

March 10, 2021

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

RE:

VILLAGES OF CROSS CREEK APARTMENTS

PERMIT # 4811-WR-4

Inspection Report Dated 1/22/2021

#### **RESPONSE TO SUMMARY OF FINDINGS**

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

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

Sam Dunn R.S. 8336 Mattie Road Mulberry, AR 72947

Benton County Suburban Sewer District No 1 P.O. Box 9299 Fayetteville, AR 72703

RE: The Villages of Cross Creek 3302 North Dixieland Road Rogers, AR 72756

The wastewater system for the Villages of Cross Creek consists of a collection system leading to an advance aerobic treatment plant. The final dispersal of treated effluent is routed to varies zones utilizing subsurface drip tubing. The control of effluent dispersal to the varies zones is by both mechanical and electrical devices.

Observations and comments concerning the operations of the wastewater system.

- 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 permitee are maintained in accordance with the permit conditions. Reserve fields set aside by the original engineer for the facility and approved for in the construction phase are owned by a 3<sup>rd</sup> party. They are not accessible due to the design and construction of the apartment complex and underground utilities.
- 15. Refer back to Sam Dunn's observations and comments as referenced in #3. It is our understanding that the storm drains were installed in some portion of zones 7-11 during the construction phase of the project. We contacted the contractor that put in the drip lines and they advised us that at that time the storm water drainage was already present in the dripfield area. It appears that during the design phase of the drip field the storm drain existed. The engineer was Mark Gross and it appears this design was approved by the ADEQ.

#### **GENERAL COMMENTS**

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

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

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

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

Regards

Kathryn Bartlett

**Internal Operations Manager** 

Krouthett

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	9869260-0	1565505 - 6307	4152416 - 9882	`
2-Jan-19	8869260-1170	1571812-5948	4162292 - 9264	
3-Jan-19	8870430-0	1577766-5708	4171556-10668	
4-Jan-19	5670430-U	1583468 - 5530	4182164-10283	
5-Jan-19	8810430-0	1588998 - 4987	4192447 - 9987	
6-Jan-19	8870430-4133	1593985 - 5889	4202434-10337	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	8874563 - 3570	1599874 -3670	4212771-6797	
8-Jan-19	8478 433 - 1433	1603544 -6644	4219568-10937	
	8879566-2666	1610188 -6364	4230505-10219	
10-Jan-19	8882232-2060	1616552 -6483	4240724-9646	
11-Jan-19	8884797-0	1623038-7007	U250370-9630	
12-Jan-19	8884292-3552	1630045 - 7169	4260000-10323	
13-Jan-19	8887844 -3216	1637214 - 7633	4270323-9707	
14-Jan-19	6891060 - 427	1644847 - 6698	4280030 -8867	
15-Jan-19	8691487 - 2011	1651445 - 7559	4288847-10188	
16-Jan-19	8893498-1283	1659004-7100	4299085-9672	
17-Jan-19	8894781 - 2153	1666104-4012	4308757-1360	
18-Jan-19	884 6934 - 2408	1673116 - 7980	4318117-9888	
19-Jan-19	8902342-1992	1681096 -4448	4328005-9401	·
20-Jan-19	8909334-212	1688544 -7243	4337406-9790	,
21-Jan-19	8403546 - 2202	1695787-8193	4347196-10089	
22-Jan-19	8905748-1966	1703980 -768	4357285-10721	
23-Jan-19	8907654-0	1711638 - 9282	436866-9883	
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		
28-Jan-19	8909710-661	1757060 - 10051		
	8910371-233	1767051 - 9265	4425258 - 11379	
30-Jan-19	8910604-6	1786766-7729	4436587 -9666	
31-Jan-19	8910604-965	1784495 - 7432	4446523 - 8687	
1-Feb-19	8911569-0	1791927 - 7313	4465210-7411	
2-Feb-19	8911869-0	1799240 - 6807	4462621 -7088	
3-Feb-19	8911669-1467	1806047 - 7221	4469709 -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	1822652 - 5762	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	8921342-1206	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	4656432	
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	4626991	
21-Feb-19	8955391-4102	1964511	463 0757	
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	8964087 - 6827	1999240-6976	4664811-7687	
27-Feb-19	8970914 - 6604	2006216 - 7305	4672498 - 7038	
28-Feb-19	8977518 -6518		4679536	
1-Mar-19	8984036-7138	2020866 - 7555	4687218 - 8241	
	8991174 - 6280	2028421 -8105		
	8997464 - 6577	2036526 -6569	47088918 - 7666	
4-Mar-19	9004031-7164	2043095	4710482	
5-Mar-19	9011198 - 5615	2049927	L1718246	
6-Mar-19	9016810-5615	2056613	4725404	
7-Mar-19	9022425-6095	2062706	4731966	
8-Mar-19	9028526 - 6737	2068971-7229	4738462-7676	
	9038257 - 6183	2076200 - 6793	4746138 -6999	
10-Mar-19	9041440 - 7027	2082993	4763137	
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
	9050851-7329	2102603-6893	4773869-7073	
14-Mar-19	9068180	2109496		
	9674525 - 6669	2115956-5797	4787512-6988	
16-Mar-19	9081194 - 7188	2121763 -6304	4794500 -6273	
17-Mar-19	9068382	2128057	4800773	
18-Mar-19	9095187	2133895	4807767	
19-Mar-19	9102471	2139427	4815629	
20-Mar-19	9107456	2142424	4820700	
21-Mar-19	9113376	2141288	4886 075	
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	3175431	4859493	
28-Mar-19	9157679	2 180433	4864450	
29-Mar-19	9163788-7846	2185784-5541	4869727-7059	
30-Mar-19	9171634 - 7410	2191325 -5830	4876786 -6702	
	9179644	2197155	4883488	
1-Apr-19	9186874	2206001	4890119	
2-Apr-19	9191079	2210153	48941917	
3-Apr-19	9196613	22+14848	4900024	
4-Apr-19	9203393	2220123	4905702	
5-Apr-19	9209602-5978			
6-Apr-19	9215585 -6671	2331636 -5882	4916159 -5438	
	9222256	·	492)597	
8-Apr-19	9229049-6404			
	9235463- 6127	2249714 -5409		
	9241680	2255123	4936373	
	9247755	2260511	4941439	
12-Apr-19	9254396-7772	2266190-5485		·
	9262168 - 7265			
	9269433	127737	4957368	
	9276954	228 3245	4962854	· · · · · · · · · · · · · · · · · · ·
16-Apr-19	9283794	2267684	4967301	
17-Apr-19	9291296	2292765	4972679	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
18-Apr-19	9298406 - 6980	2300005 - 5366	4979934-5402	
19-Apr-19	9305886-7461	2305371-5621	4986336 - 6243	
20-Apr-19	9313347 -7073	23/0997 -5/06	4991579 - 5528	
21-Apr-19	9320420 -7246	2316098-5620	4997107 - 5665	
22-Apr-19	9327666 - 164	2321718-0	5062777 - 159	
23-Apr-19	9327830 -9349	2321218-7075	5002931 - 8138	
24-Apr-19	9337179-7288	2328793-5269		
25-Apr-19	9344467 - 6699	2334087-5641	5016345 - 5648	
26-Apr-19	9351066-6937	2339723-5712	502 1993 - 6861	
27-Apr-19	9358003-6480	2346436 -5328	5028854 - 6237	
28-Apr-19	9364483-6787	2350763 -6568	5035091-6832	
29-Apr-19	9371276 -7345	2396331 - 5857	5041923 -6973	
30-Apr-19	9376615 -6986	2362188 - 5181	5048896-6049	
1-May-19	9385601-9184	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	5066171 - 8450	
6-May-19	9426764 - 6724	2396288 - 5508	5074571 - 5621	
7-May-19	9438488 - 6390	2401796 -5189	5080192-5072	
8-May-19	9439878 - 5620	2406897 - 4567	5085264-0	
9-May-19	9445498 - 5477	2411464 - 4472	5065264 - 9957	
10-May-19	9450975 - 6244	2415936 - 4748	5095221-6432	
11-May-19	9457219 - 5888	2420184 - 5099	5101653 -6878	
12-May-19	9463107 - 5939	2425783 -4966	5108531 - 5395	
13-May-19	9469046 - 6854	2430689 - 4993	5113926 - 6970	
14-May-19	9475900 - 8615	2435682-6704	5120896-181	
	9484515 -9679	2442386 -6885	5121077-0	
16-May-19	9493594-10,609	2449271 -7112	5121077-0	
	9504203 - 7171	2456383 - 4555	5121077 - 6991	
	9511374 - 6837	2460938 -4801	5127968-7567	
19-May-19	9516211 - 6920	2465739 -4641	5135535-7126	
20-May-19	9525131 - 5918	2470380 -3958	5142663 - (315	
	9531049 -6702	2474538 -5020	30056 New 5148978.	7223
22-May-19	9537751 - 6980	2479359 - 5146	5168 BEBEY 5156201 -	1483
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	2618411-5349	5214373 - 7679	
1-Jun-19	9602855 -6776	2526759 - 4987	5221452 -6961	
2-Jun-19	9609631	2526746	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	9636777 - 7059	2537335 - 5189	5254135 -5079	
	9643836 - 6892	2542524 - 4988	5259214 - 9876	
8-Jun-19	9650725 - 7350	2547512 - 5370	5264090 - 5348	
9-Jun-19	9689078	2582882	5269438	
10-Jun-19	9665806	2570454	5275178	
11-Jun-19	9673663	2576323	5280387	
12-Jun-19	9680061	2581259	5286781	
13-Jun-19	9686503	2585985	5292854	
		268 8584-5263	5296503-6989	
15-Jun-19	9697365 -6606	2593847 - 4908	5303492 -6555	
	9703911	2598755	5310047	
	9711355	2603155	5316334	
	97 18593	2607960	5320259	
	9726543	2613524	5324247	
	9733796	2618919	5328895	<del></del>
	9742301 - 7809	2625096-5455	5330968-4298	
1	9750110 -7222	2630551 - 4645	5339266 - 7577	
	9757237	2635391	5346843	
	9764541 -11577		5354664-433	
	9776118	2648559	5 355037-6	
	9786992 - 12,020	2655807 - 7233	5355037-38	19,281
7-	9799012	2663 040	5355075 - 0	
28-Jun-19	9809368	2669 300	5355075	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
29-Jun-19				
30-Jun-19				
1-Jul-19	9847705 - 10047	2691827 - 7082	5365342 - 49	17178
2-Jul-19	9851252 9443	26997104 - 6874	5355391-40	1057
3-Jul-19	9861695 - 12642	2706783-111 7009	-42	19593
, 4-Jul-19	9674737 - 12414		5355473-40	19623
5-Jul-19	9886651-9201	2719961 - 7728	5355613-0	16370
6-Jul-19	9895852 - 9187	2727689-7632	6365513-0	16819
7-Jul-19	9905039 - 9126	2726321-7731	535550	16756
8-Jul-19	9914164-6878	2743052-5192	5355513-6277	18347
9-Jul-19	9721042 - 5859	2748244 - 3090	5361796-649	16048
10-Jul-19	9926896-1957	275234 - 4598	5361689 - 7244	18799
11-Jul-19	9933963-5730	2756832-4632	6315233 + <del>58</del> 41	16253
12-Jul-19	9939583 -5952	2761464 - 6412	5381124-6511	14815
13-Jul-19	9945635-5833	2767676 - 6348	5367635-6424	18605
14-Jul-19	9951318 - 6008	2774224 - 6328	5394059 - 6452	18783
15-Jul-19	CP157376 - 5730	2786552 - 6081	5400511-1608	18301
16-Jul-19	9963106 - 1471	2786633 - 1820	54070191 - 69310	20227
17-Jul-19	PK81577 - 5426	2793453 - 5804	5413955 - 5737	16967
18-Jul-19	F1975003 - 5846	2799757-5919	5419697 - 6269	18034
19-Jul-19	CA808-9 - 6328	7805176 -5097	5425956-6345	18670
20-Jul-19	9987177 - 6501	2811173 - 6063	5432301-6287	18851
21-Jul-19	9993678 -6647	2817236-6127	5438588 -6201	18975
22-Jul-19	0000325 - 11314	282333-8759	5444789 -0	20013
23-Jul-19	0011639 - 8217	2832127 - 1550	5444789-0	14767
24-Jul-19	001956-8724	29334672 - 7036	5444789-0	15160
25-Jul-19	0028580 -60311		5444789-0	18391
26-Jul-19	5033791 -10762	2953788 - 8126	5444789-0	18988
27-Jul-19	0049653-10,583	7561914 - 8003	54441789-6	14586
1	0000136 - 10.1054	7505488 1000000 - 4074	5444789-0	187 <b>18</b>
1 .	6070790 - 10,463	7878062-7740	5444789-0	18203
1	0081253-7078	1865307 - 5129	5444787-0	12007
31-Jul-19	6088331-12352	1890931 - 9384	5444784 -6	21.736 max day
1-Aug-19	000683-6308	2900315 - 4817	5444789-0	11,125
	0106991 - 6192	1965 132 - 4886	5444789-5781	16859
3-Aug-19	0113184 - 6238	2910018-4911	5450570-5650	16799

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Date	Lower Field	South Upper Field	North Upper Field	Total Flow
4-Aug-19	119422 - 6457	2914929 - 9499	5456220 - 5696	17,072
5-Aug-19	0125879-6411	7G19848-5738	5401916-6372	
6-Aug-19	0132290-6299	2925586-5A26	6418288-6412	
7-Aug-19	0139589-6287	2931412-6789	5474700-6513	
8-Aug-19	\$ 0144876-6239	2937201-5700	54811213-6576	
9-Aug-19	0151115-6072	2942901-5405	5487789-6489	
10-Aug-19	0157187-6213	2948306 - 5350	5494278-6425	
11-Aug-19	0163400 - 6121	2953656-5304	5600703-6303	
12-Aug-19	OV8521-6048	125 940 - 6016	5507000g 60000000 - 6346	18409
13-Aug-19	0175561-7486	2964976 - 7415	5513351 - 7644	22414 max day
14-Aug-19	01830241 - 38356	2972391 - 3973	5520895 - 4056	3
15-Aug-19	O186959 -8628	2976364 - 1567	5524951 - 8177	
16-Aug-19	0A5487-9100	2977931 -0	5533128 -6127	
17-Aug-19	0703687-9236	297931-0	5642255-9054	
18-Aug-19	0212923-9922	79177931 - 0	5561309-9059	
19-Aug-19	0229845 -10,041	2977931 -0	5560368-9502	
20-Aug-19	0232466-9283	7977931-0	5568870-9411	
21-Aug-19	247769 - 9362	277931-0	6679281-9436	
22-Aug-19	0252151-8330	7977931-0	5588717-8142	
23-Aug-19	0260481-10522	2977931-0	5597138-11112	
24-Aug-19	0271003-10608	2977931-0	5608250-11,023	
25-Aug-19	0281611 - 10181	2977931 - 0	569273-10951	
26-Aug-19	0292295 -10437	2977931-0	5630224-10202	
27-Aug-19	0302732-16519	277931-0	5410426-10337	
28-Aug-19	6313251 -101ddo	2971931 -0	5650763-10,224	
29-Aug-19	0323917 - 10534	2977931-0	5660987-10104	د.
30-Aug-19	0334451-10452	2977931 -0	5671091-10277	~
31-Aug-19	0344963-10391	2977931 -0	5681368-10189	·
1-Sep-19	0355294 - 10543	2977931-0	5691557-10280	
2-Sep-19	0215837-11228	2977931-0	5704837 -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 - 47295	
6-Sep-19	0397667 - 6924	2985494 - 3ldg	5729312-0	
7-Sep-19	0404591-11792	2989163-14182	5729312-0	
8-Sep-19	0416383-11979	3003745 - 14,455	5729312-10	

×

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
9-Sep-19	0428362-8313	3017800-89176	5729312-6	
10-Sep-19	0436675-8198	3026726-8761	5729312-0	
11-Sep-19	0444873-8284	3036487-8884	6729317-0	<u> </u>
12-Sep-19	0463097-8114	3041371-9356	5729312-0	
13-Sep-19	8461211 - 9872	3053727-2647	5729312 -8446	
14-Sep-19	0471083-9963	3056374-2433	5737158-8506	
15-Sep-19	0481036-9694	3,058807-25181	5746264 -8623	
16-Sep-19	0490730 -9018	3056238-182	5754887-8859	<u> </u>
17-Sep-19	0499748-8976	305,420-174	5763746-8727	
18-Sep-19	DE03724-8952	3056594-166	5772473-8704	
19-Sep-19	0517676-8984	3056760 - 185	5781n7-\$760	
	0526665-4820	305/945 - \$2300	578937-6699	
	0531485-4516	3059251-2100	5196636-6724	
22-Sep-19	0536001 - 4745	3061351-2431	5803760-6156	
	0540746 - 169	3063782 - 2557	5810016-6884	
24-Sep-19	0540915 -83	3066339-9441	5816900 - 9904	
	0540998-92	3075780 - 10711	5825804-9903	
26-Sep-19	0541090 - 181	3086491 - 101601	5835707-9699	
,	0541271 -9961	3097092-9627	5845364-244	
28-Sep-19	0551172-97-56	3106-719-9576	5845608-0	
	U560903 -10,017	3116295-9403	5845603-0	
	0570925-9601	3125698-9503	54451.08-0	
-	158054-8922	3135201 - 7775	5845663-0	
2-Oct-19	0589448-8779	3142976-7658	5845103-0	
3-Oct-19	0598227-2614	350634-6	5845608-0	
4-Oct-19	0607041-10307	3158063 -8287	5845608-0	
	0617348-10562	7314340 -8362	5845608 - 10	
	0627910 - 10402	3174702-8361	5845608-0	· · · · · · · · · · · · · · · · · · ·
	0638312-9362	383063 - 7661	5845608-0	
8-Oct-19	QH7674-10629	3190724 - 8301	584510B -0	· · · · · · · · · · · · · · · · · · ·
	0658303-9169	3199025 - 7218	5945108-0	
10-Oct-19	0067972 - 10342	3206243 - 8498	5845(158) - 0	
	0678314 - 10469	3214741 -9513	5845603-0	
12-Oct-19	WART83-10.522	3224254 - 9406	5846608-0	
13-Oct-19	0699305-10.347	3233660-9428	5845608-0	
	07091652-10066	3243588-9361	TA45608-1127	
14-061-19	10 109160 2-10066	1047000 4561		· .

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
5-Oct-19	6719718 - 80	3252449 - 6846	5946735 - 6652	
16-Oct-19	079798-0	3259308 - 9656	5853387 -9121	····
17-Oct-19	0719798 - 6232	3267964 - 6467	5867508 - 6911	
18-Oct-19	0715030 - 321	3274431-9612	586949-10329	
19-Oct-19	0725351-776	3284043-9822	5879828-10,276	
20-Oct-19	0725627 - 254	3293865 -9699	5890104-10236	
21-Oct-19	0775481 - 27	3303564 - 9231	5900340-10187	
22-Oct-19	0725908 - 112	331275-9093	5910627 -10374	
23-Oct-19	0776070 - 0	3321888 - 9937	5921001 - 11540	
24-Oct-19	0776070 - 0	3331875 - 8198	5932567 - 10-118	
	0776070 - 0	3340023-10.253	5942985 - 12399	
	0726020 - 0	3350276 10,187	5955374-17.241	
	0776070-0	3360463-9617	5967638-12143	
	0726020 - 6325	3370080 - 3531	5979781 - 11245	
	0737345-9826	3373611 - 0	5991020-10771	
	0747171 - 9767	3373611 - 0	6001797 - 11177	
	0751938 - 12167	3373611 - 0	6012974-13529	
	0764105 - 9703	3372611-0	602433-10184	
	0773468-4727	3373611 -0	(036617-10.209	
	0782636 -9327	3373611 - 0	(10000000 - 9C154	
	0791962-9176	3373611-0	14 16 18 18 18 18 18 18 18 18 18 18 18 18 18	
	04601138-9263	3373611-0	6068448 - 11569	
	0310401-9920	3373611-6	6080017-10,265	
	0820321-9751	3373611-0	6010182-10.363	
	0820672-9848	3373611-0	6100(165-10,365	,
	0839823-9866	3373601-0	611020 - 10407	
	0849689 -9735	1	6121927 - 10,714	
	10859424 - 10680	337341-6	6132141-12296	
	0870104 9485	3373611-0	(0144426 - 11074	
	0874539 -9412	3373611-5649	6155560 - 10609	
	0889001 - 6144	3374260 - 6374	61/06/09 - 7292	
	US95145 -9837	339756741-0	6173401 - 10,011	
	0904985-9914	33556341-0	(0183412-10,165	
	0914899 - 9910	3-856-34-0	6193577-10068	
	09/24/8091 - 7/80-13	338634-7166	6203645-146	<u>,                                      </u>
	0932702 - 9500	3500 37 1 35 15 - 3A21		

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
20-Nov-19	0942202 -9021	3391436-0	6210422-9090	
	COS 1223 - 9971	3397436-0	6719512 - 9023	
	17961194 - 14308	33917436 -6	6228535-2613	
23-Nov-19	0975502-14266	3797436 -0	6231148 - 2528	
24-Nov-19	0989768-14071	33917436 -0	6233676 - 2825	
25-Nov-19	1003785-8617	339,7436-0	6236501-4590	
26-Nov-19	1012402 - 9743	3397476-7289	6745091 - 2001	
27-Nov-19	1022145-9964	3404716-9166	6247092-6	
28-Nov-19	1032109 - 9901	3413882-9208	6247092 - 6	
29-Nov-19	1047010-9859	3423090-9294	6247092 -0	
30-Nov-19	1051869-9875	3432384-9408	6247092-0	
1-Dec-19	1061744 - 4555	3441792 -9480	6247092-0	
2-Dec-19	1071299	3451272	6247092	<u> </u>
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	<u> </u>			
21-Dec-19				
22-Dec-19		·		
23-Dec-19				
24-Dec-19				
25-Dec-19				L

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				

### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD.

