESC Client Number: 1698															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
Dose Tank/Effluent	1904670086	4-12-19	1416	GRAB	Water	teflon	150 ml	none	1	X					
				GRAB	Water	Plastic	8 oz.	H ₂ SO ₄ pH<2	1		X	X			
				GRAB	Water	Plastic	1 qt.	none/ice	1			X			
				GRAB	Water	Whirlpak	300ml	NaS ₂ O ₄	1			X			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	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? <input checked="" type="checkbox"/> 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"/>							
Comments:		4-12-19 1530		Dana Brock, Lameia Brock		4-12-19 1530		FLOW DATA		Field Test		Time			
								Analyst:		pH:		1412			
								Time:		Temp:		1412			
								Reading:		DO:		21.2			
								Units:		Debris:					
								Chlorinated? Yes No				This Document is Page 1 of 1			

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Control Number: 1903020047
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 03/15/19

Sample Date : 03/08/19
Sample Time : 1206
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

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

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>		
<u>Analysis</u>			<u>Parameter</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>% RPD</u>	<u>% Recovery</u>
03/08	1209	NTR	pH	7.3 S.U.			SM 2000 4500-H+ B	0.00	N/A *
03/11	1230	AKA	Phosphorous, Total (as P)	6.580 mg/L			EPA 365.3	0.00	108.0 *
03/13	1100	AKA	Solids, Total Suspended	21.6 mg/L			SM 2011 2540 D	31.15	N/A *
03/08	1615	TSB	Fecal Coliform (MPN/100mL)	24.0 /100ml			06/2012 Colilert18	6.90	0.0
03/08	1400	AKA	BOD, Carbonaceous	7.7 mg/L			SM 2001 5210 B	2.07	91.0 *
03/11		BSC	Sample Collection/Travel	1 each					

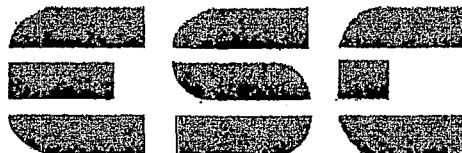
* QA data shown is from a different sample or standard on the same date.

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Signature


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CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters									
Company Name: Dixieland Utility LLC.				Permit/Project #:				<p>pH(23) <input checked="" type="checkbox"/> Phos(25) <input checked="" type="checkbox"/> CBOD(70), TSS(28) <input checked="" type="checkbox"/> Fecal Coliform(43-IF) <input checked="" type="checkbox"/></p>									
Address: 3302 N. Dixieland				Purchase Order #:													
Rogers AR				Sampler Name(s): Ned Ryerson													
Telephone: (479)936-0333 (Cell)				and Signature(s): Ned Ryerson													
Telephone:																	
ESC Client Number: 1698																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43-IF)				
Dose Tank/Effluent	1903020047	3-8-19	1206	GRAB	Water	teflon	150 mL	None	1	<input checked="" type="checkbox"/>							
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		<input checked="" type="checkbox"/>						
				GRAB	Water	Plastic	1 qt	None, Cool [†]	1			<input checked="" type="checkbox"/>					
				GRAB	Water	Whirlpak	125 mL	NaS ₂ O ₄ Cool [†]	1				<input checked="" type="checkbox"/>				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	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: <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No <input type="checkbox"/>									
Comments:		FLOW DATA		Field Test		Time	Analyst	Result	Result	Units							
		Analyst:		pH:		1208	NRL	7.3	7.3	5.6 °F							
		Time:		Temp.:		1208	NRL	16.2	16.3								
		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: 1902020058
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 02/21/19

Sample Date : 02/15/19
Sample Time : 1510
Sample Type : GRAB DIXIELAND
Sample From : DOSE TANK EFFLUENT

