

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

PERMITTEE NAME
Bethel Oaks Subdivision
PERMITTEE ADDRESS
PO Box 3008 Fort Smith AR 72901

FACILITY NAME (IF DIFFERENT)
Bethel Oaks Subdivision


PERMIT NO.
4875-WR-1

FACILITY ADDRESS
WA County Hwy 62 at Bethel Blacktop Rd Farmington AR

AFIN NO.
72-01656

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2017	8/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.084516	MGD	Grab Sample once per month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.004147	MGD		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l		
Total Suspended Solids (TSS)	15	8.5	mg/l		
Fecal Colliform Bacteria (FCB)	7,800	4	colonies/100ml		
pH	6.0 - 9.0	6.5	s.u.		
Total Phosphorus (TP)	REPORT	7.4	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	36.9	mg/l		
Ammonia Nitrogen	REPORT	36.4	mg/l		
Nitrate Nitrogen (NO ₃ -N)	REPORT	11.16	mg/l		
Nitrite Nitrogen (NO ₂ -N)	REPORT	0.342	mg/l		
Plant Available Nitrogen (PAN)	REPORT	48.1	mg/l		
Total Solids	REPORT	0.035	Percentage (%)		
Loading Rate	0.138	See Attached	gpd/ft ²	Continuous	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	9/8/2017
TYPED OR PRINTED				MM/DD/YYYY

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

AUG 2017 BETHEL OAKS LOADING RATES 4,147 Max Day

Zone Identification	GPD/sq 2
Zone 1	572
Zone 2	572
Zone 3	572
Zone 4	572
Zone 5	572
Zone 6	572
Zone 7	572
Zone 8	572
Zone 9	572
Zone 10	572
Zone 11	572
Zone 12	572

Environmental Services Company, Inc.

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

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

Control Number: 1708020173	Sample Date : 08/18/17	Collected By: JCB
Customer Name : GREENFIELD CAP DEV-BETHEL OAKS	Sample Time : 1155	Delivery By : JCB
Customer/Permit No. : 1855 / 4875-WR-2	Sample Type : GRAB	Work Order :
Report Date : 08/25/17	Sample From : EFFLUENT	Purchase Order :

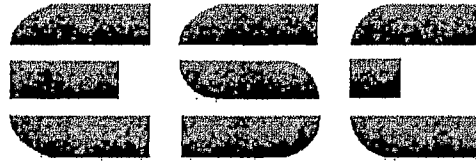
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
08/18	1300	TSB	Ammonia Nitrogen	36.4 mg/L		SM 1997 4500-NH3 F	0.00	103.5 *
08/24	0800	TSB	Total Kjeldahl Nitrogen	36.90 mg/L		02/2014 HACH 10242	0.68	100.3 *
08/22	1100	TSB	Nitrate Nitrogen	11.16 mg/L		SM 2000 4500-NO3 E	0.95	100.5 *
08/18	1500	TSB	Nitrite Nitrogen	0.342 mg/L		SM 2000 4500 NO2 B	1.23	98.8
08/18	1155	JCB	pH	6.5 S.U.		SM 2000 4500-H+ B	1.53	N/A *
08/22	0800	TSB	Phosphorous, Total (as P)	7.4 mg/L		EPA 365.3	0.00	100.5 *
08/24	1330	JCB	Solids, Total Suspended	8.5 mg/L		SM 1997 2540 D	22.22	N/A *
08/18	1455	RHB	Coliform, Fecal	4 /100ml		SM 9222 D 1997	0.00	N/A *
08/18	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	11.42	90.0 *
08/18	0830	JCB	Solids, % Total by mass	0.035 %		SM 1997 2540 G	8.00	N/A *
08/24	1445	TSB	Nitrogen, Plant Available	48.1 mg/L		SM 1997 4500-N		
08/18	1155	JCB	Sample Collection/Travel	1 each				

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

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

Signature Richard Brown
 Environmental Services Co., Inc.

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



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

Carlsbad, New Mexico
575-887-1ESC

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

CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters											
Company Name:			Bethel Oaks			Permit/Project #:					pH(23)	P(25), NH ₃ -N(15.A), NO ₃ (18), TKN(16.A)	CBOD(70), TSS(28), NO ₂ (19)	F. COLIFORM(43)	%Solids (82), PAN(99.99)							
Address:			1849 N. Trillium Lane			Purchase Order #:																
			Fayetteville, AR 72704			Sampler Name(s):																
Telephone:			479-790-3813			and Signature(s):																
Telephone:																						
ESC Client Number:			1855																			
Sample Identification		Sample Collection				Sample Containers																
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#													
EFFLUENT	1708020173	8/18/17	1155	GRAB	Water	teflon	150 ml	none	1	X												
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X											
EFFLUENT				GRAB	Water	Plastic	1 qt	none/ice	1			X		X								
EFFLUENT				GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃	1				X									
Cool all samples to 6 degrees C.																						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:		Used?	Intact?										
<i>John Byrd</i> John Byrd		8/18/17	1240	<i>Richard Brown</i> RICHARD BROWN			8-18-17	1240	Were samples properly preserved:		Regular <input checked="" type="checkbox"/>	Special <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Regular		Special											
				<i>Richard Brown</i> RICHARD BROWN			8-18-17	1240	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>											
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units										
						Analyst:	pH:	1155	JCB	6.5	6.5	°C										
						Time:	Temp.:	✓	✓	25.9	25.9	°F										
						Reading:	DO:															
						Units:	Debris:															
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1													