259A SAMUEL BARNET BLV NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

# BIOCLERE FIELD REPORT

Submit by Email

Date 1/1/2019		Reason For Site Visit:		
Client Villages at Cross Creek (Dixielar	nd)	X O&M	Commissioning	
Address		☐ Testing	Other:	
City Little Flock	State AR			
Inspector Ken Gregory				
Bioclere Model #(s) 36/30 X 2				
biodere model #(3) 30/30 X2				
(1) Odor  1) Is there odor aro		No South of Tools (2)	· · · · · · · · · · · · · · · · · · ·	
	ce of odor?  Bioclere and check all that apply:		Strong	
(2) Sludge & Scum Depth	Measurements			
Scum	Sludge		Scum Słudge	
Grease Trap		Bioclere 2A (if appl	icable)	
Primary Tank #1 1"	60"	Bioclere 2B (if appl	icable)	
Primary Tank #2 (if applicable) 3"	35"	Effluer	nt Tank 0 24"	
Bioclere 1A		Other:		
Bioclere 1B (if applicable)			I,I	
(3) Bioclere Venting				
1) Record the Bioclere fan model #(s):			<del>_</del> ,	
<ul><li>2) Is air passing through the vent(s)?</li><li>(if in a)</li></ul>	───────────────────────────────────	ag around vent and allow	to fill)	
3) Is the fan operating and in good con	dition			
for Bioclere 1A?	▼ Yes  No	for Bioclere 2A? (if	applicable) 🛱 Yes │ No	
for Bioclere 1B? (if applicable)	☐ Yes ☐ No	for Bioclere 2B? (if	,	
(Pleas	se provide necessary details	in the report summary sec	ction)	

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

17/7 300,530,717									
(4) General	Bio	clere 1A		ioclere APPLIC <i>I</i>		Bioclei (IF APPLI	1	Biocle (IF APPLI	ı
Are there any filter flies in the unit?	▼ Ye	s  No	F	Yes	No	▼ Yes	☐ No	Yes	┌ No
If so, how many?	☐ M	any 🔀 Few	F	Many	Few	Many	∕  ▼ Few	Many	Few
Is the lid gasket in good condition?	X Ye	s  No	F	Yes	□ No	X Yes	□ No	☐ Yes	No
Locks/latches/handles in good condition?	▼ Ye	·	<u> </u>	Yes		▼ Yes	No	Yes	No
Is there any external damage to the units?	Ye	s 🔀 No		Yes	No	Yes	▼ No	Yes	No
Cover, fan box, & control panel securely locked?	X Ye	s	F	Yes	□ No	▼ Yes	□ No	Yes	∏ No
Does the fan box contain standing water?	Ţ Υ∈	s 🔀 No	一	Yes	┌ No	Yes	X No	Yes	∏ No
(Please provi	de nece	ssary details i	n the re	port su	mmary see	ction)	<u>_</u>		<u> </u>
Were influent/effluent samples taken for lab analys	is?  >	Yes	No						
If process control test samples were taken, please provide the following information: Alkali	nity (as	CaCO <sub>3</sub> )			рН	-	Turbidi	ty (NTU)	
Locations: Effluent samples are taken	emper	ature (F)		DO	O (mg/l)		NH <sub>3</sub> -	N (mg/l)	
from Pump Tank	NO <sub>3</sub> -N	I (mg/l)			Other: _				
(5) Biomass Characterization		Bioclere	1A	1	oclere 1B PPLICABL	II.	oclere 2A PPLICABLE)	Biocle (IF APPLI	
		┌ White		'	White		Vhite	Wh	ite
		┌─ White	'Gray		Nhite/Gra	y   🗀 \	White/Gray	Wh	ite/Gray
		☐ Gray		F	Gray		5ray	Gra	ву
What is the color of the biomass?		☐ Gray/E	rown	T-0	Gray/Brow	n 🗵 🗸	Gray/Brown	│	ay/Brown
		Brown		-	Brown		Brown	☐ Bro	wn
		Red/Bi	own	-	Red/Browi	,   - ,	Red/Brown	☐ Rec	d/Brown
		Black		1	Black		Black	Bla	
Classify the growth of the biomass 6-12 inche	es	,	<del></del>	,		<del>-   ' - '</del>		<del>  '</del>	
below the media surface.	-	2	_				2		<del></del>
1=light 2=medium 3=heavy		1 -		]			<u>-</u>		
	-								
(6) Nozzie Spray Pattern	В	ioclere 1A	(1	Biocle F APPLI	re 1B CABLE)	1	lere 2A 'LICABLE)		lere 2B PLICABLE)
1.) Does spray cover the entire media surface area?	1	Yes 🕱 No	) Г	Yes	∏ No	∫ Ye	s 🗵 No	Yes	s   No
(If not, clean each nozzle with a bottle brush)	1		1		-				
2.) Does the spray now cover entire surface area?		Yes No	) T	Yes	∏ No	▼ Ye	s 「No	☐ Ye	s   No
If not, then: a) remove each nozzle assembly and so b) clean the dosing array header piping c) If a) and b) do not adequately improved necessary and soak the pumps in a box.	using a	bottle brush bray pattern th	and the nen ren	en manı nove ea	ually turn o	n both dos	sing pumps		
3.) Does the spray now cover entire surface area?	IX	Yes   N	) [	- Yes	┌ No	▼ Ye	s   No	☐ Ye	s   N
If not, consult AQUAPOINT, INC.	+		<del>-  </del>			1		<del> </del>	

#### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

(7) Pumps and Control Panel

Call Aquapoint at 508-998-7577 for pump replacements.

FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

Bioclere 1A

Bioclere 1B

Bioclere 2A

Page 3

Bioclere 2B

Bioclere 1A (IF APPLICABLE) (IF APPLICABLE) (IF APPLICAB					PLICABLE)									
What is the dosing pur	np timer setting?	mi or	1 10	mii off		mi or	1	min off:	mi or	1 10	min off: 2	- 1	nin on:	min off:
What is the recycle pur	np timer setting?	mi or	1.6	hrs		mi or	1	hrs off:	mi or	16	hrs off: .5	- 1	nin n:	hrs off:
Fo	r the following che	ckl	ist, se	t do	sing a	ınd	recyc	cle timers	to a	a test	cycle.			
What is the amperage of	f dosing pump 1?		4.49	Am	ps			Amps		4.46	Amps			Amps
What is the amperage of	f dosing pump 2?		4.24	- Am	ps			Amps		4.92	Amps			- Amps
What is the amperage o	of recycle pump?		4.44	Am	ps			Amps		4.50	Amps			Amps
Is dosing pump operating ac	cording to test cycle?	X	Yes	厂	No	F	Yes	┌ No	×	Yes	∏. No	T	Yes	∏ No
Is recycle pump operating ac	cording to test cycle?	X	Yes		No	F	Yes	√ No	X	Yes	∏ No	$\dagger_{\Gamma}$	Yes	┌ No
Are the dosing pump	os alternating?	-	Yes	F	No	F	Yes	No	X	Yes	No	Ť	Yes	No
	(Please provid	le n	ecessa	ry det	ails in t	he i	eport s	summary sec	tion	)		L		· · · · · · · · · · · · · · · · · · ·
(9) Final Check	Is the recycle sipho (If "no", clean weep I  Main Power set  Alarm toggle se  Recycle and do  Control panel, I  Record water m	to 'et to	"On" a the "O pump	nd to On" p o time	ggle fo osition ers are and far	or all	pump back to x locke	os set to "No	orma					
(10) Report Sumr	nary:													
Total treated water over a 31 21,277 Gallons.	day period was 577,2	04 0	Sallons	for a	ın aver	age	daily f	low of 18,61	19 G	allons	per day, w	ith a	a max o	daily flow of
Primary Tank 1 is the North S Treatment Tank 1 is North Pl we pumped 8 truck loads of	ant, and #2 is South Pla	ant.							n.					
Note: Contact Arvin Associate Call 860-674-1515 for El Call 888-361-8649 for G	BM/Papst fan replacem	ents		pane	l replac	eme		t. Signature:	Ken	Grego	ry		-	

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

Submit by Email

Date 1	1/31/2019		Reason For S	ite Visit:
Client V	/illages at Cross Creek (Dixieland)		<b>ΙΧ</b> ∶Ο&Μ	Commissioning
Address			Testing	Other:
City L	ittle Flock	State AR		
Inspector K	Ken Gregory			
Bioclere N	Model #(s) 36/30 X 2			
(1) Odoi	<ol> <li>Is there odor around the source of odor is present, check</li> </ol>	odor? Bioclere and Prir	🔀 Medium	ents Strong
Primary Tank	Scum  Grease Trap  Primary Tank #1 2"  #2 (if applicable) 2"  Bioclere 1A	Sludge  30"  27"  Other	Bioclere 2A (if applic Bioclere 2B (if applic Effluent er:	cable)
	lere Venting the Bioclere fan model #(s):			<b>T</b>
2) Is air pa	assing through the vent(s)?	Yes No put a small plastic bag al	round vent and allow to	o fill)
3) Is the fa	an operating and in good condition.	<b></b> .		
fo	for Bioclere 1A? 🔀 Y		for Bioclere 2A? (if a for Bioclere 2B? (if a	pplicable) Yes No

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

# **BIOCLERE FIELD REPORT**

(4) General	Bio	clere 1A		Bioclere 1B APPLICABLE)		clere 2A PLICABLE)	Biocle (IF APPLI	
Are there any filter flies in the unit?	X Ye	s No		Yes No	X Ye	s T No	Yes	□ No
If so, how many?	Ma	any 💢 Few	Г	Many   Few	Γ M:	any 💢 Few	Many	Few
Is the lid gasket in good condition?	X Ye			Yes \ \ \ No	▼ Ye		☐ Yes	□ No
Locks/latches/handles in good condition?	▼ Ye	<del></del>		Yes No	▼ Ye		Yes	□ No
Is there any external damage to the units?	T Ye	•		Yes No	☐ Ye	· · · · · · · · · · · · · · · · · · ·	Yes	No
Cover, fan box, & control panel securely locked?	▼ Ye		<u> </u>	Yes No	., ▼ Ye		Yes	No
Does the fan box contain standing water?	Ye	s 🔀 No		Yes No	Ye		Yes	Г По
(Please provid	de nece	ssary details ii	n the r	eport summary s	ection)		<u>,</u>	
Ware influent/offluent complex taken for lab analysis	ic?							
Were influent/effluent samples taken for lab analys	is:  >	Yes -	No					
If process control test samples were taken, please provide the following information:  Alkali	nity (as	CaCO <sub>3</sub> )		рН		Turbidit	y (NTU)	
	emper	ature (F)		DO (mg/l)		NH <sub>3</sub> -1	N (mg/l)	
Locations: from Pump Tank	NO -N	l (mg/l)	<del></del>	Other				
<u> </u>	1103-11	(1119/1)		- Other			<del></del> -	
(E) Diamage Chamage et animation				Bioclere 1	3	Bioclere 2A	Biocle	re 2B
(5) Biomass Characterization		Bioclere	1A	(IF APPLICAE		F APPLICABLE)	(IF APPLI	
		White		White		White	Wh	ite
		┌─ White/	Gray	├ White/G	ay   「	White/Gray	W	ite/Gray
		☐ Gray		☐ Gray		Gray	☐ Gra	ıy
What is the color of the biomass?		∝ Gray/B	rown	Gray/Bro	wn 🔀 Gray/Brown		Gra	y/Brown
		F Brown		Brown	Г	- Brown	Bro	own
		Red/Br	own	Red/Brov	vn   [	Red/Brown	Red	d/Brown
		Black		Black	r	Black	Bla	ck
Classify the growth of the biomass 6-12 inche	S							
below the media surface.		2				2		1
1=light 2=medium 3=heavy				, .			<u> </u>	
/d\ 81 1 - 6				Bioclere 1B		ioclere 2A	Rio	lere 2B
(6) Nozzle Spray Pattern	В	ioclere 1A	(1	F APPLICABLE)	1	APPLICABLE)	1	PLICABLE)
1.) Does spray cover the entire media surface area?		Yes 🕱 No	) [	Yes No	,	Yes 🔀 No	☐ Ye	s   No
(If not, clean each nozzle with a bottle brush)			1					···
2.) Does the spray now cover entire surface area?	×	Yes   No	) [	Yes No	×	Yes No	Ye	s T No
If not, then: a) remove each nozzle assembly and so b) clean the dosing array header piping c) If a) and b) do not adequately improven necessary and soak the pumps in a box	and the	en manually turn nove each dosin	on both g pump,	dosing pumps f				
3.) Does the spray now cover entire surface area?	X	Yes   No	) [	Yes No	) X	Yes \ \ \ No	☐ Ye	s / No
If not, consult AQUAPOINT, INC.			+					-

#### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745

TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

Page 3

(7) Pumps and Control P	Biocle	ere 1A	1	clere 1B PLICABLE)	1	oclere 2A PPLICABLE)	Bioclere 2B (IF APPLICABLE)		
What is the dosing pump timer sett	ing?	min on: 10	min 2	min on:	min off:	min on: 1	0 min 2	min on:	min off:
What is the recycle pump timer sett	ing?	min on: 6	hrs off: .5	min on:	hrs off:	min on:	hrs off: .5	min on:	hrs off:
For the follow	wing che	ecklist, set	dosing	and recy	cle timers	to a te	st cycle.		
What is the amperage of dosing pun	np 1?	4.61	Amps		Amps	4.8	1 Amps		Amps
What is the amperage of dosing pun	np 2?	4.77	Amps		Amps	4.8	Amps		 Amps
What is the amperage of recycle pu	mp?	4.68	Amps		Amps	4.7	4 Amps		Amps
Is dosing pump operating according to t	est cycle?	▼ Yes	Г No	Yes	∏ No	▼ Yes	∏ No	Yes	∏ No
Is recycle pump operating according to t	est cycle?	X Yes	No	Yes	□ No	X Yes	· · · · · · · · · · · · · · · · · · ·	Yes	∏ No
Are the dosing pumps alternating	g?	▼ Yes	No	Yes	No	X Yes		Yes	No
(Pl	ease provid		*	1	summary se	1	, :	11	
(9) Final Check	n toggle so cle and do rol panel, l	to "On" and	n" positior timers are ver, and fai	set back n box loci			or "Auto") ontrol panel	,	
(10) Report Summary:		14.5.11						41.	J. H. G 6
Total treated water over a 31 day period 21,329 Gallons.	was 533,4	14 Gallons f	or an aver	age daily	110w of 19,0	51 Galloi	is per day, wi	tn a max	aaily flow of
Primary Tank 1 is the North Settling Tank Treatment Tank 1 is North Plant, and #2 i			is the Sout	h Settling	Tank.				
l Note: Contact Arvin Associates at 508-583- Call 860-674-1515 for EBM/Papst fan Call 888-361-8649 for Grainger fan re Call Aquapoint at 508-998-7577 for p	replacem eplacemen	ents. ts.	anel replac	ement po	ort. Signature:	Ken Gree	jory	n, stadisher — in Administrative	Aggic Large Stary display attention

#### AQUAPOINT, INC. 259A SAMUEL BARNET BLVD.

NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

# **BIOCLERE FIELD REPORT**

Submit by Email

· ·		<del></del>		<del></del>					
Date	3/5/2019			,	Reason For S	ite Visit:			
Client	Villages at Cross Cree	k (Dixieland)			IX O&M	┌ Comr	missioning		
Address					<b>Testing</b>	Cther	·••		
City	Little Flock		State AR				THE REAL PROPERTY AND ADDRESS OF THE PERSON		
Inspector	Ken Gregory								
			,						
Bioclere	e Model #(s)  36/30 X 2								
(1) Odo	Or 1) Is there	e odor around	d the site?	▼ Yes	No		· <del>-</del>		
	2) Where	is the source	of odor? B	ioclere and Prin	nary Settling Tank(s) V	ents			
	3) If odor	is present, ch	eck all that a	apply: F Mild	₩ Medium	☐ Stro	ong		
(2) Sluc	dge & Scum [	epth M	easure	ments					
		Scum	Sludge			Se	cum	Sludge	
	Grease Trap			<b></b>	Bioclere 2A (if applic	<u> </u>			
	Primary Tank #1	2"	48"	<b>-</b>	Bioclere 2B (if applic	cable)			
Primary Tan	nk #2 (if applicable)	5"	35"		Effluent	Tank	0	13"	
	Bioclere 1A			 Othe	er:				
Biocle	re 1B (if applicable)			<del>-</del> .					
(3) Bio	clere Venting	, ,					· · · · · · · · · · · · · · · · · · ·		
1) Reco	rd the Bioclere fan mo	odel #(s):				<del>.</del>			
2) Is air	passing through the v	vent(s)?	₹ Yes	∏ No					
		(if in dou	bt, put a sm	all plastic bag ar	ound vent and allow to	fill)			
3) Is the	e fan operating and in	good conditi	on						
	for Bio	clere 1A?	₹ Yes	∏ No	for Bioclere 2A? (if a	pplicable)	▼ Yes	☐ No	
	for Bioclere 1B? (if ap	pplicable)	Yes	No	for Bioclere 2B? (if a	pplicable)	Yes	┌ No	
		(Please n	rovide neces	sarv details in th	ne report summary sect	ion)			

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

						<del></del>		<del></del>		<del></del>	
(4) General		Bio	clere 1A		ioclere APPLIC			oclere PPLIC		Bioclei (IF APPLI	
Are there any filter flies in	the unit?	X Ye	s No	Γ;	Yes	∏ No	IX '	⁄es	∏ No	Yes	∏ No
If so, how many?		∏ Ma	any 🔀 Few		Many	Few		Many	▼ Few	☐ Many	Few
Is the lid gasket in good o	condition?	▼ Ye	s No		Yes	∏ No	X.	'es	∏ No	Yes	No
Locks/latches/handles in	good condition?	X Ye	s   No		Yes	∏No	X	⁄es	No	Yes	∏ No
Is there any external dam	age to the units?	Ye	s 🔀 No	F	Yes	No	Γ,	······································	X No	Yes	∏ No
Cover, fan box, & control	panel securely locked?	X Ye	s   No	Г	Yes	∏ No	X:\	⁄es	∏ No	Yes	∏ No
Does the fan box contain	standing water?	☐ Ye	s 🔀 No	Γ	Yes	No		/es	▼ No	Yes	∏ No
	(Please provi	de nece	ssary details ii	the re	port s	ımmary se	ction)	. ,	1	-	
Were influent/effluent sa	mples taken for lab analys	is? r	₹Yes 📋	No.							
If process control test san	nples were taken.			<u> </u>				<del></del>			· · · · · · · · · · · · · · · · · · ·
please provide the follow	ring information: Alkali	nity (as	CaCO <sub>3</sub> )			рН			Turbid	ity (NTU)	1
Sample Effluent can	mples are taken	empera	ature (F)		D	O (mg/l)			NH <sub>3</sub> -	N (mg/l)	
Locations:   from Pump		NO A	. ( (1)			Ott				,	1
		NO3-N	l (mg/l)			Other:		<del></del>			
							····				20
(5) Biomass Ch	aracterization		Bioclere '	IA	ł .	ioclere 1B APPLICABI	1		:lere 2A PLICABLE	Bioclei	1
	· · · · · · · · · · · · · · · · · · ·		White		厂	White		WI	nite	Wh	ite
			White/	Gray	Г	White/Gra	ay	┌ WI	hite/Gray	├ Wh	ite/Gray
			Gray	·		Gray		☐ Gr	ay	Gra	у
What is the c	olor of the biomass?		rown					ay/Brown	'''	y/Brown	
			Brown			Brown		Bro	•	☐ Bro	
			Red/Br	own		Red/Brow	'n		d/Brown		l/Brown
			Black			Black		Bla		Bla	
Classify the growth	of the biomass 6-12 inche	es	1!				+	Ji		1	
below th	e media surface.	٠.	2		lΓ	!			2		
1=light 2=	medium 3=heavy		!	'	1			1	1	1	
					. ,				<del> </del>		
(6) Nozzle Spra	y Pattern	В	ioclere 1A	(1)		ere 1B ICABLE)	,	Biocle APPLI	re 2A ICABLE)		lere 2B LICABLE)
1.) Does spray cover the	entire media surface area?		Yes 🔀 No	T	Yes	∏ No	T	Yes	X No	Yes	∏ No
(If not, clean each nozz	le with a bottle brush)										
2.) Does the spray now co	over entire surface area?		Yes No	<del>,   [</del>	Yes	No	×	Yes	∏, No	Yes	No
If not then: a) remove as	ach nozzie assembly and s	oak ther	n in a bleach	eclutio	n for a	minimum	of 15 r	ninutos		<del>-                                    </del>	
	dosing array header piping									for 5 minute	es.
<ul> <li>c) If a) and b) do not adequately improve the spray pattern necessary and soak the pumps in a bleach solution for</li> </ul>						-	pump	, clean	the intak	e strainers a	as
		леасп s		enemul	n of R			,			<del></del>
3.) Does the spray now co		IX	Yes No	<u> </u>	Yes	No	X	Yes	∏: No	Yes	No
If not, consult AQUAPC	DINT, INC.	1									

### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD.

NEW BEDFORD, MA 02745 TEL 508,998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

Page 3

(7) Pumps and Cor	Biocle	re 1A		Bioclere 1B APPLICABI		Bioclere 2A (IF APPLICABLE)					ioclere 2B APPLICABLE)	
What is the dosing pump	timer setting?	min on: 10	min off: 2	min on:	min off:	1	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 che	ecklist, set	dosing a	and r	ecycle tin	ners t	o a te	est c	ycle.	,		
What is the amperage of o	losing pump 1?	4.87	Amps		Amp	s	4.	72	Amp:	5		Amps
What is the amperage of o	losing pump 2?	4.72	Amps	Γ.	Amp	S	4.	74	Amp:	5		Amps
What is the amperage of	recycle pump?	4.82	Amps		Amp	s	4.0	52	Amp	S		Amps
Is dosing pump operating acco	ording to test cycle?	▼ Yes	No	ГΥ	es N	О	▼ Ye	s	N	0	☐ Ye	s   No
Is recycle pump operating acco	ording to test cycle?		No	Гү			X Ye	-	ΓN		☐ Ye	
Are the dosing pumps	alternating?		┌ No	ГΥ	<del></del>		X∷Ye		┌ N		┌ Ye	
	(Please provid	de necessary	details in t	he rep	ort summa	ry sect	ion)				I'	
(8) Plumbing	Are the unions in the (If "yes", then tighter is the recycle sipho (If "no", clean weep in the control of the c	n with pipe w on break wee	vrench)	Y Y			<b>∑</b> Ye	<b>S</b>	ΠN	0	(	
(9) Final Check		et to the "Or sing pump 1	n" position timers are	set ba	ck to origir							
	Control panel, I				ocked 							•
	Record water m	neter readin	g (if possi	ble):	See Belo	<b>w</b>					_ 1	
(10) Report Summ	ary:				,							
Total treated water over a 31 o 21,811 Gallons. Primary Tank 1 is the North Se Treatment Tank 1 is North Plan	ttling Tank, and Prim	ary Tank 2 i		•		17,006	5 Gallo	ns p	er da	y, wit	th a ma	x daily flow of
									- 1°	- ARLES -	sa rimon he mar	

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

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

Submit by Email

Date	4/2/2019			Reason For S	site Visit:
Client	Villages at Cross Creek (Dixiel	and)		<b>⋉</b> 0&M	Commissioning
Address				<b>Testing</b>	Cother:
City	Little Flock	State			
Inspector	Ken Gregory				
Bioclere	Model #(s) 36/30 X 2				
(1) Odd	or 1) Is there odor ar	ound the site?	▼ Yes	No	
		urce of odor? Bi	oclere and Prima	ry Settling Tank(s) \	/ents
	3) If odor is preser	nt, check all that a	apply:	₩ Medium	☐ Strong
(2) Sluc	dge & Scum Depth	Measure	•		Scum Sludge
	Grease Trap	·	- -	Bioclere 2A (if appli	cable)
	Primary Tank #1 3"	41"	•	Bioclere 2B (if appli	cable)
Primary Tan	k #2 (if applicable) 1"	31"	_	Effluen	t Tank 0 8"
	Bioclere 1A		Other:		
Biocle	re 1B (if applicable)				
(3) Bio	clere Venting				
1) Reco	rd the Bioclere fan model #(s):				_
2) Is air	passing through the vent(s)? (if in	•	No all plastic bag arou	und vent and allow t	o fill)
3) Is the	fan operating and in good co	ndition			
	for Bioclere 1A	, ,	,	for Bioclere 2A? (if a	
	for Bioclere 1B? (if applicable)	,	,	for Bioclere 2B? (if a	, , , , , , , , , , , , , , , , , , , ,