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

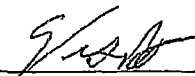
Laboratory Analysis							Quality Assurance	
Analysis							Precision	Accuracy
Date	Time	By	Parameter	Result	Notes	Quantity	% RPD	% Recovery
02/15	1510	JEW	pH	7.2 S.U.			0.00	N/A
02/18	1400	AKA	Phosphorous, Total (as P)	6.800 mg/L			1.71	106.0
02/18	1330	TSB	Solids, Total Suspended	38.0 mg/L	(b)		3.47	N/A *
02/15	1630	AKA	Fecal Coliform (MPN/100mL)	727.0 /100ml			0.00	0.0 *
02/15	1330	AKA	BOD, Carbonaceous	11.7 mg/L			0.00	82.7 *
02/11		ESC	Sample Collection/Travel	1 each				

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

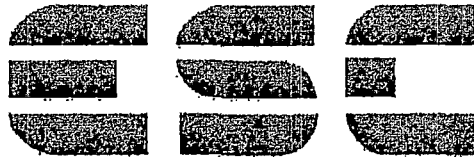
(b) Exceeds Permit Limits for Maximum Concentration

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CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters							
Company Name: Dixieland Utility LLC.				Permit/Project #:						<p>pH(23) <input type="checkbox"/> Phos(25) <input type="checkbox"/> CBOD(70), TSS(28) <input type="checkbox"/> Fecal Coliform(43.1F) <input type="checkbox"/></p>							
Address: 3302 N. Dixieland				Purchase Order #:													
Rogers AR				Sampler Name(s): <i>James W. With Jones W. With</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	#	pH(23)	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.1F)				
Dose Tank/Effluent	1902020058	2-15-19	1510	GRAB	Water	teflon	150 mL	None	1	<input checked="" type="checkbox"/>							
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ pH<2	1		<input checked="" type="checkbox"/>						
				GRAB	Water	Plastic	1 qt	None, Cool [†]	1			<input checked="" type="checkbox"/>					
				GRAB	Water	Whirlpak	125 mL	Na ₂ O ₄ Cool [†]	1				<input checked="" type="checkbox"/>				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seal:									
<i>James W. With Jones W. With</i>		2-15-19	1630					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:									
								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:									
				<i>Damen Foster Turner</i>		2-15-19	1630	Yes <input type="checkbox"/> No <input type="checkbox"/>									
Comments:				FLOW DATA		Field Test		Time		Analyst		Result		Result		Units	
				Analyst:		pH:		1510		<i>GW</i>		7.2		7.2			
				Time:		Temp.:		1510		<i>GW</i>		16.9		16.8		°C	
				Reading:		DO:											
				Units:		Debris:											
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u> </u> of <u> </u>							

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Control Number: 1901020124
Customer Name : DIXIELAND UTILITY LLC
Customer/Permit No. : 1698 / 4811-WR-4 001
Report Date : 02/07/19

Sample Date : 01/30/19
Sample Time : 1250
Sample Type : GRAB DIXIELAND
Sample From : DOSE TANK EFFLUENT

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

Analysis							Laboratory Analysis		Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery	
02/01	1025	AKA	Ammonia as N, (HACH 10205)	40.10 mg/L			SM 2011 4500-NH3 F	4.65	102.2	
02/04	1130	AKA	Total Kjeldahl Nitrogen	44.4 mg/L			02/2014 HACH 10242	1.77	86.2 *	
01/31	1250	JEW	pH	7.6 S.U.			SM 2000 4500-H+ B	0.00	N/A	
01/31	0900	TSB	Phosphorous, Total (as P)	6.300 mg/L			EPA 365.3	0.90	107.0 *	
01/31	1046	AKA	Solids, Total Suspended	36.0 mg/L	(b)		SM 2011 2540 D	6.41	N/A *	
01/30	1635	TSB	Fecal Coliform (MPN/100mL)	< 4.0 /100ml			06/2012 Colilert18	0.00	0.0 *	
01/30	1400	TSB	BOD, Carbonaceous	6.7 mg/L			SM 2001 5210 B	4.69	107.7 *	
02/05	842	AKA	Nitrate + Nitrite	1.72 mg/L			01/2013 HACH 10206	4.56	105.0	
02/07	0900	TSB	Nitrogen, Plant Available	43.1 mg/L			SM 1997 4500-N			
01/11	0900	SR	Sample Collection/Travel	1 each						

