

**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
11/1/2016	11/30/2016

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.190907	MGD	Grab Sample once per month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.007713	MGD		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l		
Total Suspended Solids (TSS)	15	9.3	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 4	colonies/100ml		
pH	6.0 - 9.0	7.5	s.u.		
Total Phosphorus (TP)	REPORT	7.5	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	35.84	mg/l		
Ammonia Nitrogen	REPORT	33.9	mg/l		
Nitrate Nitrogen (NO ₃ -N)	REPORT	9.7	mg/l		
Nitrite Nitrogen (NO ₂ -N)	REPORT	0.102	mg/l		
Plant Available Nitrogen (PAN)	REPORT	44.3	mg/l		
Total Solids	REPORT	0.037	Percentage (%)		
Loading Rate	0.138	1,064	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	12/8/2016
TYPED OR PRINTED				MM/DD/YYYY

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

BETHEL OAKS LOADING RATES Nov 2016

Zone Identification	GPD/sq 2
Zone 1	1,064
Zone 2	1,064
Zone 3	1,064
Zone 4	1,064
Zone 5	1,064
Zone 6	1,064
Zone 7	1,064
Zone 8	1,064
Zone 9	1,064
Zone 10	1,064
Zone 11	1,064
Zone 12	1,064

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: 1611020200	Sample Date : 11/16/16	Collected By: JB
Customer Name : GREENFIELD CAP DEV-BETHEL OAKS	Sample Time : 0840	Delivery By : JB
Customer/Permit No. : 1855 / 4875-WR-1	Sample Type : GRAB	Work Order :
Report Date : 11/22/16	Sample From : BETHEL OAKS EFFLUENT	Purchase Order :

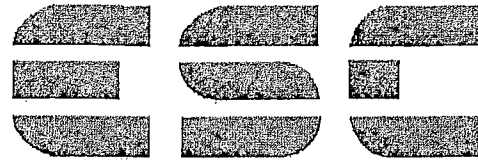
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
11/17	1030	TSB	Ammonia Nitrogen	33.9 mg/L		SM 1997 4500-NH3 F	0.00	98.3 *
11/22	0800	TSB	Kjeldahl Nitrogen Total	35.84 mg/L		SM 1997 4500-NorgB	0.00	100.2 *
11/16	1500	TSB	Nitrate Nitrogen	9.70 mg/L		SM 2000 4500-NO3 E	1.63	99.7 *
11/16	0845	TSB	Nitrite Nitrogen	0.102 mg/L		SM 2000 4500 NO2 B	1.28	100.0 *
11/16	0840	JCB	pH	7.5 S.U.		SM 2000 4500-H+ B	0.00	N/A *
11/17	0830	TSB	Phosphorous, Total (as P)	7.5 mg/L		EPA 365.3	1.24	101.0 *
11/18	1307	AEU	Solids, Total Suspended	9.3 mg/L		SM 1997 2540 D	0.00	N/A *
11/16	1005	VLP	Coliform, Fecal	< 4 /100ml		SM 9222 D 1997	0.00	N/A *
11/16	1400	AEU	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	4.95	95.0 *
11/17	1153	AEU	Solids, % Total by mass	0.037 %		SM 1997 2540 G	0.00	N/A *
11/22	1630	TSB	Nitrogen, Plant Available	44.3 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 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): <i>John Byrd</i>															
Telephone: 479-790-3813						and Signature(s): <i>John Byrd</i>															
ESC Client Number: 1855																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
EFFLUENT	1611020200	11/16/16	0840	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>John Byrd</i> John Byrd		11/16/16	1145					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:													
						11-16-16		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>Richard Brown</i> RICHARD BROWN		11-28-16	1145	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
						Analyst:	pH:	0840	JCB	7.5	7.5	°C °F									
						Time:	Temp.:			19.5	19.5										
						Reading:	DO:														
						Units:	Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1											