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

FAX 508.998.7177	- In In I			يا سا	<i>-</i> 11		VI	<b>\</b>				Pag	je 2
(4) General	Bio	oclere 1/	١		ioclere APPLIC			Biod (IF API	clere 2 PLICA			ere 2B LICABLE)	
Are there any filter flies in the unit?	X Y	es 「	No	Γ	Yes	ΓN	0	X Ye	s [	- No	Yes	_	0
If so, how many?	TM	lany 🔀	Few	<u></u>	Many	┌ Fe	ew	Ma	any [	X Few	∫ Man	y   Fe	ew
Is the lid gasket in good condition?	X Y	es 「	No		Yes	ΓN	0	X Ye	s [	No	Yes	☐ No	0
Locks/latches/handles in good condition?	X Ye	es 「	No	Г	Yes	ΓN	0	▼ Ye	s I	- No	☐ Yes	, No	0
Is there any external damage to the units?	T Y	es 🔀	No	Γ	Yes	T N	0	┌ Ye	s [	X No	Yes	□ No	0
Cover, fan box, & control panel securely locked?	X Y	es	No	T.	Yes	ΓN	0	▼ Ye	s [	- No	┌ Yes	No	0
Does the fan box contain standing water?	TY	es 🔀	No		Yes	ΓN	0	┌ Ye	s [	X No	Yes	┌ No	
(Please pro	ovide nece	essary de	tails in	the re	port si	ımmaı	ry sect	ion)					
Were influent/effluent samples taken for lab ana	lysis?	₹ Yes		No.									
If process control test samples were taken, please provide the following information: All	alinity (a	s CaCO <sub>3</sub>	) [	::::	<u>.</u>	р	н			Turbidi	ity (NTU)		
Sample Locations: Effluent samples are taken	Temper	ature (F		·	D	O (mg	ı/l)		-	NH <sub>3</sub> -	·N (mg/l)		
from Pump Tank	NO <sub>3</sub> -I	N (mg/l)		****		Oth	ner: 			<del> </del>		Ī.,	
(5) Biomass Characterization	Ì	Bio	clere 1	Α		ioclere APPLIC		(IF		ere 2A LICABLE)		ere 2B LICABLE)	
		ΓV	Vhite		厂	White		Г	Whi	ite	rw	hite	
		_ v	Vhite/0	Gray		White.	/Gray		Whi	ite/Gray	rw	hite/Gray	У
			Fray		F	Gray			Gra	у	├ Gr	ay	
What is the color of the biomass?		X	Gray/Br	own		Gray/E	3rown		(Gra	y/Brown	i	ay/Brow	'n
		F	rown		一	Brown	1		Bro	wn	├ Br	own	
		FR	ed/Bro	own	F	Red/B	rown		Red	/Brown	☐ Re	d/Brown	1
		F €	lack		_	Black			Blac	:k	Г ВІ	ack	
Classify the growth of the biomass 6-12 inc	hes			_	r								
below the media surface.  1=light 2=medium 3=heavy			2						2	2			
1-iigiit 2-iiicuiuii 3-iicavy	·		_					<u> </u>					
(6) Nozzie Spray Pattern		Bioclere	1A		Biocle F APPL		F)		ocler	e 2A CABLE)		clere 2B PLICABLI	E)
1.) Does spray cover the entire media surface are	ea?	Yes	X No		Yes		No	Ţ,		▼ No		<del></del>	No
(If not, clean each nozzle with a bottle brush)	<u>'</u>		·. ·	+ '			1						
2.) Does the spray now cover entire surface area	? X	Yes	No	+	Yes		No	× ,	Yes	┌ No		s	No
If not, then: a) remove each nozzle assembly and b) clean the dosing array header pipi c) If a) and b) do not adequately improved a soak the pumps in	ng using a ove the s a bleach s	a bottle b pray patt solution t	orush a tern the for a m	nd the en ren inimu	en man nove ea m of 15	ually to ach dos minut	urn on sing potes.	both oump, o	dosing clean t	pumps the intak	e strainers	as	N
3.) Does the spray now cover entire surface area	·     X	Yes	No		Yes		No	X,	res	☐ No	ΓYε	es 「	No
If not, consult AOUAPOINT, INC.	1			1			- 1				1		

#### AQUAPOINT, INC. 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508,998,7177

# **BIOCLERE FIELD REPORT**

Page 3

(7) Pumps and Control Panel		Bioclere 1A			Bioclere 1B F APPLICABLE)	Bioclere (IF APPLIC		Bioclere 2B (IF APPLICABLE)	
What is the dosing pun	np timer setting?	min on: 10	min off:	mir on:	ا مما	1 1 1 1 1 1	nin 2	min on:	min off:
What is the recycle pun	np timer setting?	min on: 6	hrs off:	mir	11		off: .4	min on:	hrs off:
Fo	or the following che	ecklist, s	et dosin	g and	recycle timers	to a test cy	cle.		
What is the amperage o	f dosing pump 1?	4.82	Amps		Amps	4.83 Aı	mps		Amps
What is the amperage o	f dosing pump 2?	4.63	Amps		Amps	4.72 A	mps		- Amps
What is the amperage of	of recycle pump?	4.60	Amps		Amps	4.53 A	mps		Amps
Is dosing pump operating ac	cording to test cycle?	▼ Yes	┌ No	F	Yes \ \ No	▼ Yes 「	No	「 Yes	∏ No
Is recycle pump operating ac	cording to test cycle?	X Yes	┌ No	<u> </u>	Yes No	▼ Yes 「	- No	┌ Yes	√ No
Are the dosing pump	os alternating?	▼ Yes	┌ No	1	Yes No	▼ Yes 「	No	┌ Yes	∏ No
	(Please provid	de necesso	ary details	n the re	port summary se	ction)			
(8) Plumbing	Are the unions in the (If "yes", then tighted Is the recycle sipho (If "no", clean weep	n break v			,	⊠ Yes 「	- No		
(9) Final Check	Main Power set     Alarm toggle so     Recycle and do     Control panel,     Record water n	et to the " sing pum Bioclere c	On" positi p timers a over, and	on re set b an box	ack to original c			_	
(10) Report Sumr	nary:								
Total treated water over a 30 25,262 Gallons. Primary Tank 1 is the North S Treatment Tank 1 is North Pl	Settling Tank, and Prim	ary Tank		_	·	21 Gallons per	day, wit	h a max d	aily flow of

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

Signature: Ken Gregory

#### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD.

NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

# BIOCLERE FIELD REPORT

Submit by Email

			1		
Date	5/1/2019		Reason For Si	te Visit:	
Client	Villages at Cross Creek (Dixieland)		▼ O&M	Commissioning	I
Address			Testing	Cother:	
City	Little Flock St	ate AR			) 1
Inspector	Ken Gregory				,
Bioclere	Model #(s) 36/30 X 2				
		<u>.</u>			k
(1) Odo	1) Is there odor around the	site?  ▼ Yes	☐ No	<del></del>	
(I) Out	2) Where is the source of od		T.	ante	
		1,		-	
	3) If odor is present, check a	ll that apply: M	ild 💢 Medium	Strong	
		<b>⊠</b> M	usty Septic		
/a\ cl	I 0 C D 41 M			· · · · · · · · · · · · · · · · · · ·	
(2) Siud	dge & Scum Depth Meas	surements			
	Scum SI	udge		Scum	Sludge
	Grease Trap		Bioclere 2A (if applic	able)	:
	Primary Tank #1 4"	51"	Bioclere 2B (if applic	ablo	
	Filliary falls #1 4	J1	biociere 2b (ii applic	able)	
Primary Tan	ık #2 (if applicable)   4"	35"	Effluent	Tank 0	18"
	Bioclere 1A	o	ther:		
Biocle	re 1B (if applicable)	<del></del>			
		· · ·			
(3) Bio	clere Venting				
1) Reco	rd the Bioclere fan model #(s):			•	
2) Is air	passing through the vent(s)?     Ye	s  No			
•		•	g around vent and allow to	fill)	
3) Is the	e fan operating and in good condition				
5, 15 010	for Bioclere 1A? 🔀 Ye	s	for Bioclere 2A? (if a	oplicable) 🔀 Yes	∏ No
	for Bioclere 1B? (if applicable) Ye	-	for Bioclere 2B? (if a		, No
	• •	,	n the report summary secti	,	, 140

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

	<del></del>												
(4) General	Bio	oclere 1A			Bioclere APPLIC			clere 2/ PLICAB		Bioclere 2B (IF APPLICABLE)			
Are there any filter flies in the unit?	X Y	es 「	No	Γ	Yes	┌ No	X Yes No			┌ Yes	∏ No		
If so, how many?	FM	lany 💢	Few	厂	Many	┌ Few	ГМ	any 🔀	Few	Many	Few		
Is the lid gasket in good condition?	X Y	es [	No	Г	Yes	No	X Ye	s 「	No	┌ Yes	No		
Locks/latches/handles in good condition?		es	No	F	Yes	┌ No	▼ Ye		No	Yes	┌ No		
Is there any external damage to the units?	T Y	es 🗵	No	<del></del>	Yes	No	Ye		No	Yes	No		
Cover, fan box, & control panel securely locked?	,  ▼ Ye		No		Yes	No No	▼ Ye		No	Yes	□ No		
Does the fan box contain standing water?	T Y				Yes	No	Ye		No	Yes	No		
(Please pr										,			
·					•	,	·						
Were influent/effluent samples taken for lab and	lysis?	X Yes	┌ N	lo									
If process control test samples were taken, please provide the following information: Al	s CaCO <sub>3</sub> )				рН			Turbidi	ty (NTU)				
Sample Locations: Effluent samples are taken	Temper	rature (F)			DO	O (mg/l)		<del></del>	NH <sub>3</sub> -	N (mg/l)	,		
from Pump Tank	NO <sub>3</sub> -i	N (mg/ <b>l</b> )				Other:							
	,												
(5) Biomass Characterization		Bioc	lere 1	A	1	oclere 1B PPLICABL	.E) (II	Bioclei APPLI	re 2A CABLE)	Bioclei (IF APPLI			
			hite		r	Vhite		Whit	e	Wh	ite		
		☐ White/0			F\	White/Gra	у Г	~ Whit	e/Gray	∫ Wh	White/Gray		
		☐ Gray				Gray	Г	Gray		Gra	Gray		
What is the color of the biomass?			ray/Bro	own		Gray/Brow	n 🏻	Gray.	/Brown	☐ Gray/Brown			
		☐ Brown			Brown			Brown			wn		
		☐ Red/B		wn	F	Red/Brow	n	Red/I	Brown	Rec	l/Brown		
			ack		F	Black		Black		Black			
Classify the growth of the biomass 6-12 in	hes												
below the media surface.			2	-				2			,		
1=light 2=medium 3=heavy					<u> </u>			' .	<del> </del>	<u> </u>			
			-										
(6) Nozzle Spray Pattern		Bioclere 1	Α	1 (1)	Biocle F APPLI		,	oclere PPLIC <i>I</i>			lere 2B LICABLE)		
1.) Does spray cover the entire media surface ar	ea?	Yes 5	₹ No	<del></del> -	Yes	No.	+-		X No	☐ Yes			
(If not, clean each nozzle with a bottle brush)				+		1 ; 110	<del>  '</del> -			1			
2.) Does the spray now cover entire surface area	? 152	Vos [	- No	+	Yes	No	X	Voc	┌ No	□ Vos	☐ No		
2., Bocs the spray now cover andre surface area	.    X	Yes	110	'	165	1 110	X	res	1 110	Yes	, NO		
If not, then: a) remove each nozzle assembly and									numne (	for 5 minute	ne.		
<ul><li>b) clean the dosing array header pip</li><li>c) If a) and b) do not adequately imp</li></ul>													
necessary and soak the pumps in							- • •						
3.) Does the spray now cover entire surface area	?    X	Yes [	- No	T	Yes	┌ No	X	Yes	┌ No	┌ Yes	∏ No		
If not, consult AQUAPOINT, INC.		<u> </u>		+			<del> </del>			1			

#### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

(7) Pumps and Control Panel			Bioc	lere 1.	A	(1F	Bioclere 1B APPLICABLE)			lere 2A LICABL	E)	Bioclere 2B (IF APPLICABLE)		
What is the dosing pum	p timer setting?	m oı	1 10	mir off:	1 7	min on:	min off:	- 1	n: 10	min off:	2	min on:	min off:	
What is the recycle pum	What is the recycle pump timer setting?			hrs off:	1 /1	min on:	11	- 1	nin n: 6	hrs off:	.4	min on:	hrs off:	
Fo	r the following che	eck	list, se	et do	sing a	and r	ecycle time	rs to	a test	cycle.				
What is the amperage of	dosing pump 1?		4.71	Amı	os		Amps		4.95	Amps			Amps	
What is the amperage of	dosing pump 2?		4.51	Amı	os	Γ	Amps		4.90	Amps		Γ	Amps	
What is the amperage o	f recycle pump?		4.56	Amı	os	Γ	Amps		4.44	Amps		Γ	: Amps	
Is dosing pump operating ac	cording to test cycle?	X	Yes		No.	F	es No	×	Yes	☐ No	)	ΓY	′es	
Is recycle pump operating ac	cording to test cycle?	╀—	Yes	_ <u></u>	No.	<del>ار</del> ا	res □ No	[X	Yes	┌ No	)	<u>г</u>	′es	
Are the dosing pump	s alternating?	ļ	Yes	<u> </u>	Vo	<u> </u>		<del>-  </del> -	Yes	No	)	,   Y	<u> </u>	
L	(Please provid	de n	ecessa	ry det	ails in 1	the re	port summary s	sectio	n)			<u> </u>		
(9) Final Check	Main Power set  Alarm toggle se  Recycle and do  Control panel, I  Record water n	et to sing Biod	o the "( g pum <sub>l</sub> clere co	On" po p time over, a	ositior ers are and fai	set b	ack to original locked				nel			
(10) Report Sumn	nary:													
Total treated water over a 31 19,985 Gallons.	day period was 520,3	51 (	Gallons	s for a	n aver	age d	laily flow of 16	,785 (	Gallons	per day	, wit	h a m	nax daily flow of	
Primary Tank 1 is the North S Treatment Tank 1 is North Pl Have contacted Bubs to set t	ant, and #2 is South Pl	ant					_	Nort	h Biocl	ere and	tank	. <b>.</b>		
Note: Contact Arvin Associate Call 860-674-1515 for G Call 888-361-8649 for G Call Aguanoint at 508-9	s at 508-583-8221 for a BM/Papst fan replacemen rainger fan replacemen 98-7577 for numn renla	ny c ent: ats.	ontrol	panel	replac	emer	nt <i>part.</i> Signature	: Ker	n Grego	ory	•			

#### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745

NEW BEDFORD, MA C TEL 508.998.7577 FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

Submit by Email

Date	6/3/2019			Reason For Si	ite Visit:	
Client	Villages at Cross Creek (Dixielan	d)		ĪX. O&M	☐ Commissioning	
Address				Testing	Other:	
City	Little Flock	State				
Inspector	Ken Gregory					
Bioclere	e Model #(s) 36/30 X 2					
(1) Odd	1) Is there odor arou	and the site?	Yes No	)		
(1)	2) Where is the source	ce of odor? Biocl	ere and Primary	Settling Tank(s) Vo	ents	
	3) If odor is present,	check all that app	ly:	☑ Medium ☐ Septic	Strong	
(2) Slu	dge & Scum Depth	Measurem	ents			
	Scum	Sludge			Scum	Sludge
	Grease Trap		Bio	oclere 2A (if applic	able)	
	Primary Tank #1 6"	50"	Bio	oclere 2B (if applic	able)	
Primary Tan	nk #2 (if applicable) 3"	40"		Effluent	Tank 0	12"
	Bioclere 1A		Other:			
Biocle	re 1B (if applicable)					
(3) Bio	clere Venting	,		· · · · · · · · · · · · · · · · · · ·		
1) Reco	rd the Bioclere fan model #(s):				-	
2) Is air	passing through the vent(s)?	▼ Yes	No			
	(if in d	oubt, put a small p	lastic bag aroun	d vent and allow to	fill)	
3) Is the	e fan operating and in good conc	lition				
	for Bioclere 1A?	X Yes	No for	r Bioclere 2A? (if a	pplicable) 🔀 Yes	┌ No
	for Bioclere 1B? (if applicable)	Yes	_	r Bioclere 2B? (if a		No
	(Pleas	· ·		port summary sect	ion)	

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

(4) Gene	eral	Bio	clere 1A		Bioclere APPLIC			lere 2A LICABLE)	1	Bioclere 2B (IF APPLICABLE)		
Are there any	filter flies in the unit?	X Y∈	es   N		Yes	No	▼ Yes		Yes	√ No		
If so, how mai	ny?	Гм	any 💢 F	ew	Many	Few	∏ Ma	ny i⊠ Few	∫ Man	y Few		
Is the lid gask	et in good condition?	X Ye		10	Yes	No	X Yes		☐ Yes	No		
Locks/latches	/handles in good condition?	X Y∈	<del></del> -		Yes	No	▼ Yes		Yes	No		
Is there any e	xternal damage to the units?	Y€	•	10	Yes	No	☐ Yes		T Yes	No		
Cover, fan bo	x, & control panel securely locked?	▼ Ye	<del></del>	<del> '</del> -	Yes	_ No	▼ Yes		Yes	☐ No		
Does the fan I	oox contain standing water?	ΓYε	es 🔀 N	10	Yes	∏ No	Yes	;  ▼ No	┌ Yes	☐ No		
L	(Please prov	ide nece	ssary deta	ils in the I	report s	ummary se	ction)		L			
Were influent	effluent samples taken for lab analy	sis?	₹. Yes	□ No								
If process con please provid	trol test samples were taken, e the following information: Alka	linity (as	CaCO <sub>3</sub> )		1	рН		Turbic	lity (NTU)			
Sample Locations:	Effluent samples are taken	Temper	ature (F)			O (mg/l)		; NH <sub>3</sub>	-N (mg/l)			
	from Pump Tank	NO <sub>3</sub> -N	l (mg/l)			Other:						
		· ·										
(5) Biom	ass Characterization		Bioch	ere 1A	t t	ioclere 1B APPLICABL		Bioclere 2A APPLICABLE	1	ere 2B .ICABLE)		
			Wh	ite	十一	White	T	White	┌ w	hite		
		☐ White/G			[	White/Gra	ıy   _	White/Gray	,   _ w	hite/Gray		
		Gray				Gray		Gray		☐ Gray		
V	Vhat is the color of the biomass?		y/Brown		Gray/Brov	vn 🔀	Gray/Brow	n     Gi	Gray/Brown			
			Brown		☐ Brown			Brown		Brown		
			Rec	d/Brown		Red/Brown		Red/Brown	Re	d/Brown		
			Bla	ck		Black	'	Black	ВІ	ack		
Classify	the growth of the biomass 6-12 inch	es			+		<u> </u>					
	below the media surface.			2				2				
	1=light 2=medium 3=heavy					· · · · · · · · · · · · · · · · · · ·		,				
(6) Nozz	le Spray Pattern				Biocle	ere 1B	Bio	oclere 2A	Bio	clere 2B		
		_	Bioclere 1			ICABLE)	+	PPLICABLE)	-	PLICABLE)		
	y cover the entire media surface area	1/ [	Yes X	No	Yes	No.	[ \	es 💢 No	D TY	s		
	ın each nozzle with a bottle brush)											
2.) Does the s	pray now cover entire surface area?	X	Yes	No	Yes	No	X	es No	D TY	es No		
ŀ	a) remove each nozzle assembly and a b) clean the dosing array header piping c) If a) and b) do not adequately impro necessary and soak the pumps in a	g using a ve the sp	bottle bru bray patter	ish and th in then re	en mar move e	ually turn o ach dosing	on both o	losing pumps				
3.) Does the s	pray now cover entire surface area?	X	Yes 「	No	Yes	, ∏ No	X	∕es	D   Y	es   No		
If not, cons	ult AQUAPOINT, INC.	+							1			

#### AQUAPOINT, INC. 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745

TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

Page 3

(7) Pumps and Control Panel									Bioclere 1B					Bioclere 2A					lere 2	2B
(// ampsana co		Bioclere 1A					(IF APPLICABLE)					(IF APPLICABLE)						(IF APPLICAE		BLE)
What is the dosing pump timer setting?			10		min off:	2	mi	1	: :	mis off	•		nin n:	10	min off:	2	1	in n:	mi off	
What is the recycle pun	np timer setting?	mii on	16		hrs off:	.4	mi or		:	hrs off			nin n:	6	hrs off:	.4		in n:	hr	
Fo	or the following che	eckli	ist, s	et d	ob	ing	and	recy	ycl	e ti	mers	s to	a t	est	cycle	١.				
What is the amperage o	f dosing pump 1?		4.65	Α	mp	s				Am	ps		4	.95	Amp	S			Am	ps
What is the amperage o	f dosing pump 2?		4.71	_ A	mp	S				Am	ps		4	.77	Amp	s			Am	ps
What is the amperage o	of recycle pump?		4.30	A	mp	s			_	Am	ps		4.56 Amps				ļ		- Am	ps
Is dosing pump operating ac	cording to test cycle?	X	Yes	Γ	N	lo	F	Yes		F.	No	×	. Y	es -	<u></u> N	lo	F	Yes	Г	No
Is recycle pump operating ac	cording to test cycle?	X	Yes	Γ		lo	E	Yes		Γ	No	×	Y	es		lo	T	Yes	Γ	No
Are the dosing pump	os alternating?	X	Yes	Г	N	lo	F	Yes		Π	No	IX	ŢΥ	es	<u> </u>	lo	r	Yes		No
<u> </u>	(Please provid	de ne	cesso	ary c	leta	ils in	the r	eport	sui	mm	ary se	ctio	n)				<u>.</u>	<del> , , -</del>		
(9) Final Check	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 Sumn	nary:																		•	
		-																		; ;
Primary Tank 1 is the North S Treatment Tank 1 is North Pl			Γank	2 is	the	Sout	h Se	ttling	g Ta	ink.										:
Bubs removed 2 loads from			ere a	and 1	tank	ζ.														1
									i											
	was at a superior of the difference of the same of the																eur. ve			

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

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

### **BIOCLERE FIELD REPORT**

Submit by Email

Date 7/2/2019		Reason For Site \	Visit:	
Client Villages at Cross Creek (Dixieland)		X O&M	Commissioning	
Address		☐ Testing ☐	Other:	
City Little Flock Sta	te AR		<del>dij, minje koma manga dan mana da da</del>	
Inspector James Bartlett				
Bioclere Model #(s) 36/30 X 2				
				<u></u>
(1) Odor  1) Is there odor around the s	ite? 💢 Yes 🦵 No			
2) Where is the source of odd	or? Bioclere and Primary	Settling Tank(s) Vents	_ i	
3) If odor is present, check all	· · · · · · · · · · · · · · · · · · ·			
3) Il odol is present, check all	Musty	⊠ Medium     Septic	Strong	
(2) Sludge & Scum Depth Meas	urements			
Scum Slu	idge		Scum	Sludge
Grease Trap	Bio	clere 2A (if applicable	2)	
Primary Tank #1 5" 4	l8" Bio	clere 2B (if applicable	e)	
Primary Tank #2 (if applicable) 1" 6	60"	Effluent Tan	ık 0	22"
Bioclere 1A	Other:			
Bioclere 1B (if applicable)	, <u> </u>		- '	,
(3) Bioclere Venting				
1) Record the Bioclere fan model #(s):				
2) Is air passing through the vent(s)? X Yes	□ No			
(if in doubt, put	a small plastic bag around	l vent and allow to fill)		
3) Is the fan operating and in good condition				
for Bioclere 1A? 🔀 Yes	┌─No for	Bioclere 2A? (if applie	cable) 🔀 Yes	☐ No
for Bioclere 1B? (if applicable) Yes	□ No for	Bioclere 2B? (if applie	cable)	┌ No
(Please provide	necessary details in the rep	oort summary section)		