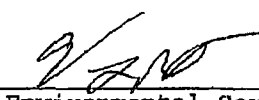
* QA data shown is from a different sample or standard on the same date.
(b) Exceeds Permit Limits for Maximum Concentration

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

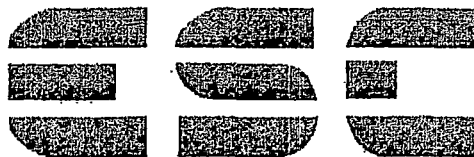
(b) Exceeds Permit Limits for Maximum Concentration

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

Signature


Environmental Services Co., Inc.

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



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

Carlsbad, New Mexico
575-887-1ESC

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

CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters										
Company Name: Dixieland Utility LLC.						Permit/Project #:					pH(23)	Phos(25), NH ₃ -N(15.A)	S-TKN(16.C)N+N(91)	CBOD(70), TSS(28), PAN(99.99)	Fecal Coliform(43.IF)						
Address: 3302 N. Dixieland						Purchase Order #:															
Rogers AR						Sampler Name(s): <i>James W. Hse</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	1901020124	1-30-19	1250	GRAB	Water	teflon	150 ml	none	1	x											
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x	x									
				GRAB	Water	Plastic	1 qt	none/ice	1				x								
				GRAB	Water	Whirlpak	300ml	Na ₂ S ₂ O ₄	1					x							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:												
<i>James W. Hse</i>		1-30-19	1630						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:												
									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:												
				<i>Damon Brock</i>			1-30-19	1630	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units									
				Analyst:		pH:		1250	YFW	7.6	7.6										
				Time:		Temp.:		1250	YFW	18.1	18.1	°C									
				Reading:		DO:															
				Units:		Debris:															
Cool all samples to 6 degrees C.										Chlorinated? Yes No			This Document is Page <u> </u> of <u> </u>								

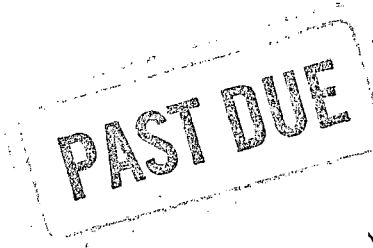
Roto-Rooter

INVOICE

P.O. Box 7180
Springdale, Ar. 72766
Phone: (479)751-8442 Fax: (479)751-8940

DATE: 1/11/19

TO:
NWA UTILITIES
8533 APPLE GLEN BLVD
ROGERS, AR 72756



*Village of
Cherokee Creek*

COMMENTS OR SPECIAL INSTRUCTIONS:
Please return bottom portion of invoice with payment.

DATE	INVOICE #	TOTAL
9/14/18	94457	139.00
TOTAL DUE		\$139.00

Make all checks payable to: Roto-Rooter

Payment due upon receipt of this statement. Thank you for your business!

Invoice#: 94457

Name: Nwa Utilities

DISPATCHED JAN 11 2018

DISPATCHED
12:35
CLEARED
1:30
TOTAL TIME
55



DILLARD NORTHWEST, INC.

P.O. BOX 7180 • SPRINGDALE, ARKANSAS 72766
PHONES (479) 751-8442 • 521-1819 • 636-8112
FAX: (479) 751-8940

"Away Go Troubles Down the Drain"

INVOICE 94457

ROTO-ROOTER

THE COMPLETE
SEPTIC TANK
SEWER & DRAIN
CLEANING SERVICE

Village of Cross Creek
3300 3302 Dixie
Rogers / NWA Utilities
8533 Apple Glen
Rogers Ar 72756

Date: 9/14/18

P.O. No. _____

Job Address: Same Phone: _____

Cause of Stoppage: Roots _____ Grease _____ Scale _____ Hair _____ Lint _____ Garbage _____ Pulp _____ Orangeburg Pipe _____

Sanitary Products: _____ Other: Wipes

Cleaned From: Vent _____ Clean Out X Open Hole _____ Total Footage _____

JOB DESCRIPTION AND REMARKS:

17ft Station drain unclogged.

