

**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
2/1/2018	2/28/2018

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.144514	MGD	Grab Sample once per month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.006175	MGD		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l		
Total Suspended Solids (TSS)	15	18.7	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 4	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	7.6	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	39.8	mg/l		
Ammonia Nitrogen	REPORT	35.9	mg/l		
Nitrate Nitrogen (NO3-N)	REPORT	3.79	mg/l		
Nitrite Nitrogen (NO2-N)	REPORT	0.525	mg/l		
Plant Available Nitrogen (PAN)	REPORT	41.4	mg/l		
Total Solids	REPORT	0.036	Percentage (%)		
Loading Rate	0.138	513	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.		TELEPHONE	DATE
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(479) 530-5926
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 We feel the high solids was due to malfunction at lift station that pumped more than normal loads at each dose which did not allow proper settling in system. The problem has been corrected.

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: 1802020168

Sample Date : 02/16/18

Collected By: AEU

Customer Name : BETHEL OAKS UTILITY, LLC

Sample Time : 1243

Delivery By : AEU

Customer/Permit No. : 1855 / 4875-WR-2

Sample Type : GRAB BETHEL OAKS

Work Order :

Report Date : 02/23/18

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>
02/16	1115	TSB	Ammonia Nitrogen	35.9 mg/L		SM 1997 4500-NH3 F	0.00	99.0 *
02/22	1130	AEU	Total Kjeldahl Nitrogen	39.8 mg/L		02/2014 HACH 10242	18.91	96.6 *
02/19	1445	TSB	Nitrate Nitrogen	3.79 mg/L		01/2013 HACH 10206	0.18	103.7 *
02/16	1000	TSB	Nitrite Nitrogen	0.525 mg/L		06/2017 HACH 10207	0.53	100.0 *
02/16	1245	AEU	pH	7.3 S.U.		SM 2000 4500-H+ B	0.00	N/A *
02/20	1500	TSB	Phosphorous, Total (as P)	7.6 mg/L		EPA 365.3	1.23	101.2 *
02/21	1430	AEU	Solids, Total Suspended	18.7 mg/L	(b)	SM 1997 2540 D	0.00	N/A *
02/16	1652	AEU	Coliform, Fecal	< 4 /100ml		SM 9222 D 1997	0.00	N/A *
02/16	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.55	100.9 *
02/20	1330	AEU	Solids, % Total by mass	0.036 %		SM 1997 2540 G	0.00	N/A *
02/23	1340	TSB	Nitrogen, Plant Available	41.4 mg/L		SM 1997 4500-N		

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

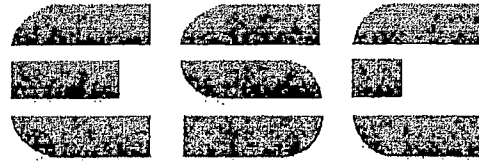
(b) Exceeds Permit Limits for Maximum Concentration

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

Signature

Environmental Services Co., Inc.

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



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

Carlsbad, New Mexico
 575-887-1ESC

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

CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters													
Company Name: Bethel Oaks						Permit/Project #:					pH(23)	P(25), NH ₃ -N(15-A), NO3(18), TKN(16-A)	CBOD(70), TSS(28), N02(19)	F. COLIFORM(43)	%Solids (82), PAN(99.99)									
Address: 1849 N. Trillium Lane						Purchase Order #:																		
Fayetteville, AR 72704						Sampler Name(s): Amber Underwood																		
Telephone: 479-790-3813						and Signature(s): <i>[Signature]</i>																		
Telephone:						ESC Client Number: 1855																		
Sample Identification		Sample Collection				Sample Containers																		
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#															
EFFLUENT	1802020168	2/10/18	1243	GRAB	Water	teflon	150 ml	none	1	X														
EFFLUENT	I	I	I	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X													
EFFLUENT	I	I	I	GRAB	Water	Plastic	1 qt	none/ice	1			X			X									
EFFLUENT	I	I	I	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>[Signature]</i> Amber Underwood		2/10/18	1331	<i>[Signature]</i> James Torres			2-10-18	1331	Regular			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Were samples properly preserved:			Yes	No											
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Yes			<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units												
Sample(s) Received On ICE Temp: 2.7°C						Analyst:	pH:	1243	AEL	7.3	7.3	°C												
						Time:	Temp.:	I	I	14.7	14.7	°C												
						Reading:	DO:																	
						Units:	Debris:																	
Cool all samples to 6 degrees C.											Chlorinated?	Yes	No	This Document is Page [] of []										