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

# BIOCLERE FIELD REPORT

		· · · · · · · · · · · · · · · · · · ·								
(4) General	Bioclere 1A			ioclere 1B APPLICABLE)		lere 2A LICABLE)	Biocle (IF APPLI	,		
Are there any filter flies in the unit?	X Ye	s No		Yes No	ズ Ye	s	Yes	No		
If so, how many?	M	any 💢 Few		Many   Few	Г Ма	ny 🔀 Few	Many	/ Few		
Is the lid gasket in good condition?	X Ye	s No		Yes No	▼ Yes	s ∏∶No	Yes	∏ No		
Locks/latches/handles in good condition?	X Ye	s No	一	Yes No	▼ Ye	No	Yes	☐ No		
Is there any external damage to the units?	∫ Ye	s 🔀 No		Yes No	☐ Ye	i ⊠ No	Yes	No		
Cover, fan box, & control panel securely locked?	X Ye	<del></del>		Yes No	ズ Ye		☐ Yes	√ No		
Does the fan box contain standing water?	Ye	s 🔀 No	Г	Yes No	∫ Ye:		Yes	∏ No		
(Please provide necessary details in the report summary section)										
		······································	<del></del> 1							
Were influent/effluent samples taken for lab analys	is? D	Yes 1	No							
If process control test samples were taken, please provide the following information: Alkali	inity (as	CaCO <sub>3</sub> )		рН	The special service surfaces	Turbidi	ity (NTU)			
Sample Fffluent samples are taken T Locations: From Pump Tank	empera	ature (F)	-	DO (mg/l)	AND 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NH <sub>3</sub> -	N (mg/l)			
anne e missione since e e circum dels serama de relationame e e consistence de se destinación mensor e coloridar.	NO <sub>3</sub> -N	l (mg/l)	,	Other:		· · · · · · · · · · · · · · · · · · ·				
(5) Biomass Characterization		Bioclere 1	Α	Bioclere 11 (IF APPLICAB		Bioclere 2A APPLICABLE)	Biocle (IF APPLI			
		White		White	T.	White	☐ Wh	nite		
		☐ White/	Gray	White/Gr	ray 📗	White/Gray	☐, Wh	nite/Gray		
		☐ Gray		☐ Gray	<u> </u>   <u> </u>	Gray	☐ Gra	Gray		
What is the color of the biomass?		☐ Gray/Br		Gray/Bro	wn 🛭 🔯	Gray/Brown	☐ Gra	ay/Brown		
				Brown		Brown	F. Bro	own		
		Red/Bro	own	Red/Brov	vn 🗀	Red/Brown	□ Red	d/Brown		
		☐ Black		☐ Black		Black	Bla	ck		
Classify the growth of the biomass 6-12 inches	25									
below the media surface.		2			ĺ	2		;		
1=light 2=medium 3=heavy	<del></del>					, en				
/4\Bi   6   5			T	Bioclere 1B	D;	oclere 2A	Rior	lere 2B		
(6) Nozzle Spray Pattern	В	ioclere 1A	(1	F APPLICABLE)		PPLICABLE)	1	PLICABLE)		
1.) Does spray cover the entire media surface area	1	Yes 🔀 No	,   F	Yes No		∕es 🔀 No	☐ Yes	s No		
(If not, clean each nozzle with a bottle brush)				- Table	<del> </del>					
2.) Does the spray now cover entire surface area?	X	Yes No	1.	Yes No	) X	∕es ┌ No	Ye	s No		
If not, then: a) remove each nozzle assembly and s b) clean the dosing array header piping c) If a) and b) do not adequately improv necessary and soak the pumps in a b	using a e the sp	bottle brush a bray pattern the	and the en ren	en manually turn nove each dosin	on both o	losing pumps				
3.) Does the spray now cover entire surface area?	X	Yes   No	1	Yes No		∕es ∏ No	Ye	s No		
If not, consult AQUAPOINT, INC.			<del>-   -                                 </del>				1			

### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508.998.7177

**BIOCLERE FIELD REPORT** 

(7) Pumps and Co	ntrol Panel	Bioc	lere 1A		clere 1B PLICABLE)	1	ere 2A LICABLE)	Bioclere 2B (IF APPLICABLE)		
What is the dosing pur	np timer setting?	min 10 on:	min 2 off:	min on:	min off:	min on:	min 2 off:	min on:	min off:	
What is the recycle pum	np timer setting?	min 6 on:	hrs .4	min on:	hrs off:	min 6 on:	hrs .4	min on:	hrs off:	
Fo	r the following che	ecklist, se	et dosing a	and recy	cle 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	What is the amperage of dosing pump 2?		Amps		Amps	4.59	Amps		Amps	
What is the amperage of	of recycle pump?	4.68	Amps		Amps	4.54	Amps		Amps	
Is dosing pump operating ac	cording to test cycle?	▼ Yes	∏ No	☐ Yes	No	▼ Yes	∏ No	☐ Yes	Г No	
Is recycle pump operating ac	cording to test cycle?	▼ Yes	∏ No	┌ Yes	∏ No	▼ Yes	┌ No	├ Yes	┌ No	
Are the dosing pump	os alternating?	▼ Yes	∏ No	☐ Yes	∫ No	▼ Yes	┌ No	┌ Yes	No	
(8) Plumbing	Are the unions in the Bioclere leaking?  Yes  No (If "yes", then tighten with pipe wrench)  Is the recycle siphon break weep hole operating as designed?  Yes  No (If "no", clean weep hole)									
(9) Final Check	(9) Final Check									
(10) Report Summ Total flow over a 31 day period Primary Tank 1 is the North S Treatment Tank 1 is North Pla	od was 474,307 Gallon ettling Tank, and Prim ant, and #2 is South Pla	ary Tank 2 ant.	is the Soutl	n Settling	Tank.		max flow c	of 29,678	galions.	
We had a dosing pump go do	own and had to be rep	laced. It is	back up an	d running	g properly no	ow.				

### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508.998.7177

# **BIOCLERE FIELD REPORT**

Submit by Email

Date	8/5/2019			Reason For Site Visit:								
Client	Villages at Cross Creek (Dixiela	nd)		▼ 0&M	┌ Cor	mmissionin	g					
Address				Testing	┌ Oth	ier:						
City	Little Flock	State	R		,		<u> </u>					
Inspector	James Bartlett											
Bioclere	Model #(s) 36/30 X 2											
								•				
(1) Odo	) Is there odor aro	und the site?	▼ Yes	No								
		rce of odor?	Bioclere and Prim	ary Settling Tank(s) '	Vents							
	3) If odor is present	, check all that	apply: ┌ ̄ Mild  ▼ Musty	⊠ Medium √ □ Septic	ſ s	itrong						
(2) Sluc	dge & Scum Depth	Measure	ements									
	Scum	Sludge	<del></del>		<b>,-</b>	Scum	Sludge					
	Grease Trap		_	Bioclere 2A (if appl	icable)							
	Primary Tank #1 2"	38"		Bioclere 2B (if appl	icable)							
Primary Tan	k #2 (if applicable) 1"	37"		Effluer	it Tank	0	11"					
	Bioclere 1A		 Othe	r:								
Biocle	re 1B (if applicable)		_									
(3) Bio	clere Venting											
1) Reco	rd the Bioclere fan model #(s):				<del></del> .							
2) Is air	passing through the vent(s)?	∝ Yes doubt, put a sm	│ No all plastic bag are	ound vent and allow t	to fill)							
3) Is the	fan operating and in good con	dition										
	for Bioclere 1A?	<b>⋉</b> Yes	∏ No	for Bioclere 2A? (if	applicable	e) 🔀 Yes	s					
	for Bioclere 1B? (if applicable)	┌ Yes	☐ No	for Bioclere 2B? (if		e) [ Yes	s					
	iPlen	SP NYAVIAP NACA	ecany aptails in th	e renort summary sec	าเกทา							

### AQUAPOINT, INC.

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

(4) General	Bioclere 1A			1	Bioclere 1B (IF APPLICABLE)					Bioclere 2A (IF APPLICABLE)				Bioclere 2B (IF APPLICABLE)		
Are there any filter flies in the unit?	X Ye	25	No	Г	Yes	$\overline{\Gamma}$	No	X	Yes	N	lo	Γ,	Yes	厂	No	
If so, how many?		any	▼ Few	厂	Many	一	Few	Г	Many	▼ F	ew	7	 Many	$\overline{\Gamma}$	Few	
Is the lid gasket in good condition?	X Ye	<u></u>	┌ No	F	Yes	Г	No	X	Yes	_ \	lo	Γ,	Yes	Γ	No	
Locks/latches/handles in good condition?	X Ye	25	No	F	Yes	厂	No	X	Yes	T N	lo	Γ,	Yes	F	No	
Is there any external damage to the units?	Γ Y∈	<u></u>	∏ No	Г	Yes	$\overline{\Gamma}$	No	Γ	Yes	X N	lo	T,	Yes	厂	No	
Cover, fan box, & control panel securely locked?	X Ye	 es	┌ No	Г	Yes	厂	No	X	Yes	N	lo	一	Yes	Γ	No	
Does the fan box contain standing water?	Ţ Υϵ	es	▼ No	Г	Yes	Γ	No	<u></u>	「 Yes  ▼ No				Yes	Γ	No	
(Please prov	ide nece	ssary	details i	n the r	eport s	umm	ary sec	tion)					•			
Were influent/effluent samples taken for lab analys	sis?	₹ Yes	; F	No												
If process control test samples were taken, please provide the following information:  Alkal	inity (as	CaC	O <sub>3</sub> )	<b>-</b>			рН			Tu	rbidit	ty (NT	TU)			
Locations: Effluent samples are taken	Гетрег	ature	(F)		C	00 (m	ng/l)			i	1- <sub>E</sub> HI/	N (mg	g/l) [			
from Pump Tank	NO <sub>3</sub> -N (mg/l) Other:															
(5) Biomass Characterization  Bioclere 1A  Bioclere 1B  (IF APPLICABLE)  Bioclere 2A  (IF APPLICABLE)  Bioclere 2B  (IF APPLICABLE)									.E)							
What is the color of the biomass?	What is the color of the biomass?			Gray Frown Fown	Gray  Gray/Brown  Brown					☐ White ☐ White/Gray ☐ Gray ☐ Gray/Brown ☐ Brown ☐ Red/Brown ☐ Black				White White/Gray Gray Gray/Brown Brown Red/Brown		
Classify the growth of the biomass 6-12 inches below the media surface.  1=light 2=medium 3=heavy	<u></u>		2	<del> </del>						2	-					
(6) Nozzle Spray Pattern		iocle	re 1A		Biocle F APPL			(1		ere 2A ICABL		(1)	Biocl F APP			
1.) Does spray cover the entire media surface area	<del>                                      </del>	Yes	X No	<u> </u>	- Yes		No	<u> </u>	Yes		No	+	Yes		- No	
(If not, clean each nozzle with a bottle brush)	<del>                                     </del>			<del>-   - '</del>			-	<del>  '</del>				<del>  '</del> -				
2.) Does the spray now cover entire surface area?		Yes	No	1 (	Yes		No	IS	₹ Yes		No	<del>                                     </del>	Yes		_ No	
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.																
3.) Does the spray now cover entire surface area?	▼ Yes			) [	Yes	Г	- No	15	₹ Yes	Γ	No	TF	Yes	Γ	- No	
If not, consult AQUAPOINT, INC.	<del> </del> -	_		$\dashv$								<b></b>				

### AQUAPOINT, INC. 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

Page 3

(7) Pumps and Co	ontrol Panel	Bioc	lere 1A		oclere 1B PPLICABLE)		ere 2A LICABLE)	1	Bioclere 2B (IF APPLICABLE)	
What is the dosing pur	np 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 pur	np timer setting?	min on: 6	hrs off: .4	min on:	hrs off:	min on: 6	hrs off: .4	min on:	hrs off:	
Fo	or the following che	ecklist, se	et dosing a	and re	cycle timers	to a test	cycle.			
What is the amperage o	of dosing pump 1?	4.61	Amps		Amps	4.97	Amps		Amps	
What is the amperage o	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?		▼ Yes	┌ No	┌ Ye	s	₩ Yes	∏ No	Yes	∏ No	
Is recycle pump operating according to test cycle?		▼ Yes	∏ No	┌ Ye	s	ĭ  ▼ Yes	No	├ Yes	∏ No	
Are the dosing pum	▼ Yes	Γ No	☐ Ye		▼ Yes	┌ No	┌ Yes	[ No		
L	(Please provid	de necessa	ry details in t	he repo	rt summary sec	tion)				
(8) Plumbing	Are the unions in the (If "yes", then tighter	ne Bioclere n with pipe	e leaking? wrench)	Ye	s ∏X No					
	Is the recycle sipho (If "no", clean weep	n break w hole)	eep hole op	erating	as designed?	⊠ Yes	┌ No			
(9) Final Check	₩ Main Power set	to "On" a	nd toggle fo	or all pu	mps set to "N	ormal" (or	'Auto")			
	ズ Alarm toggle s	et to the "C	On" position	1						
	Recycle and do     Recy	sing pump	timers are	set bac	k to original cy	cles in cor	trol panel			
	ズ Control panel,	Bioclere co	over, and far	n box lo	cked					
	Record water meter reading (if possible): See Below									
(10) Report Sumi										
Total flow over a 33 day per	iod was 632,092 Gallon	for an ave	erage daily f	Iow of 1	9,154 gallons	and a daily	max flow o	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

## AQUAPOINT, INC.

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

# **BIOCLERE FIELD REPORT**

Submit by Email

Date 9/3/2019	Reason For Site Visit:
Client Villages at Cross Creek (Dixieland)	▼ O&M
Address	☐ Testing ☐ Other:
City Little Flock State AR	
Inspector James Bartlett	
Bioclere Model #(s) 36/30 X 2	-
1) Is there odor around the site?  Yes 2) Where is the source of odor? Bioclere ar 3) If odor is present, check all that apply:	• • • • • • • • • • • • • • • • • • • •
(2) Sludge & Scum Depth Measurement	S
( - , - :	_
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):	
1	-
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? X Yes No	for Bioclere 2A? (if applicable) 🔀 Yes 🗀 No
for Bioclere 1B? (if applicable) Yes No	for Bioclere 2B? (if applicable) Yes No
, , , , , , , , , , , , , , , , , , , ,	ils in the report summary section)

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## **BIOCLERE FIELD REPORT**

(4) General	Bio	clere '	1A	1	Biocler APPLIC		.E)		ioclere APPLIC			Bioclere 2B (IF APPLICABLE)		
Are there any filter flies in the unit?	X Ye	s [	No	Г	Yes	Γ	No	X	Yes	∏ No	Yes	No		
If so, how many?	Гм	any [	X Few	厂	Many	Γ	Few	厂	Many	<b>⋉</b> Few	┌ Mar	y   Few		
Is the lid gasket in good condition?	X Ye	s	No	Г	Yes	Γ	No	X	Yes	∏ No	┌ Yes	□ No		
Locks/latches/handles in good condition?	X Ye	es [	No	一	Yes	T	No	X	Yes	∏ No	┌ Yes	□ No		
Is there any external damage to the units?	Γ Y∈	es [	X No	<u></u>	Yes		No	Γ	Yes	⊠ No	┌ Yes	No		
Cover, fan box, & control panel securely locked?	X Ye	es [	No	一	Yes	Γ	No	X	Yes	□No	┌ Yes	□ No		
Does the fan box contain standing water?	Γ Y∈	s J	X No	F	Yes	Г	No	Г	Yes	⊠ No	Yes	「 No		
(Please provi	de nece	ssary (	details i	n the r	eport s	umn	nary sec	ction	)					
Were influent/effluent samples taken for lab analys	is? re	7 Vos		No										
If process control test samples were taken,		₹ Yes	1	NO	<del></del>					<del></del>		<del></del>		
please provide the following information: Alkali	inity (as	CaCC	)3)				рН			Turbid	ity (NTU)			
i lettinont camples are taken	emper	ature (	(F)		· [	)O (r	ng/l)			NH <sub>3</sub> -	-N (mg/l)			
Locations: from Pump Tank	NO 8	l (mag	" <u> </u>		•	,	Sebani							
	NO <sub>3</sub> -N	i (mg/	"				Other:			········				
	<u> </u>				T	·I	10		D:-	1 2.4	Di- d	20		
(5) Biomass Characterization		В	ioclere	1A			ere 1B LICABL	E)		clere 2A PLICABLE		ere 2B LICABLE)		
	<del></del>	Г	White		TF	Wh	ite		ΓW	hite	TW	hite		
		Г	White/	'Gray		Wh	ite/Gra	у	F W	hite/Gray	rw	hite/Gray		
			Gray			Gra	y		┌ Gr	ay		ray		
What is the color of the biomass?		☐ Gray/Br			Gray/Brown			n	∏X Gr	ay/Brown	ı	ray/Brown		
		Brown			F Brown			- }	∫ Br	own		own		
			Red/Br	own	Red/Brown				┌ Re	d/Brown		ed/Brown		
		Г	Black		Black				┌ Bla	ack	гв	ack		
Classify the growth of the biomass 6-12 inche	:S							$\dashv$			,			
below the media surface.			2							2				
1=light 2=medium 3=heavy		<u> </u>			<u> </u>									
(C) Non-lo Como Detto				7	Biocl	are 1	R	 T	Biocle	re 24	Ric	clere 2B		
(6) Nozzle Spray Pattern	В	iocler	e 1A	(1	IF APPI			(1		ICABLE)		PPLICABLE)		
1.) Does spray cover the entire media surface area?		Yes	X No	) [	Yes	ſ	No	T	Yes	▼ No	T-Ye	es   No		
(If not, clean each nozzle with a bottle brush)							<del></del>			· · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
2.) Does the spray now cover entire surface area?	X	Yes	_ No	1   0	Yes	Ī	- No		₹ Yes	∏ No	T Ye	es   No		
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.														
3.) Does the spray now cover entire surface area?	X	Yes	☐ No		- Yes	ſ	No	[5	₹ Yes	∏ No	T Ye	es   No		
If not, consult AQUAPOINT, INC.	1	-		$\top$				1						

### AQUAPOINT, INC. 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

Page 3

(7) Pumps and Co	ontroi Panel		Biocl	lere 1	4	(IF	Bioclere 16 APPLICAB		Bioclere 2A (IF APPLICABLE)				Biociere 2B (IF APPLICABLE)		
What is the dosing pun	np timer setting?	min on:	10	min off:	1 1	min on:		1	1	in n: 10	min off:	1,	min on:	min off:	
What is the recycle pun	np timer setting?	min on:	6	hrs off:	1 1	min on:				in n: 6	hrs off:	1 /	min on:	hrs off:	
Fo	or the following che	cklis	st, se	t dos	sing a	and r	ecycle tir	ners	to	a test	cycle	·.			
What is the amperage of	f dosing pump 1?	4.50 Amps			Amp	S		5.16	Amp	s		— Amps			
What is the amperage of	What is the amperage of dosing pump 2?		4.68	Amp	os		Amp	)S		5.04	Amp	)5		Amps	
What is the amperage of	of recycle pump?	Γ.	4.64	Amp	os		Amp	s		4.36	Amp	s		Amps	
Is dosing pump operating ac	cording to test cycle?	区,	es ·		No	T	∕es ┌ N	Vo.	×	Yes		vo	☐ Yes	∏ No	
Is recycle pump operating ac	cording to test cycle?	区、	Yes		۷o	<u></u>	∕es Γ N	Vo.	X	Yes	<u> </u>	Vo.	⊤ Yes	┌ No	
A. d l			Yes	F	No.	F,	∕es	Vo.	×	Yes		do o	┌─ Yes	No	
(8) Plumbing	Are the unions in the Bioclere leaking?														
(9) Final Check	Main Power set			_	-	-	oumps set t	to "No	orm	ıal" (or	"Auto	')			
	☐ Alarm toggle se			•			a ale da a a visi	ما م	د ا م	. in	.+val 10	anal			
	Recycle and do	_					_	па су	CIE	S III COI	ιαοιρ	aries			
	<ul><li>☒ Control panel, I</li><li>☒ Record water n</li></ul>							οw					<del></del>		
(10) Report Sumr  Total flow over a 31 day peri  Primary Tank 1 is the North S  Treatment Tank 1 is North Pl	od was 537,686 Gallon Settling Tank, and Prim	ary T		_	-			illons	and	d a dail	y max	flow	of 22,414	gallons.	

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

Signature: Ken Gregory

### **AQUAPOINT, INC.**

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577 FAX 508.998.7177

## **BIOCLERE FIELD REPORT**

Submit by Email

Date 10/1/2019	Reason For Site Visit:
Client Villages at Cross Creek (Dixieland)	▼ 0 & M
Address	Testing Other:
City Little Flock State AR	
Inspector James Bartlett	
Bioclere Model #(s) 36/30 X 2	
(1) Odor  1) Is there odor around the site? $\nearrow$ Ye	es T 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
Sludge & Scum Depth Measurement    Scum   Sludge   Sludge   Scum   Sludge   Srease Trap	Bioclere 2A (if applicable)  Bioclere 2B (if applicable)  Effluent Tank  Other:
Bioclere 1B (if applicable)	
(3) Bioclere Venting	
1) Record the Bioclere fan model #(s):	,
2) Is air passing through the vent(s)? X Yes No	o stic 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 (Please provide necessary d	for Bioclere 2B? (if applicable) Yes No  letails in the report summary section)

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## **BIOCLERE FIELD REPORT**

(4) General	Bio	clere 1A		ioclere 1B APPLICABLE)		lere 2A PLICABLE)	Bioclere 2B (IF APPLICABLE)			
Are there any filter flies in the unit?	∑ Ye	es 「No	Г	Yes   No	ズ Ye	s  No	Yes	┌ No		
If so, how many?	ГМ	any 💢 Few	Γ	Many   Few	Ма	iny 🔀 Few	∫ Many	Few		
Is the lid gasket in good condition?	X Y€	s  No		Yes No	<b>⋉</b> Ye	s No	Yes	No		
Locks/latches/handles in good condition?	∑ Ye	s No	Г	Yes No	▼ Ye		┌ Yes	☐ No		
is there any external damage to the units?	T Ye		F	Yes No	Ye		· Yes	No		
Cover, fan box, & control panel securely locked?	∑ Ye			Yes No	▼ Ye		Yes	No		
Does the fan box contain standing water?		·····		Yes No	√ Ye		Yes	No		
(Please prov				port summary se		3 /(1.0	1 103			
				,	·					
Were influent/effluent samples taken for lab analy	sis?	₹ Yes	No							
If process control test samples were taken, please provide the following information: Alka	linity (as	CaCO <sub>3</sub> )		рН		Turbidi	ty (NTU)			
Sample Fffluent samples are taken from Pump Tank	Temper	ature (F)		DO (mg/l)		NH <sub>3</sub> -l	N (mg/l)			
	NO <sub>3</sub> -N	l (mg/l)		Other:	<u></u>					
				T 5: / 45		D: 1 04	7 5: 1			
(5) Biomass Characterization		Bioclere 1	1A	Bioclere 1E (IF APPLICAB	1	Bioclere 2A APPLICABLE)	Biocle (IF APPLI			
	_	White		White		White	Wh	ite		
		White/	Gray	☐ White/Gr	ay   F	White/Gray	Wh	ite/Gray		
		☐ Gray	,	Gray	´   _		Gra	_ 1		
What is the color of the biomass?		ズ Gray/B	rown	Gray/Brov	vn l⊼	Gray/Brown		y/Brown		
		Brown		Brown		Brown	Brown			
		Red/Br	OWD	Red/Brow	" , <u> </u>	Red/Brown	1	l/Brown		
		Black	own   Red/Brov		1 '	Black	Bla			
Classify the growth of the biomass 6-12 inch	es	) black		Diack	<del>-   1.</del>	DIACK	) Dia	CK		
below the media surface.		2	<del></del> .			2		<del></del>		
1=light 2=medium 3=heavy	_	-		l		J	J			
(6) Nozzle Spray Pattern	Е	ioclere 1A	(1	Bioclere 1B F APPLICABLE)	1	oclere 2A PPLICABLE)	1	lere 2B LICABLE)		
1.) Does spray cover the entire media surface area	?	Yes 💢 No	,	Yes No	† <sub> </sub>	∕es 🛛 No	Yes	. I No		
(If not, clean each nozzle with a bottle brush)			+		<del>                                     </del>					
2.) Does the spray now cover entire surface area?	X	Yes No	,   [	Yes No	N.	res   No	☐ Yes			
If not, then: a) remove each nozzle assembly and s b) clean the dosing array header piping c) If a) and b) do not adequately impro- necessary and soak the pumps in a	g using a	bottle brush a bray pattern th	and the en ren	en manually turn nove each dosing	on both o	losing pumps f				
3.) Does the spray now cover entire surface area?	X	Yes   No	)   [	Yes No	X.	∕es	☐ Yes			
If not, consult AQUAPOINT, INC.					1	······	1			