Guarantee	30 Day	60 Day	90 Day
<input checked="" type="checkbox"/>			

No Guarantee - Reason: _____

Job Guaranteed For Root Stoppages Only. This guarantee does not include stoppages caused by paint, rags, leaves, cement, grease, garbage, other debris or broken or settled section of tile or pipe, or Orangeburg Fiber line.

First Man _____ Operator Signature _____ Second Man _____

Bill
THANK YOU!

Today's Chg. 139 -

Travel Chg. _____

Product / Parts _____

TOTAL DUE 139 -

Payment due upon completion of job

Check # _____ Cash ☐

Credit Card ☐

Customer Signature

I hereby accept above performed service and charges as being satisfactory and agree to pay the above account stated.

Bub's, Inc.
Tontitown, AR 72770

Invoice

Date	Invoice #
1/25/2019	134265

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

2/12
1950

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		Total	\$580.00

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

BUB'S, INC.
P.O. BOX 746
TONTITOWN, AR 72770
(479) 361-2333

NAME Tom Bartlett		DATE 1-28-19	
ADDRESS Dixieland Apartments			
PHONE Rogers AR			
SOLD BY Josh	CASH	C.O.D.	CHARGE X
ON ACCT.		MOSE. RET'D	
QTY.	DESCRIPTION	AMOUNT	
2	pumped 7,000 gal septic	290 x 2	
RECEIVED BY		TAX	
TOTAL		\$580.00	

134265

THANK YOU

All claims and returned goods MUST be accompanied by this bill.

Phon

Bub's, Inc.

Tontitown, AR 72770

Invoice

Date	Invoice #
1/31/2019	134276

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

P.O. No.	Terms
	Net 15

Quantity	Description	Rate	Amount
1	Vacuum Truck Service	870.00	870.00
1	Labor	120.00	120.00
	Sales Tax	0.00%	0.00
Thank you for your business		Total	\$990.00

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

Bub's, Inc.

Tontitown, AR 72770

Invoice

Date	Invoice #
2/1/2019	134277

Bill To

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

2/12
* 8550

P.O. No.	Terms
	Net 15

Quantity	Description	Rate	Amount
3	Vacuum Truck Service	290.00	870.00
	Sales Tax	0.00%	0.00
Thank you for your business		Total	\$870.00

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

Bub's, Inc.

Tontitown, AR 72770

Invoice

Date	Invoice #
1/31/2019	134276

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

945
825
530

2300
- 1450

850 bal due

P.O. No.	Terms
	Net 15

Quantity	Description	Rate	Amount
3	Vacuum Truck Service	275.00	825.00
1	Labor	120.00	120.00
	Sales Tax	0.00%	0.00
Thank you for your business		Total	\$945.00

PA #1508
4/30/19

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

Bub's, Inc.

Tontitown, AR 72770

Invoice

Date	Invoice #
2/1/2019	134277

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

P.O. No.	Terms
	Net 15

Quantity	Description	Rate	Amount
3	Vacuum Truck Service	275.00	825.00
	Sales Tax	0.00%	0.00
Thank you for your business		Total	\$825.00

PAID 2-7-19

credit

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

BUB'S, INC.
P.O. BOX 746
TONTITOWN, AR 72770
(479) 361-2333

NAME <u>Tom Bartlett</u>		DATE <u>1-31-14</u>	
ADDRESS <u>Apartments</u>			
Rogers, AR		PHONE	
SOLD BY <u>Josh</u>	CASH	C.O.D.	CHARGE <u>X</u>
ON ACCT.		M/DSE. RET'D	
QTY.	DESCRIPTION	AMOUNT	
3	x 275 Pumped 10,500 gal septic	870.00	
	Time in 9:50		
	Time out 11:20	120.00	
	Time in 1:15		
	Time out 2:10		
	Time in 3:35		
	Time out 4:35		
RECEIVED BY		TAX \$945.00	
		TOTAL \$940.00	

134276

THANK YOU

All claims and returned goods MUST be accompanied by this bill.

