

**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 3/1/2017	MM/DD/YYYY 3/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.098562	MGD	Grab Sample once per month	Prior to the 15th of the following Month
Flow, dally maximum	REPORT	0.006021	MGD		
Carbonaceous Blochemical Oxygen Demand (CBOD5)	15	< 2	mg/l		
Total Suspended Solids (TSS)	15	15	mg/l		
Fecal Collform Bacteria (FCB)	7,800	< 4	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	6	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	39.2	mg/l		
Ammonia Nitrogen	REPORT	38.6	mg/l		
Nitrate Nitrogen (NO3-N)	REPORT	2.7	mg/l		
Nitrite Nitrogen (NO2-N)	REPORT	0.26	mg/l		
Plant Available Nitrogen (PAN)	REPORT	41.7	mg/l		
Total Sollds	REPORT	0.03	Percentage (%)		
Loading Rate	0.138	831	gpd/ft 2	Continuous	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ken Gregory	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	4/13/2017
TYPED OR PRINTED				MM/DD/YYYY

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

BETHEL OAKS LOADING RATES March 2017

Zone Identification	GPD/sq 2
Zone 1	831
Zone 2	831
Zone 3	831
Zone 4	831
Zone 5	831
Zone 6	831
Zone 7	831
Zone 8	831
Zone 9	831
Zone 10	831
Zone 11	831
Zone 12	831

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: 1703020145	Sample Date : 03/15/17	Collected By: JB
Customer Name : GREENFIELD CAP DEV-BETHEL OAKS	Sample Time : 0850	Delivery By : JB
Customer/Permit No. : 1855 / 4875-WR-2	Sample Type : GRAB	Work Order :
Report Date : 03/22/17	Sample From : EFFLUENT	Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/16	0830	TSB	Ammonia Nitrogen	38.6 mg/L			SM 1997 4500-NH3 F	0.00	103.5 *
03/21	0900	TSB	Kjeldahl Nitrogen Total	39.20 mg/L			SM 1997 4500-NorgB	0.00	101.8 *
03/16	1115	TSB	Nitrate Nitrogen	2.70 mg/L			SM 2000 4500-NO3 E	0.83	99.7 *
03/16	0900	TSB	Nitrite Nitrogen	0.260 mg/L			SM 2000 4500 NO2 B	4.20	101.2 *
03/15	0850	JCB	pH	7.3 S.U.			SM 2000 4500-H+ B	0.00	N/A *
03/20	1300	TSB	Phosphorous, Total (as P)	6.0 mg/L			EPA 365.3	0.00	100.7 *
03/17	1520	AEU	Solids, Total Suspended	15.0 mg/L			SM 1997 2540 D	0.00	N/A *
03/15	1350	AEU	Coliform, Fecal	< 4 /100ml			SM 9222 D 1997	0.00	N/A
03/15	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	13.51	103.1 *
03/17	1000	AEU	Solids, % Total by mass	0.030 %			SM 1997 2540 G	11.76	N/A *
03/22	1536	RHB	Nitrogen, Plant Available	41.7 mg/L			SM 1997 4500-N		
03/15	0850	JCB	Sample Collection/Travel	1 each					

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

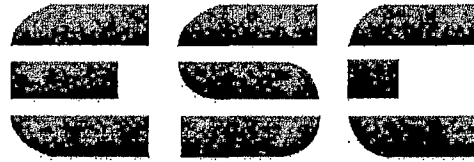
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

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 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):		John Byrd													
Telephone:						and Signature(s):		John Byrd													
ESC Client Number:		1855																			
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
EFFLUENT	1703020145	3/15/17	0850	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? <input checked="" type="checkbox"/>		Intact? <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>									
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
						Analyst:	pH:	0850	JCB	7.3	7.3										
						Time:	Temp.:		J	15.6	15.6	°F									
						Reading:	DO:														
						Units:	Debris:														
Cool all samples to 6 degrees C.										Chlorinated? Yes No					This Document is Page <u>1</u> of <u>2</u>						