### AQUAPOINT, INC. 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745

TEL 508.998.7577 FAX 508.998.7177

## **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 10 min 2 on: off:	min min on: off:	min 10 min 2 on: off:	min min off:		
What is the recycle pump timer setting?	min 6 hrs .4 on: off:	min hrs on: off:	min 6 hrs .4 on: off:	min hrs on: off:		
For the following ch	ecklist, set dosing a	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?	▼ Yes	☐ Yes ☐ No	▼ Yes  No	☐ Yes ☐ No		
Is recycle pump operating according to test cycle?	X Yes	Yes No	▼ Yes    No	☐ Yes ☐ No		
Are the dosing pumps alternating?		☐ Yes ☐ No	▼ Yes	☐ Yes ☐ No		
(Please provi	de necessary details in	<u> </u>		<u> </u>		
<ul><li>✓ Alarm toggle s</li><li>✓ Recycle and do</li><li>✓ Control panel,</li></ul>	t to "On" and toggle for et to the "On" position osing pump timers are Bioclere cover, and far neter reading (if possi	set back to original cy n box locked		;		
(10) Report Summary:  Total flow over a 30 day period was 477,862 Gallon Primary Tank 1 is the North Settling Tank, and Prim Treatment Tank 1 is North Plant, and #2 is South Pl	ary Tank 2 is the South	_	and a daily max flow o	of 22,456 gallons.		
Note: Contact Arvin Associates at 508-583-8221 for a Call 860-674-1515 for EBM/Papst fan replacem Call 888-361-8649 for Grainger fan replaceme Call Aquapoint at 508-998-7577 for pump repl	ny control panel replac ents. ats. acements.		Ken Gregory			

**AQUAPOINT, INC.** 

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# BIOCLERE FIELD REPORT

Submit by Email

<del></del>	······································	
Date 11/1/2019	Reason For Site V	'isit:
Client Villages at Cross Creek (Dixieland)	 	Commissioning
Address	Testing	Other:
City Little Flock State AR		
Inspector James Bartlett	-	
Bioclere Model #(s) β6/30 X 2	·	
	· · · · · · · · · · · · · · · · · · ·	
(1) Odor  1) Is there odor around the site?	₹ Yes	
2) Where is the source of odor? Biod	clere and Primary Settling Tank(s) Vents	
3) If odor is present, check all that ap	pply:	Strong
(2) Cludes 9 Cours Bonth Manager		
(2) Sludge & Scum Depth Measuren	nents	
Scum Sludge		Scum Sludge
Grease Trap	Bioclere 2A (if applicable	
Primary Tank #1 2" 44"	Bioclere 2B (if applicable	
Primary Tank #2 (if applicable) 2" 58"	Effluent Tank	( 0 13"
Bioclere 1A	Other:	
Bioclere 1B (if applicable)		,
		<del> </del>
(3) Bioclere Venting		
Record the Bioclere fan model #(s):		·
1) Record the bioclere lan model #(5).		
	No	
(if in doubt, put a small	plastic bag around vent and allow to fill)	
3) Is the fan operating and in good condition		
	No for Bioclere 2A? (if applic	
	No for Bioclere 2B? (if applic ary details in the report summary section)	able) Yes No
ti icase provide necesse	,, , actans ni tire report summing section)	

259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508.998.7177	LEI	KE FIE	LL	, KI	EPU	KI				Pag	e 2
(4) General	Bio	clere 1A	1	ioclere APPLIC	l l	Biod (IF API	lere 2		Biocle (IF APPL		
Are there any filter flies in the unit?	X Y€	s No		Yes	┌ No	ズ Ye	s [	- No	☐ Yes	☐ No	5
If so, how many?	ГМ	any 💢 Few	Г	Many	Few	Г Ма	iny [	X Few	Man	y   Fe	:w
Is the lid gasket in good condition?	X Y€	s  No	Г	Yes	☐. No	▼ Ye	s [	_ No	Yes	No	5
Locks/latches/handles in good condition?	X Ye	es  No	Г	Yes	No	<b>⋉</b> Ye	s 「	No	「 Yes	Γ Nα	٥
Is there any external damage to the units?	Γ Y∈	es 🔀 No	Г	Yes	☐ No	┌ Ye	s [	ズ No	Yes	∫ No	2
Cover, fan box, & control panel securely locked?	⋉ Ye	s 「No		Yes	∏. No	▼ Ye	s [	No	Yes	No	2
Does the fan box contain standing water?	Υe	es 🔀 No	Г	Yes	□ No	┌ Ye	s [	X No	Yes	☐ No	0
(Please prov	ide nece	ssary details ii	า the re	port su	ımmary sec	tion)					
Were influent/effluent samples taken for lab analy:	sis? D	₹ Yes 🗔	No								
f process control test samples were taken, please provide the following information: Alkal	inity (as	CaCO <sub>3</sub> )			Нф	_	-	Turbid	ity (NTU)		
Sample Effluent samples are taken Locations:	Temper	ature (F)	,	D	O (mg/l)		<del>-</del> ,	NH <sub>3</sub> -	-N (mg/l)		
	NO <sub>3</sub> -N	l (mg/l)	·		Other:					<u> </u>	<u>-</u>
(5) Biomass Characterization		Bioclere	1Δ	1	ioclere 1B			ere 2A	Biocle		
				<del>                                     </del>	APPLICABLE	<u> </u>		LICABLE			$\dashv$
		White	· · · · · ·	} `	White	'	ິ Whi		F WI		
		White/	Gray		White/Gray			ite/Gray		nite/Gray	1
What is the color of the biomass?		Gray			Gray	Gray Gray (Brown			☐ Gr	•	_
What is the color of the blomass:		☐ Gray/B		1	Gray/Brow	n 💢 Gray/Brown  Brown			Gray/Bro		<sup>n</sup>
		Brown		'	Brown	'			1 ′		
		Red/Br	own	<b>'</b>	Red/Brown	[ ′		/Brown	\ '	d/Brown	1
Classify the growth of the biomass 6-12 inch		Black			Black		Blac		Bla	нск 	4
below the media surface.	25	2	-	Ιг			2			<del></del>	1
1=light 2=medium 3=heavy							-	<b>-</b>			
(C) No I - Course Dottom				Biocle	ro 1R	Ri	oclere	ο 2Δ	Rio	clere 2B	
(6) Nozzle Spray Pattern	E	Bioclere 1A	(11		ICABLE)	1		CABLE)	1	PLICABL	E)
1.) Does spray cover the entire media surface area	?	Yes 🔀 No	<b>)</b> [	~ Yes	☐ No	Γ,	res	⊠ No	∫ Ye	s 「	No
(If not, clean each nozzle with a bottle brush)					<u>-</u>						
2.) Does the spray now cover entire surface area?	X	Yes   No	, [	Yes	│ No	X.	Yes	☐ No	∫ Ye	s Ţ	No
If not, then: a) remove each nozzle assembly and s b) clean the dosing array header piping c) If a) and b) do not adequately improvenecessary and soak the pumps in a	រ using a /e the ទរុ	a bottle brush a oray pattern th	and the	en manı nove ea	ually turn or ach dosing (	n both (	dosing	g pumps			
3.) Does the spray now cover entire surface area?	X	Yes   No	) [	Yes	┌ No	X	Yes	┌ No	Ye	5	No
If not, consult AOUAPOINT, INC.	+		_		<del></del>	<del>                                     </del>			<del>                                     </del>		

### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD.

NEW BEDFORD, MA 02745 TEL 508.998.7577

## RIOCI ERE EIEI D REDORT

FAX 508.998.7177	DIOC	<u>سار سا</u>	172	- I	ا سا ا			V						Р	age 3
(7) Pumps and Co	ontrol Panel		Bioc	lere 1/	<b>-</b>		Bioclere 1 APPLICA		(1		ere 2 <i>F</i> LICAB		1	Bioclere 2 APPLICA	
What is the dosing pun	np timer setting?	mir on:	1	min off:	1	min on:	mii off	ı	mir on:	1	min off:	2	min on:	mi	
What is the recycle pur	np timer setting?	mir on:	1	hrs off:	4	min on:	hrs	1	mir on:	ŧ	hrs off:	.4	min on:	hr	
Fo	or the following ch	eckli	st, se	t dos	ing a	and r	ecycle ti	mers	to a	test	cycle				
What is the amperage o	f dosing pump 1?		4.56	Amp	ıs		Am	ps		5.18	Amp	s		Am	ıps
What is the amperage o	f dosing pump 2?		5.03	Amp	ıs		Am	ps	厂	5.19	Amp	s		Am	ıps
What is the amperage of recycle pump?			4.79	Amp		Γ	Am	ps	厂	5.03	Amp	s	T	. Am	ıps
Is dosing pump operating according to test cycle?			Yes		40	Y	es [	No	X	Yes	N	lo	FY	es $ extstyle  ag{}$	No
Is recycle pump operating a	Is recycle pump operating according to test cycle?				10 	Y	es [	No	X			lo	Y	es 「	No
Are the dosing pump	os alternating?	N.	Yes		40	ГУ	es 🗀	No	X	Yes	N		ГY	es 🗀	No
(8) Plumbing  Are the unions in the Bioclere leaking?  Yes No  (If "yes", then tighten with pipe wrench)  Is the recycle siphon break weep hole operating 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															
(10) Report Sumr  Total flow over a 31 day period  Primary Tank 1 is the North S  Treatment Tank 1 is North Pl	od was 677,188 Gallon ettling Tank, and Prim	ary T		_	•			allons a	and a	daily	max f	low o	of 25,2	48 gailon	s.

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

Signature: Ken Gregory

**AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

FAX 508.998.7177

# **BIOCLERE FIELD REPORT**

Submit by Email

	<del></del>	<del></del>		_							
Date 12/3/2019				Reason For Site Visit:							
Client Villages at C	ross Creek (Dixielar	nd)	<del></del> ,	⊠ O&M	Commis	ssioning					
Address				☐ Testing	Cther:						
City Little Flock		State	AR				<u> </u>				
Inspector James Bartle											
Bioclere Model #(s)	-	<del>-</del>									
Biociere Model #(5)	30/30 X 2										
(1) 0401	) Is there odor aro			□ No			•				
2	!) Where is the sou	rce of odor?	Bioclere and F	Primary Settling Tank(s) \	/ents						
3	3) If odor is present	, check all tha	it apply: ┌ M		☐ Stron	9					
(2) Sludge & S	cum Depth	Measur	ements								
	Scum	Sludge	<u> </u>		Scu	m Sludge	_				
Grea	se Trap	_	_ <del></del>	Bioclere 2A (if appl	licable)	.					
Primary T	ank #1 2"	45"		Bioclere 2B (if appl	licable)						
Primary Tank #2 (if app	licable) 2"	59"		Effluer	nt Tank 0	12"	_				
Bioc	lere 1A		C	Other:							
Bioclere 1B (if app	licable)		<u> </u>								
(3) Bioclere Ve	enting			,							
1) Record the Biocle	re fan model #(s):										
2) Is air passing thro	_	ズ Yes doubt, put a sı	No Mall plastic ba	g around vent and allow	to fill)						
3) Is the fan operati	ng and in good con	dition									
	for Bioclere 1A?	▼ Yes	∏ No	for Bioclere 2A? (if		▼ Yes	<b>o</b>				
for Bioclere	1B? (if applicable) (Plea	Yes	No No	for Bioclere 2B? (if in the report summary sec		Yes No	3				
	(r reu	se provide nel	cooury uctuiis i	ii die report summary set							

**AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

## RIACI EDE EIEI A DEDADT

FAX 508.998.7177		/E FII		) NI	EPU	N I			Page 2	
(4) General	Bio	clere 1A		Bioclere APPLIC <i>I</i>	I		ere 2A LICABLE)	l l	ere 2B LICABLE)	
Are there any filter flies in the unit?	X Ye	es No		Yes	□ No	X Yes	∏ No	┌ Yes	∏ No	
If so, how many?	ГМ	any 💢 Fev	V F	Many	Few Few	┌ Ma	ny 💢 Few	Man	y   Few	
Is the lid gasket in good condition?	X Ye	s No	T	Yes	∏ No	▼ Yes	☐ No	Yes	∏. No	
Locks/latches/handles in good condition?		es No	T	Yes	∫ No	▼ Yes	No	☐ Yes	┌ No	
Is there any external damage to the units?	┌ Ye	es 🔀 No	TF	Yes	┌ No	Yes	⊠ No	☐ Yes	No	
Cover, fan box, & control panel securely locked?	⋉ Ye	es No		Yes	No	▼ Yes	☐ No	∫ Yes	∏ No	
Does the fan box contain standing water?	T Ye	s 🔀 No	T	Yes	No	Yes	⊠ No	☐ Yes	∏ No	
(Please prov	ide nece	ssary details	in the re	eport su	mmary sec	tion)		<u> </u>		
Were influent/effluent samples taken for lab analys	sis?	₹ Yes	No							
If process control test samples were taken, please provide the following information: Alkal	inity (as	CaCO <sub>3</sub> )			рН		Turbi	dity (NTU)		
Sample Effluent samples are taken Locations: From Pump Tank	Гетрег	ature (F)	,	DO	O (mg/l)		, NH	<sub>3</sub> -N (mg/l)		
	l (mg/l)			Other:						
(5) Biomass Characterization		Bioclere	: 1A	1	oclere 1B PPLICABLI		Bioclere 2A APPLICABL		ere 2B ICABLE)	
		☐ White			White	1	White	w		
		]	e/Gray		White/Gray	} '	White/Gra		hite/Gray	
What is the color of the biomass?		Gray	_	Gray		☐ Gray			Gray	
what is the color of the biomass?		☐ Gray/			Gray/Browr				ay/Brown	
		Brow		1	Brown		Brown		own	
		Red/E		1	Red/Browr	1 '	Red/Brown	'	d/Brown	
		Black		E	Black		Black	Bla	ack	
Classify the growth of the biomass 6-12 inche below the media surface.	<b>2</b> S			_						
1=light 2=medium 3=heavy		2			-		. 2			
				<u> </u>						
(6) Nozzie Spray Pattern	В	ioclere 1A	(1	Bioclei F APPLI		1	oclere 2A PPLICABLE)		clere 2B PLICABLE)	
1.) Does spray cover the entire media surface area	?	Yes 🔀 N	ю Г	Yes	┌ No	ГY	es 🔀 N	o   Ye	s   No	
(If not, clean each nozzle with a bottle brush)	1									
2.) Does the spray now cover entire surface area?	X	Yes   N	0 [	Yes	∏ No	X Y	es 「N	о Г Үе	s   No	
If not, then: a) remove each nozzle assembly and s b) clean the dosing array header piping c) If a) and b) do not adequately improv necessary and soak the pumps in a	using a re the sp	bottle brush bray pattern t	and the	en manu nove ea	ually turn o ch dosing	n both d	osing pump:			
3.) Does the spray now cover entire surface area?	X	Yes   N	0 [	Yes	☐ No	×Υ	es 「N	o	s  No	
If not, consult AQUAPOINT, INC.	<del>                                     </del>		7			<u> </u>				

### **AQUAPOINT, INC.** 259A SAMUEL BARNET BLVD. NEW BEDFORD, MA 02745 TEL 508.998.7577

## **BIOCLERE FIELD REPORT**

(7) Pumps and Co	ontrol Panel	Bio	clere 1A		oclere 1B PPLICABLE)		Bioclere 2A (IF APPLICABLE)		lere 2B PLICABLE)
What is the dosing pur	np timer setting?	min 10	min 2	min on:	min off:	min 10 on:	min 2 off:	min on:	min off:
What is the recycle pur	np timer setting?	min 6 on:	hrs 4	min on:	hrs off:	min 6 on:	hrs .4	min on:	hrs off:
Fo	or the following ch	ecklist, s	et dosing	and rec	ycle timers	to a test	cycle.		
What is the amperage o	f dosing pump 1?	4.75	Amps		Amps	5.21	. Amps		Amps
What is the amperage o	f 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
s dosing pump operating a	ccording to test cycle?	▼ Yes	∏ No	Yes	┌ No	▼ Yes	∏ No	Yes	┌ No
recycle pump operating a	ccording to test cycle?	▼ Yes	┌ No	Yes	_ No	▼ Yes	∏ No	Yes	∏ No
Are the dosing pump	os alternating?	▼ Yes	┌ No	Yes	∏ No	▼ Yes	∏ No	┌─ Yes	☐ No
9) Final Check	<ul> <li>✓ Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")</li> <li>✓ Alarm toggle set to the "On" position</li> <li>✓ Recycle and dosing pump timers are set back to original cycles in control panel</li> </ul>								
	Control panel,		•		-		,		
	Record water			ible). [	ee Below				
10) Report Sumr									
otal flow over a 30 day pori	מתוער ביוועו ואמבראו חח	i ivi allav		ULZI	LIXX USHODE		ITIAY HENGE	,, <u>20,020</u> y	unons.
Primary Tank 1 is the North S	Settling Tank, and Prim	nary Tank			_	and a daily	max now o		
Total flow over a 30 day peri Primary Tank 1 is the North S Treatment Tank 1 is North Pl Note: Contact Arvin Associate Call 860-674-1515 for E Call 888-361-8649 for G	ettling Tank, and Primant, and #2 is South Plant, and #2 is at 508-583-8221 for a BM/Papst fan replacen	nary Tank i ant. any contro nents.	2 is the Sout	h Settling	; Tank.	and a daily			

PERMITTEE NAME			FACILITY NAME (IF DI	FERENT)		PERMIT NO.	
Benton County, Arkansas Suburban S			Villages of Cross C	reek		4811-WR-4	
No 1 Villages of Cross Cre							
PERMITTEE ADDRESS	3		FACILITY ADDR		İ	AFIN NO.	
PO Box 9299	İ		3302 N Dixieland			04-00899	•
Fayetteville AR 72703		<u> </u>	Little Flock AR			_	
			WATER EFFLUENT MO	NITORING PERI			
		MW/DD/YYYY			MM/DD/YYYY		
		12/1/2019			12/31/2019		
TREATED WASTEWATER EFFLUEN	NT SAMPLING						
PARAMETER		· Limit	Sample Measurement	UNITS	Monitoring	Reporting	,
Flow, Monthly total		REPORT	0.474307	MG	Total Flow per calendar month		
Flow, dally maximun		REPORT	0.029678	MGD	Daily		
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	29.4	mg/l			
Fotal Suspended Solids (TSS)		30	25.7	mg/l			
Fecal Collform Bacteria (FCB)		10,000	> 24196.0	colonies/100ml	Grab Semple once per month		
pH		6.0 - 9.0	7.1	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	6.35	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/l			
Ammonia Nitrogen		REPORT		· mg/l	Grab sample once per quarter		•
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	gen ( NO2-N)	REPORT		mg/i	Cias saniple siles per quarte		
Plant Available Nitrogen (PAN)		REPORT		mg/l			
Loading Rate		REPORT	<u> </u>	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	IE INFORMATION	1	TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	MMMet	†	1/13/2020
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL (479) 530-					
Kathy Bartlett	COMPLETE, I AM AW	ARE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS	E INFORMATION.	EXECUTIVE OFFICER OF	5926	
TYPED OR PRINTED	INCLUDING THE POSS	SIBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYYY
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	eference all attachments here)					
Repaired and currently repairing r	multiple dripline d	damage caused by neighbors falle	n trees caused by stor	m Also replacii	ng 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					

PERMITTEE NAME		FACILITY NAME (IF DIFFERENT) PERMIT NO.						
Benton County, Arkansas Suburbar			Villages of Cross (	reek		4811-WR-4		
No 1 Villages of Cross C PERMITTEE ADDRES		F	FACILITY ADDR	=00		AFIN NO.		
PO Box 9299			3302 N Dixieland	• •	• •	04-00899		
Fayetteville AR 7270	3		Little Flock AR			<u> </u>		
	ſ	WASTE	WATER EFFLUENT MO	NITORING PERI	OD			
	[	MM/DD/YYYY			MM/DD/YYYY			
		11/1/2019			11/30/2019			
TREATED WASTEWATER EFFLUI	NT SAMPLING		·					
PARAMETER	PARAMETER		Sample Measurement	UNITS	Monitoring	Reporting		
Flow, Monthly total		REPORT	0.631140	MG	Total Flow per calendar month			
Flow, daily maximun		REPORT	0.025626	MGD	Daily			
Carbonaceous Biochemical Oxygen D	emand (CBOD5)	30	19.5	mg/l	1			
Fotal Suspended Solids (TSS)			16.4	mg/l	Grab Sample orice per month			
Fecal Collform Bacteria (FCB)			12	colonies/100ml				
Н		6.0 - 9.0	7.4	s.u.		Prior to the 15th of the		
Total Phosphorus (TP)		REPORT		mg/l		following Month		
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/i				
Ammonia Nitrogen		REPORT		mg/l	Grab sample once per quarter			
Nitrate Nitrogen ( NO3-N) + Nitrite Nitro	gen ( NO2-N)	REPORT		mg/l	Grap sattifie offer her drafter			
Plant Available Nitrogen (PAN)		REPORT		mg/l				
Loading Rate		REPORT		gpd/ft 2	Daily			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PEN	ALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	1 419	4 TELEPHONE	DATE	
	SUBMITTED HEREIN; A	IND BASED ON MY INQUIRY OF THOSE IN	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	K mustit	<i>X</i> 0   1		
	OBTAINING THE INFO	DRMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL		12/16/2019	
Kathy Bartlett	COMPLETE. I AM AWA	RE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926		
TYPED OR PRINTED	INCLUDING THE POSSI	BILITY OF FINE AND IMPRISONMENT.		].	AUTHORIZED AGENT		MM/DD/YYYY	
COMMENTS AND EXPLANATION (					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		

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					

!