BUB'S, INC.
P.O. BOX 746
TONTITOWN, AR 72770
(479) 361-2333

NAME <u>Tom Bartlett</u>		DATE <u>2-1-14</u>	
ADDRESS <u>Apartments</u>			
Rogers, AR		PHONE	
SOLD BY <u>Josh</u>	CASH	C.O.D.	CHARGE <u>X</u>
ON ACCT.		M/DSE. RET'D	
QTY.	DESCRIPTION	AMOUNT	
3	x 275 Pumped 10,500 gal septic	870.00	
RECEIVED BY		TAX \$825.00	
		TOTAL \$870.00	

134277

THANK YOU

All claims and returned goods MUST be accompanied by this bill.

Bub's, Inc.

PO Box 746

Tontitown, AR 72770

Invoice

Date	Invoice #
6/14/2019	22577

Bill To
Dixie Land Utility

P.O. No.	Terms

Quantity	Description	Rate	Amount
2	Vacuum Truck Service	290.00	580.00
	Sales Tax	0.00%	0.00
Thank you for your business		Total	\$580.00

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

Bub's Inc.
PO Box 746
Tontitown, AR 72770
479-361-2333

[illegible]

22577

Thank You

All claims and returned goods **MUST** be accompanied by this bill.

ADT ELECTRICAL SERVICES CO

907 NW A ST
BENTONVILLE, AR 72712 US
4796337317
aaron@thurber.us
<https://www.facebook.com/adtservicesco/>



Invoice

BILL TO

KEN GREGORY
Aqua Tech Systems
8533 Apple GLN
Rogers, AR 727563023 USA

INVOICE # 1109**DATE 03/19/2019****DUE DATE 03/22/2019****JOB NAME**

Villages of Cross Creek - XFER

ACTIVITY	QTY	RATE	AMOUNT
Service Call Pump Station Automatic transfer switch improper operation and generator continues to run. (includes 1-hr of labor)	1	175.00	175.00
Labor - Technician Diagnose xfer switch issue. Adjust connecting rods and service/lubricate sliding surfaces. Cycle switch and generator multiple times to ensure proper operation. (Time on site was actually 5-hours)	2	125.00	250.00

BALANCE DUE**\$425.00**

*payable to
Aaron Thurber*

BBB Septic & Portable Toilet Service

Post Office Box 1271
Bentonville, AR 72712
(479) 271-0058
dave@bbbseptic.com



Invoice

Billing Address

NWA UTILITY SERVICES (C3533)
P.O. BOX 9299
FAYETTEVILLE, AR 72703

Invoice Number I35172
Invoice Date Oct 16, 2019
Please Pay: \$950.00

P.O.	Clerk	Terms	Due By
---	RW	Due on Receipt	Oct 16, 2019

Site: NWA UTILITIES - VILLAGE ACROSS THE CREEKS, 8533 Apple Glen, Rogers, AR 72756

#	Item	Qty	Description	Rate	Amount	Tax	Amount w/ Tax
1	TRACKHOE	1	J1209375 - 10/16/19: TRACKHOE DELIVERY AND 1ST HOUR; Dug to repair drip lines. Bill from office.	\$185.00	\$185.00	\$0.00	\$185.00
2	TRACKHOE ADDIT	9	J1209375 - 10/16/19: TRACKHOE ADDITIONAL HOUR	\$85.00	\$765.00	\$0.00	\$765.00
Subtotal							\$950.00
Tax							\$0.00
Discount							(\$0.00)
Total							\$950.00

Thank you!

Please write the Invoice number on your check.

Please return bottom portion with your payment.

