

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

PERMIT NO. 4875-WR-1

AFIN NO. 72-01656

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY 6/1/2017	MM/DD/YYYY 6/30/2017

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.076959	MGD	Grab Sample once per month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.004181	MGD		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l		
Total Suspended Solids (TSS)	15	15	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 4	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	8.1	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	41.6	mg/l		
Ammonia Nitrogen	REPORT	38.2	mg/l		
Nitrate Nitrogen (NO ₃ -N)	REPORT	13.1	mg/l		
Nitrite Nitrogen (NO ₂ -N)	REPORT	0.462	mg/l		
Plant Available Nitrogen (PAN)	REPORT	52.8	mg/l		
Total Solids	REPORT	0.05	Percentage (%)		
Loading Rate	0.138	577	gpd/ft ²	Continuous	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ken Gregory TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	7/12/2017 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

June 2017 BETHEL OAKS LOADING RATES .138 4,181 Max Day

Zone Identification	GPD/sq 2
Zone 1	577
Zone 2	577
Zone 3	577
Zone 4	577
Zone 5	577
Zone 6	577
Zone 7	577
Zone 8	577
Zone 9	577
Zone 10	577
Zone 11	577
Zone 12	577

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: 1706020203	Sample Date : 06/14/17	Collected By: AEU
Customer Name : GREENFIELD CAP DEV-BETHEL OAKS	Sample Time : 1034	Delivery By : AEU
Customer/Permit No. : 1855 / 4875-WR-2	Sample Type : GRAB	Work Order :
Report Date : 06/21/17	Sample From : EFFLUENT	Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
06/15	0900	TSB	Ammonia Nitrogen	38.2 mg/L			SM 1997 4500-NH3 F	0.00	95.7 *
06/19	1330	TSB	Total Kjeldahl Nitrogen	41.60 mg/L			02/2014 HACH 10242	4.55	106.0 *
06/15	1300	TSB	Nitrate Nitrogen	13.10 mg/L			SM 2000 4500-NO3 E	0.18	101.8 *
06/15	1000	TSB	Nitrite Nitrogen	0.462 mg/L			SM 2000 4500 NO2 B	2.93	106.0 *
06/14	1037	AEU	pH	7.2 S.U.			SM 2000 4500-H+ B	1.60	N/A *
06/15	1500	TSB	Phosphorous, Total (as P)	8.1 mg/L			EPA 365.3	1.89	100.9 *
06/19	1230	AEU	Solids, Total Suspended	15.0 mg/L			SM 1997 2540 D	40.00	N/A *
06/14	1625	JCB	Coliform, Fecal	< 4 /100ml			SM 9222 D 1997	0.00	N/A *
06/14	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	3.74	92.0 *
06/15	1030	JCB	Solids, % Total by mass	0.050 %			SM 1997 2540 G	11.43	N/A *
06/21	1417	RHB	Nitrogen, Plant Available	52.8 mg/L			SM 1997 4500-N		
06/14	1037	AEU	Sample Collection/Travel	1 each					

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

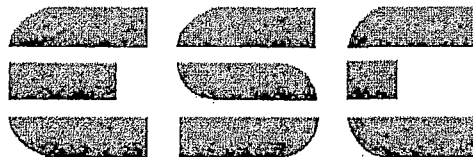
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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), NO3(18), TKN(16.A)	CBOD(70), TSS(28), NO2(19)	F. COLIFORM(43)	%Solids (82), PAN(99.99)				
Address:		1849 N. Trillium Lane Fayetteville, AR 72704		Purchase Order #:														
Telephone:		479-790-3813		Sampler Name(s):		<i>Amber Anderson</i>												
Telephone:				and Signature(s):		<i>[Signature]</i>												
ESC Client Number: 1855																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
EFFLUENT	1706020203	6/14/17	1034	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:										
<i>[Signature]</i>		6/14/17	1120	<i>[Signature]</i>				Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:										
				<i>[Signature]</i>				Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:										
				<i>[Signature]</i>		6/14/17	1120	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>							
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
				Analyst:		pH:	1034	AEL	7.2	7.2								
				Time:		Temp.:	L	L	81.5	81.5	°C °F							
				Reading:		DO:												
				Units:		Debris:												
Cool all samples to 6 degrees C.							Chlorinated? Yes No			This Document is Page 1 of 1								