PERMITTEE NAME			FACILITY NAME (IF D)			PERMIT NO.	}	
Benton County, Arkansas Suburban			Villages of Cross	Creek		4811-WR-4		
No 1 Villages of Cross Cre PERMITTEE ADDRESS		<del></del>	FACILITY ADDR	ECC	<del></del>	AFIN NO.	1	
PO Box 9299	<del></del>		3302 N Dixieland		• •	04-00899		
Fayetteville AR 72703			Little Flock AF		***			
		WAS	TEWATER EFFLUENT MO	NITORING PERI	OD	7		
		MM/DD/YYYY	· · · · · · · · · · · · · · · · · · ·	<del> </del>	MM/DD/YYYY	1		
		10/1/2019			10/31/2019	]		
TREATED WASTEWATER EFFLUE	NT SAMPLING							
PARAMETER	PARAMETER		Sample Messurement	UNITS	Monitoring	Reporting		
Flow, Monthly total		REPORT	0.677188	MG	Total Flow per calendar month		-	
Flow, daily meximun		REPORT	0.025284	MGD	Daily			
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	< 2.0	mg/l		·		
otal Suspended Solids (TSS)		30	25.7	mg/l				
Fecal Coliform Bacteria (FCB)	ecal Coliform Bacteria (FCB)		16	colonies/100ml	Grab Sample once per month			
pH		6.0 - 9.0	7.2	S.U.		Prior to the 15th of the		
Total Phosphorus (TP)		REPORT	6.8	mg/l		following Month		
Total Kjeldahl Nitrogen (TKN)		REPORT	34.6	mg/i				
Ammonia Nitrogen		REPORT	17.1	mg/l	Grab sample once per quarter			
Nitrate Nitrogen (NO3-N) + Nitrite Nitrog	jen ( NO2-N)	REPORT	10.3	mg/l	orde outlibre offee per quarter			
Plant Available Nitrogen (PAN)		REPORT	32.6	mg/l				
Loading Rate		REPORT		gpd/ft 2	Daily			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PEN	VALTY OF LAW THAT I HAVE PERSONA	LLY EXAMINED AND AM WITH TH	E INFORMATION	1 1000 1 20 -1	TELEPHONE	DATE	
	SUBMITTED HEREIN; /	AND BASED ON MY INQUIRY OF THOS	E INDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	nmutia	<b>/</b>	11/14/2019	
	OBTAINING THE INFO	ORMATION, I BELIEVE THE SUBMITT	ATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL (479) 530-					
Kathy Bartlett	COMPLETE. I AM AWA	ARE THAT THERE ARE SIGNIFICANT PE	NALTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926		
TYPED OR PRINTED		IBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYYY	
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference all attachments here)						
Repaired 14 areas in drip line		·			· · · · · · · · · · · · · · · · · · ·			

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Oct 2019 VILLAGES OF C	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						

PERMITTEE NAME			FACILITY NAME (IF DI	FFERENT)		PERMIT NO.	3
Benton County, Arkansas Suburban	Sewer District		Villages of Cross (			4811-WR-4	1
No 1 Villages of Cross Cre	eek					<u></u>	<u>.</u>
PERMITTEE ADDRESS	<u> </u>		FACILITY ADDR			AFIN NO.	
PO Box 9299			3302 N Dixieland Little Flock AF		<del></del>	04-00899	j
Fayetteville AR 72703	<u></u> J	r					
		MM/DD/YYYY I	STEWATER EFFLUENT MC	NITORING PERI		ļ	
		9/1/2019			MM/DD/YYYY 9/30/2019	4	
Envaren illa Orrikaten Peri lip	NT CAMPI INC				9/30/2019	J <del></del>	,
TREATED WASTEWATER EFFLUE	NI SAMPLING		<u> </u>	<u>,</u>			1
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	ĺ
Flow, Monthly total	·	REPORT	0.477862	MG	Total Flow per calendar month		ĺ
Flow, daily maximun		REPORT	0.022456	MGD	Daily	]	
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	9.9	mg/l			
otal Suspended Solids (TSS)		30	177.5	mg/l			
Fecal Coliform Bacteria (FCB)		10,000	201	colonies/100mi	Grab Sample once per month		
рН		6.0 - 9.0	6.8	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	8.38	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l			
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	gen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l	Crab sample once per quarter		
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 PEN	VALTY OF LAW THAT I HAVE PERSON	ALLY EXAMINED AND AN WITH TH	IE INFORMATION	1 200 1 1 1	TELEPHONE	DATE
	SUBMITTED HEREIN; A	AND BASED ON MY INQUIRY OF THOS	SE INDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	HMMHL	7	
	OBTAINING THE INFO	ORMATION, I BELIEVE THE SUBMIT	TED INFORMATION IS TRUE, A	ACCURATE, AND	SIGNATURE OF PRINCIPAL	(479) 530-	10/14/2019
Kathy Bartlett	COMPLETE, I AM AWA	ARE THAT THERE ARE SIGNIFICANT PI	ENALTIES FOR SUBMITTING FALS	E INFORMATION.	EXECUTIVE OFFICER OR	5026	1
TYPED OR PRINTED		BILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYYY
COMMENTS AND EXPLANATION O					· · · · · · · · · · · · · · · · · · ·		<del></del>
Exceded TSS limit, the Pump Tan		solids removed. Work compl	eted in October		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Repaired 2 supply/return line fitting	gs						

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			

.

PERMITTEE NAME			FACILITY NAME (IF DI	FFERENT)		PERMIT NO	<u>.</u>
Benton County, Arkansas Suburban No 1 Villages of Cross Cre			Villages of Cross (	Creek		4811-WR-4	]
PERMITTEE ADDRESS			FACILITY ADDR	ESS		AFIN NO.	]
PO Box 9299			3302 N Dixieland			04-00899	]
Fayetteville AR 72703			Little Flock AR	3			
		WASTE	WATER EFFLUENT MO	NITORING PER	OD	1	
	•	MM/DD/YYYY			MM/DD/YYYY	}	
		8/1/2019			8/31/2019	]	
TREATED WASTEWATER EFFLUE	NT SAMPLING		<del></del>	······································			]
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total		REPORT	0.537686	MG	Total Flow per calendar month		7
Flow, daily maximun		REPORT	0.022414	MGD	Dally		1
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	10.4	mg/l			
Total Suspended Solids (TSS)		30	12.4	mg/l			
Fecal Coliform Bacteria (FCB)		10,000	> 2419.6	colonies/100m)	Grab Sample once per month		
pH		6.0 - 9.0	7.2	8,u.		Prior to the 15th of the	1
Total Phosphorus (TP)		REPORT	6.32	mg/l		following Month	İ
Total Kjeldahi Nitrogen (TKN)		REPORT	No Report	mg/l			
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		-
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	jen ( NO2-N)	REPORT	No Report	mg/l	Cian sample of the her quarter		
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/i			
Loading Rate		REPORT	No Report	gpd/ft 2	Daily		<u> </u>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	1 year with	TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	KMMUID	$\omega$	
4	OBTAINING THE INF	FORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL	(479) 530-	9/4/2019
Kathy Bartlett	COMPLETE. I AM AWA	ARE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS!	E INFORMATION,	EXECUTIVE OFFICER OR	5926	
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYYY
COMMENTS AND EXPLANATION Of Isolated 3 areas in lower drip field			process of making repa	airs			

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

PERMITTEE NAME		<u>.</u>	FACILITY NAME (IF DI		,	PERMIT NO.	]
Benton County, Arkansas Suburban No 1 Villages of Cross Cre			Villages of Cross	Creek		4811-WR-4	]
PERMITTEE ADDRESS	3		FACILITY ADDR	ESS		AFIN NO.	
PO Box 9299			3302 N Dixieland			04-00899	]
Fayetteville AR 72703			Little Flock AF	?			
		WAS	TEWATER EFFLUENT MO	NITORING PERI	OD ;	1	
		MM/DD/YYYY			MM/DD/YYYY		
		7/1/2019			7/31/2019		
TREATED WASTEWATER EFFLUE	NT SAMPLING.			<i> </i>			.]
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	]
Flow, Monthly total		REPORT	0.632092	MG	Total Flow per calendar month		]
Flow, daily maximun		REPORT	0.021756	MGD	Daily		}
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	5.5	mg/l			ł
Total Suspended Solids (TSS)	· · · · · · · · · · · · · · · · · · ·	30	17.6	mg/l	·		
Fecal Coliform Bacteria (FCB)	· · · · · · · · · · · · · · · · · · ·	10,000	22	colonies/100ml	Grab Sample once per month		
pH		6.0 - 9.0	7.3	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	6.78	mg/l		following Month	
Total Kjeldahi Nitrogen (TKN)		REPORT	37.2	mg/l			
Ammonia Nitrogen	<u></u>	REPORT	32.5	mg/l	Grab sample once per quarter		}
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	gen ( NO <sub>2</sub> -N)	REPORT	6.77	mg/l			İ
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 PE	NALTY OF LAW THAT I HAVE PERSONAL	LY EXAMINED AND AM WITH TH	E INFORMATION		TELEPHONE	DATE
	SUBMITTED HEREIN;	and based on my inquiry of those	INDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Harmer Legon		İ
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITT	ED INFORMATION IS TRUE, A	ACCURATE, AND	SIGNATURE OF PRINCEPAL	(479) 530-	8/7/2019
Kathy Bartlett	COMPLETE. I AM AW	ARE THAT THERE ARE SIGNIFICANT PËN	IALTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5026	
TYPED OR PRINTED		BIBILITY OF FINE AND IMPRISONMENT.		<u></u> <u>_</u>	AUTHORIZED AGENT		MM/DD/YYYY
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference 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				

PERMITTEE NAME		FACILITY NAME (IF DIFFERENT)				PERMIT NO."	· .
Benton County, Arkansas Suburban Sewer Dis No 1 Villages of Cross Creek	strict	.,	Villages of Cross C	Creek		4811-WR-4	j.
	7.		FACILITY ADDRI	ESS :		AFIN NO.	]
PO Box 9299			, 3302 N Dixieland	Rd		04-00899	]
Fayetteville AR 72703			Little Flock AR			<del>-,</del>	-
	-	WASTE	WATER EFFLUENT MO	NITORING PER	OD		
	[	MM/DD/YYYY			MM/DD/YYYY	ľ	
		6/1/2019			6/30/2019	]	
REATED WASTEWATER EFFLUENT SAMP	LING						]
PARAMETER		Limit	Sample Measurement	. 'UNITS '	Monitoring	Reporting	
low, Monthly total		REPORT	0.485429	MG	Total Flow per calendar month		
low, dally maximun		REPORT	0.019281	MGD	Daily		
arbonaceous Blochemical Oxygen Demand (CB	005)	30	13.2	mg/l			
otal Suspended Solids (TSS)		30	24.5	mg/l			
ecal Coliform Bacteria (FCB)		10,000	4,884	colonies/100ml	Grab Sample once per month		
н		6.0 - 9.0	7.2	s.u.		Prior to the 15th of the	
otal Phosphorus (TP)		REPORT	7.16	mg/l		following Month	
otal Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l			
mmonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		}
itrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-i	<b>V)</b>	REPORT	No Report	mg/l	Cias cample since per quarter		
lant Avallable Nitrogen (PAN)		REPORT	No Report	mg/l			
pading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY	UNDER PEN	ALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION		TELEPHONE	DATE
SUBMITTE	D HEREIN; A	IND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Connetty Sigar		, and the second
OBTAINING	OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND				SIGNATURE OF PRINCIPAL	(479) 530-	7/1/2019
		RE THAT THERE ARE SIGNIFICANT PENAL			EXECUTIVE OFFICER OR	5026	
TYPED OR PRINTED INCLUDING	THE POSSI	BILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YY
OMMENTS AND EXPLANATION OF VIOLAT					10.1141/222 1/02/11	<del></del>	<del></del>

June 2019 VILLAGES OF CROS	S 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

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PERMITTEE NAME			FACILITY NAME (IF DI			PERMIT NO.	
Benton County, Arkansas Suburban			Villages of Cross (	Creek		4811-WR-4	
No 1 Villages of Cross Cre PERMITTEE ADDRESS		<del></del>	FACILITY ADDR	=88		AFIN NO.	
PO Box 9299	<del></del>		3302 N Dixieland	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		04-00899	
Fayetteviile AR 72703			Little Flock AR			L	
		WASTE	WATER EFFLUENT MC	NITORING PER	OD	İ	
		MM/DD/YYYY			MM/DD/YYYY		
		5/1/2019			5/31/2019		
TREATED WASTEWATER EFFLUE	NT SAMPLING						
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total		REPORT	0,520351	MG	Total Flow per calendar month		
Flow, daily maximun		REPORT	0.019985	MGD	Daily		
Carbonaceous Blochemical Oxygen De	mand (CBOD5)	30	7.9	mg/l			
Total Suspended Solids (TSS)		30	31.5	mg/l			
Fecal Coliform Bacteria (FCB)		10,000	< 10	colonies/100ml	Grab Sample once per month		
рН		6.0 - 9.0	7.2	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	7.06	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l	j		
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per quarter		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	gen ( NO2-N)	REPORT	No Report	mg/l			
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/i			
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	4	NALTY OF LAW THAT I HAVE PERSONALLY		L	N/ / n	TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Permot regum	7	
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL		6/7/2019
Kathy Bartlett	COMPLETE. I AM AWA	ARE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS	EINFORMATION,	EXECUTIVE OFFICER OR	5926	
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYYY
COMMENTS AND EXPLANATION O	F VIOLATIONS (Re	ference all attachments here) Soli	ds were high due to slu	dge in settling t	ank. We are scheduling to ha	ve tank and plant pump	ed. We will moito
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				

PERMITTEE NAME			FACILITY NAME (IF DI			PERMIT NO.	
Benton County, Arkansas Suburban S No 1 Villages of Cross Cre			Villages of Cross C	reek		4811-WR-4	i
PERMITTEE ADDRESS	3		FACILITY ADDRI			AFIN NO.	i
PO Box 9299			3302 N Dixieland			04-00899	l
Fayetteville AR 72703			Little Flock AR				
			WATER EFFLUENT MO	NITORING PERI		]	
		MM/DD/YYYY			MM/DD/YYYY	,	
		4/1/2019			4/30/2019	i	
TREATED WASTEWATER EFFLUEN	NT SAMPLING						
PARAMETER		Limit	Sample Measurement	· UNITS	Monitoring	Reporting	_
Flow, Monthly total	•	REPORT	0.588616	MG	Total Flow per calendar month		
Flow, daily maximun		REPORT	0.025262	MGD	Daily		
Carbonaceous Blochemical Oxygen Demand (CBOD5)		30	4.1	mg/l		·	l
Total Suspended Solids (TSS)		30	26,9	mg/l			
Fecal Coliform Bacteria (FCB)		10,000	131	calonies/100ml	Grab Sample once per month		
pH		6.0 - 9.0	7.4	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	4.75	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	27.6	mg/i			
Ammonia Nitrogen		REPORT	25.5	mg/l	Grab sample once per guarter		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	jen ( NO <sub>2</sub> -N)	REPORT	1.88	mg/l	Glab sample once per quarter		
Plant Available Nitrogen (PAN)		REPORT	28	mg/l			
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFY UNDER PE	ENALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	EINFORMATION	4.6	TELEPHONE	DATE
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Semet obser	_	
i	OBTAINING THE INF	FORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A		SIGNATURE OF PRINCIPA	(479) 530-	5 <i>/</i> 2/2019
Kathy Bartlett	COMPLETE. I AM AW	VARE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926	
TYPED OR PRINTED	INCLUDING THE POS	SIBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		WW\DD\\\\
COMMENTS AND EXPLANATION OF	F VIOLATIONS (RE	eference all attachments here)				<del></del>	
·				4.			
i							

April 2019 VILLAGES OF CROSS CRI	EEK LOADING RATES Max Day 25,262 Gal
Zone Identification	GPD/sq 2
1	2,855
2	2,855
<b>3</b> ,	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

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PERMITTEE NAME		100 100 000				4811-W	المستنف
Benton County, Arkansas Suburban No 1 Villages of Cross Cro PERMITTEE ADDRESS	ek		FACILITY ADDR			AFIN N	
PO Box 9299		3302 N Dixleiand Rd				04-008	-
Fayetteville AR 72703		135 F 12 C 12 C 12 C 12 C 12 C 12 C 12 C 12	Little Flock AF				
		MM/DD/YYYY 3/1/2019	WATEREFELUENTING	iniitoring(Peri	MW/DDYYYY 3/31/2019		
		PATRICE BEEF STREET		in the second		机制度的	्रेड <b>म</b>
PARAMETER		Same Agent	Sample Neasurement	ETINU	Wonltoring	Reporting	
low, Monthly total		REPORT	0.527179	MG	Total Flow per calendar month		
flow, dally maximun		REPORT	0.021811	MGD	Daily	1	
Carbonaceous Blochemical Oxygen De	mand (CBOD5)	30	7.7	mg/l			
Fotal Suspended Solids (TSS) Fecal Coliform Bacteria (FCB) DH Fotal Phosphorus (TP)		30	21.6	mg/l			-
		10,000	24	colonies/100ml			
		6.0 - 9.0	7.3	s.u.		Prior to the 15th of	the
		REPORT	6.58	mg/i		following Month	
otal Kjeldahi Nitrogen (TKN)		REPORT	No Report	mg/i	Grab sample once per quarter		
mmonia Nitrogen		REPORT	No Report	mg/i			ł
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrog	jen ( NO <sub>2-</sub> N)	REPORT	No Report	mg/i		Grap sample once per quarter	e per quarter
lant Available Nitrogen (PAN)		REPORT	No Report	mg/l			
oading Rate		REPORT	See Attached	gpd/ft 2	Daily		]
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	VALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION		TELEPHO	DATE DATE
		AND BASED ON MY INQUIRY OF THOSE IND		וט	emet deser	1	an_ 4/3/201
had Market	OBTAINING THE INF	BTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND				SIGNATURE OF PRINCIPAL (479) 530	
Kathy Bartlett TYPED OR PRINTED	}	AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,			EXECUTIVE OFFICER OR	5926	<del></del>
ITPED ON FRIMIED		BIBILITY OF FINE AND IMPRISONMENT.  ference all attachments here)		<u></u>	AUTHORIZED AGENT		MM/DD/YY

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

s.

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

PERMITTEE NAME			FACILITY NAME (IF DI			PERMI		]
Benton County, Arkansas Suburban Sewer D	istrict	<u> </u>	Villages of Cross (	reek		4811-	NR-4	j
No 1 Villages of Cross Creek PERMITTEE ADDRESS			FACILITY ADDR	ESS		AFIN	MO	l
PO Box 9299	<del></del>		3302 N Dixieland			04-00		1
Fayetteville AR 72703			Little Flock AR					,
	F	WASTE	WATER EFFLUENT MC	NITORING PERI	OD .	1		
	Ĺ	MM/DD/YYYY		<del></del>	MM/DD/YYYY	]		
		2/1/2019			2/28/2019	]		
TREATED WASTEWATER EFFLUENT SAM	PLING			~		·		<u> </u>
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting		
Flow, Monthly total		REPORT	0.533414	MG	Total Flow per calendar month			
Flow, daily maximun		REPORT	0.021329	MGD	Dally			
Carbonaceous Biochemical Oxygen Demand (C	BOD5)	30	11.7	mg/l				
Total Suspended Solids (TSS)		30	38	mg/l				
Fecal Coliform Bacterla (FCB)		10,000	727	colonies/100ml	Grab Sample once per month			
PH		6.0 - 9.0	7.2	s.u.		Prior to the 15th o		
Total Phosphorus (TP)	-	REPORT	6.8	mg/l		following Mont	th i	
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l				
Ammonia Nitrogen		REPORT	No Report	mg/l	Grab sample once per guarter			
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2	-N)	REPORT	No Report	mg/l	oras campic orios per quartor			I
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/l				l
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily			1
		ALTY OF LAW THAT I HAVE PERSONALLY		1 2	nc 1 m	TELEPI	IONE	DATE
SUBMIT	'ED HEREIN; A	ND BASED ON MY INQUIRY OF THOSE IN	DIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	Ream of Laces			ı
OBTAINII	NG THE INFO	RMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL	(479)	530-	3 <i>/7/</i> 2019
Kathy Bartlett COMPLE	TE. I AM AWAI	RE THAT THERE ARE SIGNIFICANT PENAL'	TIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	502	1	<u></u>
TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) We feel our solids were still high					AUTHORIZED AGENT			MM/DD/YYYY
				high due to tar	nks settling after removal of s	ludge, we have o	bserv	ad effluent becom
clearer, and will monitor to see if further s	teps are ne	eded such as increasing recycle	pump rates.	r į		. *		ryse s
					ž.			

Fab 2019 VILLAGES OF CROSS CR	EEK LOADING RATES maxday
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			FACILITY NAME (IF DI			PERMIT NO.	
Benton County, Arkansas Suburban Se No 1 Villages of Cross Creek			Villages of Cross (	Creek		4811-WR-4	
PERMITTEE ADDRESS			FACILITY ADDR	ESS		AFIN NO.	
PO 8ox 9299			3302 N Dixieland			04-00899	
Fayetteville AR 72703			Little Flock AF	<u> </u>			
		WASTE	WATER EFFLUENT MC	NITORING PERI	OD .	]	
		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		
Flow, daily maximun		REPORT	0.021277	MGD	Daily		
Carbonaceous Biochemical Oxygen Dema	nd (CBOD5)	30	6.7	mg/l			
Total Suspended Solids (TSS)		30	36	mg/l			
Fecal Coliform Bacteria (FCB)		10,000	< 4	colonies/100ml	Grab Sample once per month		
pH		6.0 - 9.0	7.6	s.u.		Prior to the 15th of the	
Total Phosphorus (TP)		REPORT	6.3	mg/i		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT	44.4	mg/l			
Ammonia Nitrogen		REPORT	40.1	mg/l	Grab sample once per quarter		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen	( NO2-N)	REPORT	1.72	mg/l	oras cample office per quarter		
Plant Available Nitrogen (PAN)		REPORT	43.1	mg/l			
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily		
		ALTY OF LAWTHAT I HAVE PERSONALLY		1		TELEPHONE	DATE
		AND BASED ON MY INQUIRY OF THOSE IN		17	Kermeth Slegory	_	4.57/0040
	STAINING THE INFO	DRMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL		1/7/2019
	OMPLETE. I AM AWA	RETHAT THERE ARE SIGNIFICANT PENAI	LTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926	<del></del>
		BILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT		MM/DD/YYY
COMMENTS AND EXPLANATION OF V Cleaned pumps. We will monitor and			High TSS was due to	recycle pump ir	one unit clogging. We have	since desludged entire	system,

Jan 2019 VILLAGES OF CROSS CRE	EK 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

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 :

	<u>Laboratory Analysis</u>										
Analysis		•		* ,	Precision	Accuracy					
Date Time By	Parameter	Result Not	es <u>Ouantity</u>	Method	% RPD	% Recovery					
12/19 1419 VLP	pH	7.1 S.U.		SM 2011 4500-H+ B	0.00	N/A *					
12/27 1400 TWM	Phosphorous, Total (as P)	6.35 mg/L		EPA 365.3	0.90	111.0 *					
12/30 1030 TSB	Solids, Total Suspended	25.7 mg/L		SM 2011 2540 D	26.17	N/A *					
12/19 1600 VLP	Fecal Coliform (MPN/100mL	> 24196.0 /100ml (h	o)	06/2012 Colilert18	0.00	0.0 *					
12/20 1200 TSB	BOD, Carbonaceous	29.4 mg/L		SM 2001 5210 B	5.30	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

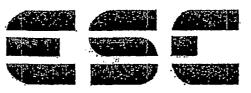
Environmental Services Co., Inc.