From

NWA UTILITY SERVICES
P.O. BOX 9299
FAYETTEVILLE, AR 72703

To

BBB Septic & Portable Toilet Service
Post Office Box 1271
Bentonville, AR 72712

Invoice Number	I35172
Invoice Date	Oct 16, 2019
Subtotal	\$950.00
Tax (0%)	\$0.00
Discount	(\$0.00)
Payments	(\$0.00)
Amount Due	\$950.00

BBB Septic & Portable Toilet Service
Post Office Box 1271
Bentonville, AR 72712
(479) 271-0058
dave@bbbseptic.com



Invoice

Billing Address

NWA UTILITY SERVICES (C3533)
P.O. BOX 9299
FAYETTEVILLE, AR 72703

Invoice Number 136104
Invoice Date Nov 21, 2019
Please Pay \$200.00

P.O.	Clerk	Terms	Due By
	RW	Net 30	Dec 21, 2019

Site: NWA UTILITY SERVICE - VILLAGE ACROSS THE CREEKS, 8533 Apple Glen, Rogers, AR 72756

#	Item	Qty	Description	Rate	Amount	Tax	Amount w/ Tax
1	LABOR	2	J1281502 - 11/19/19: LABOR PER HOUR; Repaired PVC sewer line. Bill from office.	\$85.00	\$170.00	\$0.00	\$170.00
2	PARTS	1	J1281502 - 11/19/19: PVC PARTS	\$30.00	\$30.00	\$0.00	\$30.00
Subtotal							\$200.00
Tax							\$0.00
Total							\$200.00

Thank you!

Please write the invoice number on your check.

Please return bottom portion with your payment.

From

NWA UTILITY SERVICES
P.O. BOX 9299
FAYETTEVILLE, AR 72703

To

BBB Septic & Portable Toilet Service
Post Office Box 1271
Bentonville, AR 72712

Invoice Number	136104
Invoice Date	Nov 21, 2019
Subtotal	\$200.00
Tax (0%)	\$0.00
Payments	(\$0.00)
Amount Due	\$200.00

P.O. BOX 746
TONTITOWN, AR 72770
(479) 361-2333

P.O. BOX 746

TONTITOWN, AR 72770

(479) 361-2333

NAME Tom - Butler		DATE 2-1-19	
ADDRESS Apartment 5		PHONE Rogers AR	
SOLD BY Josh	CASH	C.O.D.	CHARGE X
ON ACCT.		MDSE. RET'D	

[illegible]

RECEIVED BY

TOTAL \$ 870.00

134277

THANK YOU

All claims and returned goods MUST be accompanied by this bill.

Align top of FedEx Express® shipping label here.

FROM: (478) 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

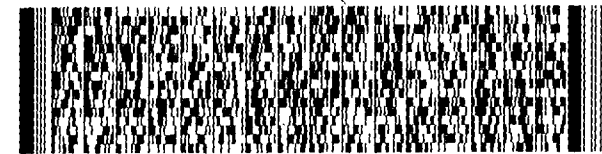
NORTH LITTLE ROCK AR 72118

(US)

INU:
PO:

REF:

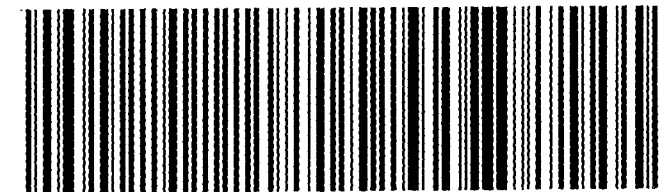
DEPT:



TRK# **9552 9988 0722**

72118

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



Part # 155148-434 RIT EXP 09/21 **

0722 F 071 06-06 PR-10 9231624
OFFICE OF WATER DRIVE
5301 NORTSHORE DRIVE
NORTH LITTLE ROCK AR
ETP: 3
159-6597
962201900003103172000955299880722
PD-SP-100-Y
72118-5228-01
G

EXPRESS

S