474 307 29 078

The

Fax: 479-750-1172

Phone: 479-750-1170



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

Carlsbad, New Mexico 575-887-1ESC

**CHAIN OF CUSTODY** 

(	dress: 3302 N. Dixieland  Rogers AR  lephone: (479)936-0333 (Cell)				Pr	oject Info	ormation			L	Rec	ues	ted	Рага	met	ers
Company Name:	Dixieland Utility LL	C.		Permit/Pro	ject#:	<u>.</u>				П	-				T	
Address:	3302 N. Dixieland			Purchase	Order#:					]				İ		
	Rogers AR			1						1				- 1		
Telephone:	(479)936-0333	(Cell)		Sampler N	lame(s):	V-	LPAT	:		1	İ		اء	- 1		
Telephone:		············		]	• •	n/	A.V.			1	ļ	8	13.15			
				and Signal						1		25(	E	j	-	
ESC Client Number:	1698	<del></del>	······································		(- )-					1	ြင္ယ	, (C	Ē	- 1		
Sample Ider	tification		Sample	Collection		1	Sample (	Containers		ୀନ୍ଥ	Phos(25)	CBOD(70), TSS(28)	Fecal Coliform(43.IF)		1	
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva		pH(23)	욷	8	<u> </u>	ı	ı	
Dose Tank/Effluent	1912020097	12/19/17	1415	GRAB	Water	Teflon	150 mL	None	1	X					十	
	17170700 17	1	177	GRAB	Water	Plastic	8 oz	H₂SO₄,pl	<del>-   -</del>	竹	x	-			1	
· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		-	GRAB	Water	Plastic	1 qt	None, Co		十	<del>  ``</del>	x		_	_	
				GRAB	Water	Whirlpak		NaS <sub>2</sub> O <sub>4</sub> C		十	十	-	X	_	_	
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Relinquished By: (Signature and Printe	d Nome)	Date	Time	Received By: (SI				Data	Time	Used	i? around	И	<u> </u>	Intact	1	
	•	Date		h 0	_	-		DEG .	, tme	Regi		LX.	1	Speci	al [	i
Refinquished By (Signature and Printer	Name)	12/19/19	1554 (	Received for Jab	By (Signature er	d Printed Nam	e) ( .	Z-19-19	1554			oles pr	орепу	preserv	red:	
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· · · · · · · · · · · · · · · · · · ·					Units:		Debris:									
•	'Cool all samples to 6 d	egrees C.					Chlorinated	? Yes N	0	Thi	s Do	cume	nt is	Page	0	f

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Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501) 221-2565 Fax (501) 221-1341 Northwest Arkansas Branch 1107 Century Avenue Springdale, AR 72762

Tel. (479) 750-1170 Fax (479) 750-1172

Control Number: 1911020127

Customer Name : DIXIELAND UTILITY LLC

Collected By: JE

Customer/Permit No. : 1698 / 4811-WR-4 001

Sample Time : 1440

Sample Date : 11/21/19

Delivery By : JE

Work Order :

Report Date : 12/02/19

Sample Type : GRAB DIXIELAND

Sample From : DOSE TANK EFFLUENT

Purchase Order :

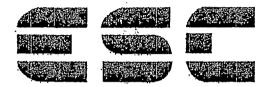
	Quality A	lssurance			
Analysis			•	Precision	Accuracy
Date Time By	<u> </u>	Result Notes Quantity	<u> Method</u>	% RPD	% Recovery
11/21 1440 JEW	pH	7.4 S.U.	SM 2011 4500-H+ B		
11/22 1445 TSB	Phosphorous, Total (as P)	6.16 mg/L	EPA 365.3	0.58	108.0 *
11/26 1430 TSB	Solids, Total Suspended	16.4 mg/L	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

\* OA 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.

Environmental Services Co., Inc.

25,426



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**

F110116: 478-750-1		rax: 4/8-/50-11/2				<u> </u>	177114	$\simeq$	1 000													
	C	Client Information							Pro	oject Inf	ormation					Rec	ues	ted	Par	am	eter	S
Company Name	e:	Dixieland Utility LL	C.				Permit/F	)roj	ject #:									l			1	l
Address:		3302 N. Dixieland					Purchas	e C	Order#:													
		Rogers AR					7						Δ.	41								
Telephone:		(479)936-0333	(Cell	0			Sampler	r Na	ame(s):	Chesson	4.1. At	Tanes	- [Ji	$H_{3e}$						į		Ì
Telephone:	<del></del>				,		1		7	<i>-</i>		عقداد و المست					60	Coliform(43.IF)	•	1		
							and Sigr	nefi	nte(e).						Į		2)\$(5	12		1		
ESC Client Num	her	1698					Juna Oigi	·	ui o(s).		·	<del></del>					F	ē		l	l	
		tification	<del></del>			amnle	Collection		<del></del>	T	Sample (	Containers	~		ଳ	Phos(25)	CBOD(70), TSS(28)	8	•	1		1
			╫	-4-			T	_	1 d a define	T	_			#	pH(23)	ğ	BOL	Fecal	<u> </u>	İ		
Identification		ESC Control #	+	ate		ime がわ	Туре	_	Matrix	Туре	Volume					12	10	۳	┼──	├—	₩	<del> </del>
Dose Tank/Ef	fluent	1911020127	11.7	1019	1/7	70	GRAB	$\neg$	Water	Teflon	150 mL	None		1	X	<del>  _</del>	-	├—	├	├	┿	┼
		1911020127	╂╌┦		<del> </del> '	<b>}</b>	GRAB		Water	Plastic	8 oz	H₂SO <sub>4</sub> ,pl		1	<u> </u>	X	-	├	├	├—	┼	-
		1911020127		<u> </u>	<b>}</b> —	<del> </del>	GRAB		Water	Plastic	1 qt	None, C		7	<u> </u>	ـــ	X	↓_	<del> </del>	<del> </del>	—	<u> </u>
		1911020127			<u> -</u>	<u> </u>	GRAB	_	Water	Whiripak	100 mi	NaS <sub>2</sub> O <sub>4</sub> C	Cool <sup>†</sup>	1	<u> </u>	╄	┞	X	<u> </u>	<u> </u>	<del> </del>	↓
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Relinquished By: (Signatur	ne and Printed	Name)	D	ate ·	1	Time	Received for U	撑	yr. (Signature and	Printed(Name		71-21-19	170		Were	e sam; Yes	ples pr	operi) 	y prese	erved: No	_	1
Comments:	omments;			<u>ئـــــ</u>	PULL TOPIC	-	FLOW DA	ATA	Field Test		Analy		Res		Res	ult		Unit	s			
									Analyst:		pH:	1440	BEL		7.		7.		ھ			
								Time: Reading:		Temp.: DO:	1440	ILE C		20	_ تخي	20	<u>ت ،</u>	(C)		°F		
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	Cool all samples to 6 degrees C.					ستبسيد			Chlorinated	7 Yes N	lo		Thi	s Do	cume	ent is	Pag	je 7	of_	$\overline{\Gamma}$		

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Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-1341 Northwest Arkansas Branch 1107 Century Avenue Springdale, AR 72762

Tel. (479) 750-1170 Fax (479) 750-1172

Control Number: 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:

	Quality 2	lasurance			
Analysis				Precision	Accuracy
Date Time By	<u>Parameter</u>	Result Notes Quantity	<u>Method</u>	% RPD	<pre>% Recovery</pre>
10/17 1500 TSB	Ammonia as N, (HACH 10205)	17.10 mg/L	SM 2011 4500-NH3 F	0.38	96.0 *
10/21 1230 TSB	Total Kjeldahl Nitrogen	34.6 mg/L	02/2014 HACH 10242	2.11	95.2 *
10/17 1216 NTR	pН	7.2 S.U.	SM 2011 4500-H+ B	0.00	n/a *
10/21 1544 TSB	Phosphorous, Total (as P)	6.80 mg/L	EPA 365.3	0.90	108.0 *
10/23 1430 TSB	Solids, Total Suspended	25.7 mg/L	SM 2011 2540 D	4.85	N/A *
10/17 1630 TSB	Fecal Coliform (MPN/100mL	15.8 /100ml	06/2012 Colilert18	0.00	0.0 *
10/18 0800 TSB	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	6.84	118.0 *
10/21 1300 TSB	Nitrate + Nitrite	10.30 mg/L	01/2013 HACH 10206	1.82	98.4 *
10/22 1500 TSB	Nitrogen, Plant Available	32.6 mg/L	SM 1997 4500-N		

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

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

Signature

Environmental Services Co., Inc.

477,188

IN rep.

Fax: 479-750-1172

Phone: 479-750-1170



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

Carlsbad, New Mexico 575-887-1ESC

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## **CHAIN OF CUSTODY**

	Client Information				Pro	oject Info	ormation					₹eq	ues	ted	Par	ame	eters	;
Company Name: Address:	Dixieland Utility LL 3302 N. Dixieland	C.		Permit/Pro	-							7		99.99)				
Telephone:	Rogers AR (479)936-0333	(Cell)		Sampler N	lame(s):		ed Ry	erson				Phos(25), NH <sub>3</sub> -N(15.A)	N(91)	CBOD(70), TSS(28),PAN(99.99)	(43.IF)			
ESC Client Number:	1698			and Signa	ture(s):	·	Ned (	Xy -			3	(25), NF	s-TKN(16.C)N+N(91)	(70), TSS	ecal Coliform(43.IF)			
Sample Iden				Collection		<del> </del>	-	Containers		$\exists$	PH(23)	hos	X	8	<u>a</u>			
Identification	ESC Control #	Date	Time	Туре	Matrix	Type	Volume			A STATE OF	-	<u> </u>	<u> </u>	ס	-E			_
Dose Tank/Effluent	1910020124	10-17-19	1214	GRAB	Water	Glass	150 ml	none			×	х	X					_
	<del>  </del>	<del> </del>		GRAB GRAB	Water Water	Plastic Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pH<2 none/ice		<del>1</del>	$\dashv$	<u> </u>	^	х				
<del></del>	<del> </del>	<del> </del>		GRAB	Water	Whirlpak	<del> </del>	NaS2O4		<del> </del>	-				X			
				GRAB	vvales	Terminpak	1001111	Nadzo4		+	$\dashv$	$\neg$			<u>^</u>			_
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Comments: .0		,			FLOW DA	ATA	Field Test		Analyst		Resu	_	Resu			Units		
					Analyst: . Time:		pH: Temp.:	1216	NTQ NTS	+	7.		24	٦.	<del>(C)</del>		F	
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		•			Units:		Debris:					二						
	Cool all samples to 6 de	egrees C.			~		Chlorinated	? Yes No		7	his	Doc	ume	nt is	Page	1	of(	

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Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-1341 Northwest Arkansas Branch 1107 Century Avenue Springdale, AR 72762 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 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

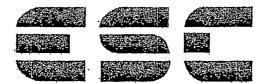
Work Order : Purchase Order :

	Quality P	Assurance				
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result 1	Notes <u>Quantity</u>	Method	* RPD	<pre>% Recovery</pre>
09/27 1330 JEW	'pH	6.8 S.U.		SM 2011 4500-H+ B	0.00	N/A
09/30 1330 TSB		8.380 mg/L		EPA 365.3	2.23	112.0 *
09/30 1030 TSB	Solids, Total Suspended	177.5 mg/L	(b)	SM 2011 2540 D	0.00	N/A *
09/26 1645 TSB	Fecal Coliform (MPN/100mL	201.0 /100ml		06/2012 Colilert18	19.59	0.0 *
09/27 0900 TSB	BOD, Carbonaceous	9.9 mg/L		SM 2001 5210 B	12.23	103.6 *

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Signature

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



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

> Carlsbad, New Mexico 575-887-1ESC

## CHAIN OF CUSTODY

Fax: 479-750-1172			· · · · · ·												
Client Information	وريوا الموروات			Pr	oject Inf	ormation				Rec	ues	ted	Para	net	ers
Dixieland Utility LL	<u>C.</u>		Permit/Pro	ject#:								[			
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tification		Sample	Collection			Sample (	Containers		18	8	R	4		1	
ESC Control #	Date	Time	Туре	Matrix	Type	Volume	Preservative	#	표	듄	8	F.		丄	
1909020083	9-26-19	1330	GRAB	Water	teflon	150 mL	None	1	X					T	$\overline{}$
			GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pH<2	1		X				T	$\top$
			GRAB	Water	Plastic	1 at		1	<b> </b>		X			十	
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<del></del>			Mar Control 1	FLOW D	ATA	Field Test			Res			ilt			
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Cool all samples to 6 d	egrees C.	<del>,</del>					? Yes No		This	Doc	:ume	nt is	Page	∠ of	1
	Dixieland Utility LLC 3302 N. Dixieland Rogers AR (479)936-0333  1698 tiffication ESC Control # 1909020083	Dixieland Utility LLC.  3302 N. Dixieland Rogers AR (479)936-0333 (Cell)  1698  tiffication ESC Control # Date 1909020083 9-26-19  Name) CS Wilfse 9-26-19 Date	Dixieland Utility LLC.  3302 N. Dixieland Rogers AR (479)936-0333 (Cell)  1698  tiffication Sample ESC Control # Date Time 1909020083 9-26-19 1330	Dixieland Utility LLC.  3302 N. Dixieland  Rogers AR  (479)936-0333 (Cell)  Sampler N  and Signal  1698  tiffication  ESC Control # Date Time Type  1909020083 9-26-19 1330 GRAB  GR	Dixieland Utility LLC.  Dixieland Utility LLC.  3302 N. Dixieland  Rogers AR  (479)936-0333 (Cell)  Purchase Order #:  Purchase Order #:  and Signature(s):  and Signature(s):  1698  Time Type Matrix  1909020083 9-26-79 /33 O GRAB Water  GRAB Water	Dixieland Utility LLC.  Dixieland Utility LLC.  3302 N. Dixieland  Rogers AR  (479)936-0333 (Cell)  Sampler Name(s):  and Signature(s):  1698  tification  ESC Control # Date Time Type Matrix Type  1909020083 9-26-19 1/330 GRAB Water teflon  GRAB Water Plastic  GRAB Water Plastic  GRAB Water Whirtpak  Rogers AR  (479)936-0333 (Cell)  Date Time Type Matrix Type  GRAB Water Plastic  GRAB Water Whirtpak  Reselved By: (Signature and Printed Name)  Name)  Date Time Reselved By: (Signature and Printed Name)  FLOW DATA  Analyst:  Time:  Reading:  Units:	Dixieland Utility LLC.   Permit/Project #:	Dixieland Utility LLC.   Permit/Project #:   3302 N. Dixieland   Purchase Order #:   Purchase Order #:   Purchase Order #:	Dikieland Utility LLC.   Permit/Project #:	Dikieland Utility LLC.   Permit/Project #:	College   Project Information   Project Information   Recolved By: (Signature and Printed Name)   Date   Time   Recolved By: (Signature and Printed Name)   Date   Time   Recolved By: (Signature and Printed Name)   Date   Time   Custody Se   Used?   Name)   Date   Time   Recolved By: (Signature and Printed Name)   Date   Time   Custody Se   Used?   Name)   Date   Time   Recolved By: (Signature and Printed Name)   Date	Dixieland Utility LLC.   Permit/Project #:	Dixieland Utility LLC.   Permit/Project #:	Requested Paramodelia   Project Information   Requested Paramodelia   Paramodelia	Collection   Project Information   Requested Paramet

G:WPL JCIFORMSICHAIN.XLB

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

Delivery By : JEW Work Order :

Purchase Order :

	Laboratory Analysis											
Analysis				1	Precision	Accuracy						
Date Time By	<u> Parameter</u>	Result Notes	Quantity	Method	용 RPD	% Recovery						
08/15 1405 JEW	рн	7.2 S.U.		SM 2011 4500-H+ B	0.00	N/A *						
08/19 1500 TSB	Phosphorous, Total (as P)	6.320 mg/L		EPA 365.3	0.00	107.0 *						
08/20 1406 TSB	Solids, Total Suspended	12.4 mg/L		SM 2011 2540 D	1.24	N/A *						
08/15 1640 TSB	Fecal Coliform (MPN/100mL	> 2419.6 /100ml		06/2012 Colilert18	0.00	0.0 *						
08/16 0800 TSB	BOD, Carbonaceous	10.4 mg/L		SM 2001 5210 B	0.65	114.0 *						

 $\star$  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

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

Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

Address: 3302 N. Dixieland Rogers AR  Telephone: (479)936-0333 (Cell)  Sampler Name(s): (379)936-0333 (Cell)  Sampler Name(s): (379)936-0333 (Cell)  Sample Identification  Sample Identification  Sample Collection  Sample Containers  Identification ESC Control # Date Time Type Matrix  Dose Tank/Effluent 1908020058 3-/5-/9 //O.5 GRAB Water Plastic 8 cz 150,044-2 1 X X I I I I I I I I I I I I I I I I I	Phone: 479-750-1170	Fax: 479-750-1172		CI	IAIN (	JF CU	2101	JY											
Address: 3302 N. Dixieland Rogers AR  Telephone: (479)936-0333 (Cell)  Sampler Name(s): (1998)  Sample Identification Sample Collection Sample Containers  Identification ESC Control # Date Time Type Matrix Type Volume Preservative # # # # # # # # # # # # # # # # # # #		Client Information		-		Pr	oject Inf	ormation					Rec	lues	sted	Par	ame	eters	;
Rogers AR Telephone: (479)936-0333 (Cell) Sampler Name(s): Sample Containers  and Signature(s):  ESC Client Number: 1698 Sample Identification Sample Collection Sample Containers Identification ESC Control # Date Time Type Matrix Type Volume Preservative # # # # # # # # # # # # # # # # # # #	Company Name:	Dixieland Utility LL	.C.		Permit/Pro	oject#:													
Telephone: (479)936-0333 (Cell) Sampler Name(s): Au July Je Marix Type July Volume Preservative # 1	Address:	3302 N. Dixieland	·		Purchase	Order #:		<u>.</u>							ļ				
Telephone: (479)936-0333 (Cell) Sampler Name(s): Au July Je Marix Type July Volume Preservative # 1		Rogers AR			1		<i>~</i>		_		_								
Telephone:  and Signature(s):  ESC Client Number:  1698  Sample Identification  ESC Control # Date Time Type Matrix Type Volume Preservative # # # # # # # # # # # # # # # # # # #	Telephone:		(Cell)		Sampler N	Name(s): (	Jane 7.	( ) etc	Tomes l	Wills	ر ج								
Dose Tank/Effluent   1908020056   3-/5-/9   1405   GRAB   Water   Plastic   8 oz   H <sub>2</sub> SO <sub>4</sub> pH<2   1   X	Telephone:				1		,							8	3.15	, ,			
Dose Tank/Effluent   1908020056   3-/5-/9   1405   GRAB   Water   Plastic   8 oz   H <sub>2</sub> SO <sub>4</sub> pH<2   1   X					and Signa	iture(s):						l		SS(2	E 4				
Dose Tank/Effluent   1908020056   3-/5-/9   1405   GRAB   Water   Plastic   8 oz   H <sub>2</sub> SO <sub>4</sub> pH<2   1   X	ESC Client Number:	1698	<del>'</del>		1			<del></del>					100	<u>~</u>	<u>i</u>				
Dose Tank/Effluent   1908020056   3-/5-/9   1405   GRAB   Water   Plastic   8 oz   H <sub>2</sub> SO <sub>4</sub> pH<2   1   X		entification		Sample	Collection	<u>,</u>		Sample	Container	s		8	\$(2)		<u> </u>				
Dose Tank/Effluent   1908020056   3-/5-/9   1405   GRAB   Water   Plastic   8 oz   H <sub>2</sub> SO <sub>4</sub> pH<2   1   X			Date	7	T	Matrix	Type				#	풀	Ph	89	Feca				
GRAB Water Plastic 8 oz H <sub>8</sub> SO <sub>4</sub> PH-2 1 X			_	<del></del>	<del></del>	<del> </del>	<del>                                     </del>						7	Ť					نعجت
GRAB Water Plastic 1 qt None, Cooff 1			1	1	<del> </del>	· · · · · · · · · · · · · · · · · · ·	1		1				1		_	$\Box$			
GRAB Water Whirlpak 100 ml NaS2Q, Cool* 1							1				_	$\vdash$	<u> </u>	X					
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Analyst: pH: /405 7,2	Comments:		<u> </u>	<u> </u>	4 m land	FLOW D	ATA					Rası	res ult	Resi	ılt				
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Cool all samples to 6 degrees C.  Chlorinated? Yes No This Document is Page / of /	<u> </u>	Cont all earnoles to 6	iegrees C	<del></del>		Onics:	····		You   1	<u> </u>		Thi		¥.,,,,,	né in	Pos		οε <i>1</i>	

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 :

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

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.

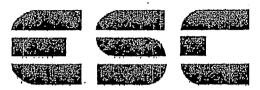
Signature

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

website; www.esclabs.com

Fav. 479-750-1172

Phone: 479-750-1170



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

> Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

	C	lient Information				Pro	oject Inf	ormation				Red	ques	sted	Par	ame	eter	s
Company Nan	ne:	Dixieland Utility LL	C.		Permit/Pro	ject #:					Т	T	T	$\Gamma^{-}$				
Address:		3302 N. Dixieland			Purchase	Order#:					1		1	8			'	
-		Rogers AR	<del></del>	· · · · · · · · · · · · · · · · · · ·				·			1 '	13	·l	66	'			
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Telephone:		(479)936-0333	(Cell)		Sampler N	ıame(s):	gemo.	e pel-	iemes wi	1156	4	Ιż	12	19.	<del> </del>	'		
Telephone:	,	···				U					4	40	기불	182	4		1	
					and Signa	ture(s):						一艺	茎	153	ΙĒ			l
ESC Client Nu	mber:	1698		•							1	ित्	6.0	6	볼			
	nple Iden	tification		Sample	Collection			Sample (	Containers		pH(23)	Phos(25), NH <sub>3</sub> -N(15.A)	s-TKN(16.C)N+N(91)	CBOD(70), TSS(28),PAN(99.99)	-ecal Coliform(43.IF)			
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Identifica	******	ESC Control #	Date	Time	Туре	Matrix	Type		Preservat	100 #	-	-	+-12	누	۳		<b> </b>	-
Dose Tank/	Effluent	1907020077	7-19-19	1520	GRAB	Water	teflon	150 ml	попе	1	X		┼	<del> </del>	<u> </u>	<b> </b>		
				<u> </u>	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<2	1	1_	X	X	<u></u>				
		{			GRAB	Water	Plastic	1 qt	none/ice	1		1		X	ł			
	_			-	GRAB	Water	Whirlpak	300ml	NaS2O4	1	T		T		X			
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Comments:	,	<del></del>			<u></u>	FLOW DY		Field Test pH:		Analyst	Res		Resi		<del> </del>	Units		
						Analyst: Time:	•	Pri: Temp.:	1520	TE (L)	7. 30	, <u>5</u>	170	7,7	(C)		₹ -	
····		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Reading:		DO:	<del></del>		1 - T	1.2	1				<u> </u>	
						Units:		Debris:										
		Cool all samples to 6 de	egrees C.					Chlorinated	? Yes No		Thi	s Do	cume	ent is	Pag	<u> </u>	of Z	

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: 1906020078

Customer Name : DIXIELAND UTILITY LLC

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											
Analysis				Precision	Accuracy							
Date Time By	Parameter	Result Notes Quantity	Method	% RPD	<pre>% Recovery</pre>							
06/21 1055 JEW	'pH	7.2 S.U.	SM 2011 4500-H+ B	0.00	n/A							
06/27 1015 TSB	Phosphorous, Total (as P)	7.160 mg/L	EPA 365.3	1.71	116.0 *							
06/28 1427 TSB	Solids, Total Suspended	24.5 mg/L	SM 2011 2540 D	20.69	n/a *							
06/21 1604 TSB	Fecal Coliform (MPN/100mL	4884.0 /100ml	06/2012 Colilert18	11.41	0.0							
06/21 1300 TSB	BOD, Carbonaceous	13.2 mg/L	SM 2001 5210 B	8.13	94.0 *							

\* 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



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**

Priorie, 479-730-1170	rax: 4/9-/50-11/2		•	11-4111											-	
	Client Information				Pro	ject Info	ormation				Req	ues	ted	Para	me	ters
Company Name:	Dixieland Utility LL	C,		Permit/Pro	ject#:											1.
Address:	3302 N. Dixieland			Purchase	Order #:										]	Ī
	Rogers AR			1		<u></u>								1		
Telephone:		(Celi)		Sampler N	lame(s). (	7	1.0t-	Tames Wif	ilse	,				1		Ì
Telephone:	(470)000-0000			Campier	icitic(s).	3777 C	بينيك فمرن	4 Frig S Corp	125	ĺ			.IF)	1	- 1	
relephone.			<del></del>				······································					155(28)	1(43		Ì	-
		<del></del>	<del></del>	and Signal	ure(s):		· <del>············</del>						Coliform(43.IF)			
ESC Client Number:	1698			<u> </u>			<del></del>				Phos(25)	CBOD(70)	Colif		-	
Sample Ide			Sample	Collection	<del> </del>		Sample (	Containers		(23)	)so	8	Fecal (	1		
Identification	ESC Control #	Date	Time	Type	Matrix	Туре	Volume	Preservative	#	)Hd	F.	8	Fe			
Dose Tank/Effluent	1906020078	6-21-19	1050	GRAB	Water	teflon	150 mL	None	1	x				Ш	$\perp$	
			1	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pH<2	1		х					
				GRAB	Water	Plastic	1 qt	None, Cool <sup>†</sup>	1			X.		$\sqcap$		
				GRAB	Water	Whirlpak	125 mL	NaS₂O₄ Cool <sup>†</sup>	1				x			
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Relinquished By: (Signature and Prin	ited Name)	Date	Time	Received for Lab	Av. (Signature and	Printed Name	, ,	Date T		Regu		ies or	operly	Speci preșen		
				Received for Lab	Alexa	Ander	500	6-21-19 11	40		Yes		,		lo [	
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					Units:		Debris:									
	Cool all samples to 6 d	egrees C.			~		Chlorinated	7 Yes No		This	Doc	ume	nt is	Page	4	of <u>t</u>

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

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

06/2012 Colilert18

SM 2001 5210 B

Control Number: 1905020065

Customer Name : DIXIELAND UTILITY LLC

05/13 1600 AKA Fecal Coliform (MPN/100mL

05/15 1500 AKA BOD, Carbonaceous

Customer/Permit No. : 1698 / 4811-WR-4 001

Report Date : 05/21/19

Sample Date : 05/13/19 Sample Time : 1330

Sample Type : GRAB

< 10.0 /100ml

7.9 mg/L

Sample From : DOSE TANK EFFLUENT

Collected By: VLP Delivery By : VLP

0.00

19.44

0.0

109.1

Work Order : Purchase Order :

Laboratory Analysis Quality Assurance Analysis Precision Accuracy % RPD Date Time By Result % Recovery Parameter Notes 1.38 05/13 1331 VLP pH 7.2 S.U. SM 2000 4500-H+ B N/A 05/20 1040 AKA Phosphorous, Total (as P) 7.060 mg/L EPA 365.3 0.82 106.0 \* 05/16 0900 AKA Solids, Total Suspended 31.5 mg/L (b) · SM 2011 2540 D · · 11.87 -- N/A \*

\* 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



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

Carlsbad, New Mexico 575-887-1ESC

## CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 479-750-1172		GF	IAIN C	if Cu	510	JY										
	Client Information				Pr	oject Inf	ormation				R	equ	ested	Par	ame	eters	
Company Name:	Dixieland Utility LL	C.		Permit/Pro	oject #:				•				-				- 1
Address:	3302 N. Dixieland			Purchase	Order #:									1			
	Rogers AR			1							.						
Telephone:	(479)936-0333	(Cell)	<del></del>	Sampler N	lame(s).	1/2	1.1/2	de-		- 1				1		1	
Telephone:	(170)000 0000	(0011)	<del></del>		ianio(o).	12/	101	<u> </u>				ءِ ا	~   <del>E</del>				
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				and Signa	ture(s):	. <u> </u>				<del></del>	Man ve c.		<u> </u>			= A.L.W.	1.5425
ESC Client Number: "	والمرابع والمنطون والمراجع والمنافعة											0 5	₹\ <u>\</u>				
Sample Ide	ntification		Sample	Collection			Sample (	Container	s		pH(23)	Phos(25):	CBOU(70); [33(28) Fecal Coliform(43.IF)	1		1	
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	됩	<u> </u>	<u>a</u> [§				
Dose Tank/Effluent	1905020065	5/13/19	1330	GRAB	Water	teflon	150 mL	None		Ð	x		. ] _				
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,p	H<2	1		x					
( )				GRAB	Water	Plastic	1 qt	None, C		1			x		•		
				GRAB	Water	Whirlpak	125 mL	NaS <sub>z</sub> O <sub>4</sub> C		1		+	x	1-		-	
				Olvid	448(0)	TTIMPER	1201112	1100204 1	-	÷	-	-	+^	+			
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Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received By: (Si	gnature and Prints	d Name)		Date	Time		Custody Used?	Seals		Inta	-0		
Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received By: (Si	gnature and Printe	d Name)		Dale	Tim		Tumaro	und:		ma	CA C		
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Comments:	15.16	7 7 7 1		100-50-01	FLOW D	ATA	Field Test		Analys		Result		esult		Units		-
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	Cool all samples to 6 d	egrees C.					Chlorinated	? Yes N	lo		This C	)ocur	nent is	Pag	e	of	

Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-1341 Northwest Arkansas Branch 1107 Century Avenue Springdale, AR 72762

Tel. (479) 750-1170 Fax (479) 750-1172

Control Number: 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 Analysi	<u>s</u>		•	Quality F	Assurance
Analysis	·					Precision	Accuracy
Date Time By	Parameter	Result	Notes	Ouantity .	<u> </u>	% RPD	% Recovery
04/12 1500 AKA	Ammonia as N, (HACH 10205)	25.50 mg/L			SM 2011 4500-NH3 F	0.19	97.2 *
04/15 1145 AKA	Total Kjeldahl Nitrogen	27.6 mg/L	and the second section of the second	opoenii prepromentari in trium i scimpri moreku m	.02/2014 HACH 10242		
	A SAME THE CASE OF THE PROPERTY OF SAME SENSON IN STREET SENSON PROPERTY OF THE PROPERTY OF TH		ere of Tarles, which was all lights.	والمراوية والمراوية والمراوية والمراوية والمراوية والمرومة والمرومة والمرومة والمرومة والمرومة والمرومة والمرومة	-SM-2000-4500-H+-B-		warmen NA Varance
04/16 1100 AKA	Phosphorous, Total (as P)	4.750 mg/L	• 1		EPA 365.3	5.81	109.0 *
04/16 0900 TSB	Solids, Total Suspended	26.9 mg/L			SM 2011 2540 D	3.51	N/A *
04/12 1650 AKA	Fecal Coliform (MPN/100mL	131.4 /100	m1		06/2012 Colilert18	0.00	0.0 *
04/12 1400 TSB	BOD, Carbonaceous	4.1 mg/L	ı		SM 2001 5210 B	12.27	85.0 *
04/16 0930 AKA	Nitrate + Nitrite	1.88 mg/L			01/2013 HACH 10206	0.00	104.6 *
04/16 1145 AKA	Nitrogen, Plant Available	28.0 mg/L			SM 1997 4500-N		•

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.

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

Fax: 479-750-1172

Phone: 479-750-1170



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

> Carisbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

	Client Information		A FALL C	Pin	oject Inf	ormation			R	eque	sted	Par	ame	ters	<u> </u>
Company Name:	Dixieland Utility LL	.C.	Permit/Pro	oject#:	., .				1:	T			* 1		
Address:	3302 N. Dixieland		Purchase	Order #:		·				}	SS(28),PAN(99.99)	1			
	Rogers AR	•							1	اخ	66)			.	
Telephone:	(479)936-0333	(Cell)	Sampler N	Name(s):	N.e	ed: Ru	2/501	·		خ ا ق	. IS	臣		1	
Telephone:								·		N-13-N( N+N(94)	88	五	. 1		i
			and Signa	iture(s):	ت .	NW C	نسند وري	1 (v.) * * *		NH3-N(15.A)	38	örm(43.IF)		in contractor.	
ES6 Client Number:	1698		and the second section to the second	al entrodesia sus parteressa Artistalia respansa in parteressa	PROPERTY SECURITY		A CONTRACTOR OF THE PROPERTY O	jimprjada l	****		6	اختطعمان	Selection	MATER	10.40
Sample Id	entification.	Sampl	e Collection.			Sample (	ontainers ;	:::	ର ବ	-nos(25	CBOD(70)	al Col	1		
Identification	ESC Control #	Date Time.	Tỳpe	Matrix	Type	Volume	Preservative	#	됩	5 5	, <u> </u>	ည်		. ,	1
Dose Tank/Effluent	1904020086	4-12-19 1416	GRAB	Water	teffon	150 ml	none	1	X		) . r			, a 5	
			GRAB	Water	Plastic	8 oz,	H₂SO₄,pH<2	4		x ×	•			•:	
			GRAB	Water	Plastic	1 at	none/ice	<b>1</b> .			×	I		8. 8. <sub>16.</sub>	
	·		GRAB	Water	Whiripak	300ml	NaS2O4	1	·   [,			×			
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Relinquished By: (Signature and Pr	nted Name)	Date Time	Received By: (S	ignature and Printe	d Name)		Date Tin	• •	1141	und:	146	:	:3X -\$	12.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	
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Will chain	Ned Kyens-	Date Time 41279 1530	Pamaits	oog lamen	Janob L	6	4-6-19 1153	0	<b>Ý</b>	es 📎	<b>V</b>	1.7	No.	8.3	
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Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-1341 Northwest Arkansas Branch
1107 Century Avenue
Springdale, AR 72762
Tel. (479)750-1170 Fax (479)750-1172

Control Number: 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

Delivery By : NTR Work Order : Purchase Order :

•	<u>Laboratory Analysis</u>											
Analysis			İ	Precision	Accuracy							
Date Time By	<u>Parameter</u>	Result Notes Quantity	Method	% RPD	% Recovery							
03/08 1209 NTR	рH	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 ESC	Sample Collection/Travel	1 each			•							

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Signature

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



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

Carlsbad, New Mexico 575-887-1ESC

**CHAIN OF CUSTODY** 

Phone: 479-750-1170	Fax: 479-750-1172		Ch	IAIN C	OF CU	STO	DY											
	Client Information				Pr	oject Inf	ormation			,		Req	ues	ted	Par	ame	eters	
Company Name:	Dixieland Utility LL	C.		Permit/Pro	oject #:												1	
Address:	3302 N. Dixieland			Purchase	Order#:												il	
	Rogers AR			]								. !						
Telephone:	(479)936-0333	(Cell)		Sampler I	Name(s):	Ν	ed R	Yerson								1 1	iÌ	
Telephone:				1	• •			/					8	13.16			. !	
				and Signa	iture(s):		neil 1	Rug -					155(28)	) E			i l	
ESC Client Number:	1698	······································		1				8	<del></del>			<u>2</u>		Coliform(43.1F)				
Sample Ide	entification		Sample	Collection			Sample	Container	S	-	23)	Phos(25)	CBOD(70),	Σ E			1	
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	pH(23)	문	8	Fecal				
Dose Tank/Effluent	1903020047	3.8-10	1206	GRAB	Water	teflon	150 mL	None		1	х							_
			\	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pl	H<2	1		x						_
				GRAB	Water	Plastic	1 qt	None, Co		1			x					
				GRAB	Water	Whirlpak		NaS <sub>2</sub> O <sub>4</sub> C		1				х				
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Relinquished By: (Signature and Prin	ited Name)	Date	Time	Received By: (Si	gnature end Printe	ad Name)		Date	Yim		Used'	? iround	M		Intec	ŧ?		
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Relinguished By: (Signeture and Prin	Ned Name)	3-8-19	1245	Received for Leb	By: (Signature at	d Printed Nam	10)	3849	124	چ		samp Yes	les pro	perly		rved: No		
Comments: ()	NET J				FLOW D	ATA	Field Test	Time	Analy		Resu	ılt	Resu	lt		Units		
							pH: Temp.:	1208	NM		<u></u>		7;-		35.5	И	-	_
	<del></del>				Time: Reading:		DO:	1208	N	74-	16.	-2	_/6.	. 3	<u></u>		°F	
· · · · · · · · · · · · · · · · · · ·				<del></del>	Units:		Debris:											
	'Cool all samples to 6 o	legrees C.					Chlorinated	? Yes N	0		This	Doc	umer	nt is	Page	3 ) (	cif /	

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Corporate Office 13715 West Markham Little Rock, AR 72211 Tel. (501)221-2565 Fax (501)221-1341 Northwest Arkansas Branch 1107 Century Avenue Springdale, AR 72762

Tel. (479) 750-1170 Fax (479) 750-1172

Control Number: 1902020058 Customer Name : DIXIELAND DITLITY LLC Customer/Permit No. : 1698 / 4811-WR-4 001 Sample Date : 02/15/19 Sample Time: 1510

Collected By: JEW Delivery By : JEW Work Order :

Report Date : 02/21/19

Sample Type : GRAB DIXIELAND Sample From : DOSE TANK EFFLUENT

Purchase Order :

		<u>Quality</u>	<u>Assurance</u>			
	Analysis				Precision	Accuracy
_	Date Time By	Parameter	Result Notes Quantity	<u> Method</u>	考 RPD	% Recovery
	02/15 1510 JEW	PH	7.2 S.U.	SM 2000 4500-H+ B	0.00	N/A
	02/18 1400 AKA	Phosphorous, Total (as P)	6.800 mg/L	EPA 365.3	1.71	106.0
	02/18 1330 TSB	Solids, Total Suspended	38.0 mg/L (b)	SM 2011 2540 D	3.47	N/A *
	02/15 1630 AKA	Fecal Coliform (MPN/100mL	727.0 /100ml	06/2012 Colilert18	0.00	0.0 *
	02/15 1330 AKA	BOD, Carbonaceous	11.7 mg/L	SM 2001 5210 B	0.00	82.7 *
	02/11 RSC	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

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



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

Carlsbad, New Mexico 575-887-1ESC

## CHAIN OF CHISTORY

Phone: 479-750-1170	Fax: 479-750-1172		Or	IMIN													
	Client Information				Pr	oject Info	ormation				R	eque	sted	Par	amo	eters	
Company Name:	Dixieland Utility LL	C		Permit/Pro	ject #:	<b></b>											
Address:	3302 N. Dixieland			Purchase	Order#:						-			1			
-	Rogers AR					1						-		1			
Telephone:	(479)936-0333	(Cell)	,	Sampler N	lame(s):	am te	101	Tomesle	); Hse		- }	-	1				
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		1		GRAB	Water	Whirlpak	125 mL	NaS <sub>2</sub> O <sub>4</sub> C	Cool <sup>†</sup>	1			x				
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G:WAL OCIFORMSICHAIN.XLS

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: 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 :

			Laboratory Analysis		Quality i	<u>Assurance</u>
	Analysis				Precision	Accuracy
	Date Time By	Parameter	Result Notes Quantity	Method	% RPD_	% Recovery
b	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	рH	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 SP	Sample Collection/Travel	1 each	1		

(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

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



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**

1 Hone. 479-730-1170	(ax. 479-730-1172		<b>9</b> 1	1/ 211 4	,, 00	<del></del>												
	Client Information			Project Information					$\Box$		Req	ues	ted	Par	ame	eters	3	
Company Name:	Dixieland Utility LL	.C.		Permit/Pro	oject#:													
Address:	3302 N. Dixieland	-		Purchase	Order#:									ନ୍ତ				
<del>,</del>	Rogers AR			1		1								99.5				l
Telephone:	(479)936-0333	(Cell)		Sampler N	lame(s):	a suron (	).W	( wes 12)	1:1/150	,_		5.A		AN (	I			
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				and Signa	ture(s):					$\dashv$		Ŧ	Ž.	5(2)	E	١. ا		
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Dose Tank/Effluent	1901020124	1-30-19	1250	GRAB	Water	teflon	150 ml	none	_	1	×			<b> </b>		<u> </u>		<b> </b>
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Comments:			RIMITURE	FLOW D	ATA	Field Test	7	Analys		Resu	Yes	Resi	JIL		No Units		-	
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W. OCIFORMSICHAINIXLS

## Roto<sub>®</sub>-Rooter

INVOICE

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

DATE:1/11/19

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



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

DATE	INVOICE #	TOTA	<b>L</b>
9/14/18	94457	139.0	10
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	the major type greater at the major is a contraction of the contractio	To a service of the s	er de service - og delse - servicelist som de selvice - en
) Orașe se con que asse agra antique antique antique antique antique antique antique antique antique antique antique	e na standare e a mais man dessa de mais e administration e a ma mandara de administration e administration de	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

PIBHELET ZI ZUIO

OISPATCHED

12,35

CLEARED

1.30

TOTAL TIME



## **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
T Village of (vose	Cuerk 7
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2000 5300 100	1111
Logers / NOH O	filition / B. is
#/ 8533 A	pole Glent
Paran	7-7-1
P.O. No	12157 Dale 9/14/18
Job Address:	Phone:
Cause of Stoppage: Roots Grease Scale Hair Lint	GarbagePulpOrangeburg Pipe
Sanitary Products:	Other: Wiper
Cleaned From: Vent Clean Out Open Hole	Total Footage
JOB DESCRIPTION AND REMARKS:	
117+ Option Drain	1: grado mel.
	120 -
•	737
	Today's Chg.
	Travel Chg.
	Product / Parts
30 Day 60 Day 90 Day	TOTAL DUE
Guarantee	Payment due upon completion of job
Guarantee  No Guarantee - Reason:  Job Guaranteed for Root Stoppages Only. This guarantee does not include	· · · · · · · · · · · · · · · · · · ·
Job Guaranteed for Root Stoppages Only. This guarantee does not include	Check #Cash
stoppages caused by paint, rags, leaves, cement, grease, garbage, other debris or	Gredit Card
proken or settled sechol of the or proc. or Orangeburg-Fiber line.	JA .
	Customer Signature
First Man Operator Signature Second Man	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

Date	Invoice #
1/25/2019	134265

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

2/12/06

P.O. No. Terms
Net 15

Vacuum Truck Service 290.00 580.00 0.00 0.00 0.00 0.00 0.00 0.0					
Thank you for your business	Quantity	Description	R	ate	Amount
Thank you for your business	2				
Thank you for your business  Total \$580.00	Darker China and China and American	Sales Tax	A Company	0.00%	0.00
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Phone #	Fax#	E-mail
479-361-2333	479-361-2294	bubsinc@gmail.com

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

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Bub's, Inc. Tontitown, AR 72770

Date	Invoice#
1/31/2019	134276

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

P.O. No.	Terms
	Net 15

			ivet 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
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Thank you for your	business	To	tal	00.000
				\$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 A 1648

P.O. No.	Terms
	Net 15

			1100 10
Quantity	Description	Rate	Amount
3	Vacuum Truck Service	290.00	
	Sales Tax	0.00%	0.00
,			
	,		
Thank you for you	r business	Total	\$870.00

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

Phylop 1548

Tontitown, AR 72770

Bub's, Inc.

Date	Invoice #
1/31/2019	134276

Bill To

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

945

2300

P.O. No.

pal dul

Terms

Thank you for your business

Total

\$945.00

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

Invoice

Tontitown, AR 72770

Date	Invoice #
2/1/2019	134277

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

P.O. No. Terms Net 15

		 	1461.10
Quantity	Description	Rate	Amount
3	Vacuum Truck Service Sales Tax	275.00 0.00%	825.00 0.00
		·	0200
			A. A.

Thank you for your business

Total

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

\$825.00 CULIT

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

NAME		
ADDRESS Routlett	DATE	
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134276	THANK YOU	
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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					DATE	
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1342	77				THANK	(YOU

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

Invoice

Bub's, Inc. PO Box 746 Tontitown, AR 72770

Date	Invoice #
6/14/2019	22577

Bill To			
Dixie Land Utility		~~	
			- 1

P.O. No. Terms

Quantity	Description	Rate	Amount
2	Vacuum Truck Service Sales Tax	290.00 0.00%	580.00 0.00
	· .		·
v			
hank you for you	business	Total	\$580.0

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

NAME Dixieland 11417
MILITA
ADDRESS
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Bearing Afactaring
SOLD BY CASH
C.O.O. CHARGE
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RECEIVED BY TAX
22577 TOTAL 580,00
22577
All claims and returned goods MUST have
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 Auron 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

135172

**Invoice Date** 

Oct 16, 2019

Please Pay

\$950.00

P.O.	Cle	k Terms				Due By
=== 	ŔŴ	Due on Receipt	want of the standard and the same of the	والمالية والمناطقة المالية والمالية	magnesia and the state of the same	
Site: NWA UTILITIES -	VILLAGI	E ACROSS THE CREEKS, 8533 Apple Glen, Roge	rs, 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
				. 8	Subtotal	\$950.00
					Tax	\$0.00
77.087.567.40至1				gr i D	iscount	(\$0.00)
			:	2.7.25	Total	\$950.00
	r	•		1002		

## 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

•	Invoice Number		135172
	Invoice Date		Oct 16, 2019
<u>,</u>	Subtótal		\$950.00
To	Tax (0%)		\$0.00
BBB Septic & Portable Toilet Service Post Office Box 1271	Discount	۲	(\$0.00)
Bentonville, AR 72712	Payments	, 02 No.5	((\$0.00)
	Amount Due		\$950.00

#### **BBB Septic & Portable Toilet Service**

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

**Billing Address** 

P.O. BOX 9299

NWA UTILITY SERVICES (C3533)

FAYETTEVILLE, AR 72703



## **Invoice**

**Invoice Number** 

136104

**Invoice Date** 

Nov 21, 2019

Please Pay

\$200.00

P.O.	Clerk	Terms	•	Due By
egine e servições de la servições de la como segui		Net 30	To spray the state of the second second second second second second second second second second second second	Dec 21, 2019
Site: NWA UTIL	ITY SERVICE - VILLAGE A	CROSS THE CREEKS, 8533 App	ole 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
	· · · · · · · · · · · · · · · · · · ·			·	S	ubtotal	\$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

 $x = \sum_{i=1}^{n} (i, j^{i+1})$ 

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

Го	.~
BBB Septic & Portable To	ilet 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 Duo	\$200.00

ount Due \$200.00

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

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ADDRESS			Ţ.	
Apar	tments.		-	
	PHONE		<del></del> :	
Kose	PHONE  CASH C.O.D. CHARGE ON ACCT.  DESCRIPTION			
SOLD BY	CASH C.O.D. CHARGE ON ACCT.	MDSE. RET'D	_	
Josh				
QTY.	DESCRIPTION	AMOUNT		
3	Pumped +10, 500 gal Septe	870	.00°	
	Pumped 1/0, 500 gal Septe	870		
	Time in 9:50			
	Time out 11:20	120.	$\alpha \alpha$	
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	Time in 1:15		<u> </u>	
í :	,			
	Time out 2:10			
	Time in 3:35			
	Time out 41:35	·		
	TAX		<del>`</del>	
RECEIVED BY	TOTAL	990.		
<del>- ,</del>	TOTAL	1 70.	<u>00</u>	

134276

THANK YOU

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

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				TAX			
RECEIVED BY		<del></del> -		TOTAL	407		<u>·</u>
					17 4// 71 .		

134277

THANK YOU

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

Align top of FedEx Express® shipping label here.

FROM: (479) 530-5926 NWA UTILITY SERVICES INC

SHIP DATE: 11MAR21 ACTWGT: 5.00 LB MAN CAD: 0167450/CAFE340

FAYETTEVILLE AR 72703

PO BOX 9299

BILL SENDER

TO ADEQ OFFICE OF WATER DRIVE 5301 NORTHSHORE DRIVE

NORTH LITTLE ROCK AR 72118

(US)

FedEx Ground

S

TRK# 9552 9988 0722

72118

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

