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

				IIT NO.				
Bethel Oaks Subdivision Bethel Oaks Subdivision						4875	-WR-1	-
PERMITTEE ADDRESS	<u> </u>	**	AFI					
PO Box 3008		WA Cou	inty Hwy 62 at Bethel Blackt	op Rd Farmingto	n AR	72-0	1656	
Fort Smith AR 72901			. <u></u>					
		WAS						
		MM/DD/YYYY		MM/DD/YYYY				
		10/1/2017	10/31/2017					
TREATED WASTEWATER EFFLUE	NT SAMPLING]	
PARAMETER		Limit Sample Measureme		UNITS	Monitoring	Reportin	g	
Flow, Monthly total		REPORT	0.157469	MGD				
Flow, daily maximum		REPORT	0.005472	MGD			Ì	
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	15	< 2	mg/l			1	
Total Suspended Solids (TSS)		15	6.7	mg/l				
Fecal Coliform Bacteria (FCB)		7,800 < 4 colonies/100ml						
pH Total Phosphorus (TP) Total Kjeldahl Nitrogen (TKN) Ammonia Nitrogen		6.0 - 9.0	7.3	s.u.				
		REPORT	6.8	mg/l	Grab Sample once per month	Prior to the 15th		
		REPORT	33.7	mg/l		following Mo	nth	
		REPORT	32.2	mg/l				
Nitrate Nitrogen (NO3-N)		REPORT	11.8	mg/l				
Nitrite Nitrogen (NO2-N)		REPORT	0.094	mg/l				
Piant Available Nitrogen (PAN)		REPORT	44.5	mg/l				
Total Solids		REPORT	0.033	Percentage (%)				
Loading Rate		0.138	See Attached	gpd/ft 2	Continuous			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HAVE PERSONA	iv en	TELE	PHONE	DATE		
	1	AND BASED ON MY INQUIRY OF THOS		remet / blyen	-		11/10/2017	
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMIT	TED INFORMATION IS TRUE, A	SIGNATURE OF PRINCIPAL		530-	11/10/2017	
Ken Gregory	COMPLETE, I AM AW	ARE THAT THERE ARE SIGNIFICANT PE	NALTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	58	926	
TYPED OR PRINTED		SIBILITY OF FINE AND IMPRISONMENT.		AUTHORIZED AGENT			MM/DD/YYYY	
COMMENTS AND EXPLANATION C	F VIOLATIONS (Re	eference all attachments here)						

Oct 2017 BETHEL OAKS LOADING	RATES 5,472 Max Day Flow
Zone Identification	GPD/sq 2
Zone 1	755
Zone 2	755
Zone 3	755
Zone 4	755
Zone 5	755
Zone 6	755
Zone 7	755
Zone 8	755
Zone 9	755
Zone 10	755
Zone 11	755
Zone 12	755

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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: 1710020215

Customer Name : GREENFIELD CAP DEV-BETHEL OAKS

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

Report Date : 10/27/17

Sample Date : 10/20/17 Sample Time : 1400

Sample Type : GRAB
Sample From : EFFLUENT

Collected By: JCB Delivery By : JCB

Work Order: Purchase Order:

	Quality Assurance				
Analysis				Precision	Accuracy
Date Time By	Parameter	Result Notes	Quantity Method	% RPD	% Recovery
10/20 1300 TSB	Ammonia Nitrogen	32.2 mg/L	SM 1997 4500-NH3 F	0.00	99.1 *
10/26 0800 TSB	Total Kjeldahl Nitrogen	33.7 mg/L	02/2014 HACH 10242	0.00	91.3 *
10/24 1500 TSB	Nitrate Nitrogen	11.80 mg/L	01/2013 HACH 10206	0.99	100.5 *
10/23 1400 AEU	Nitrite Nitrogen	0.094 mg/L	06/2017 HACH 10207	1.23	99.7
10/20 1400 JCB	Hq	7.3 S.U.	SM 2000 4500-H+ B	0.00	N/A
10/23 1500 TSB	Phosphorous, Total (as P)	6.8 mg/L	EPA 365.3	1.55	99.7 *
10/24 1650 AEU	Solids, Total Suspended	6.7 mg/L	SM 1997 2540 D	1.55	N/A *
10/20 1500 JCB	Coliform, Fecal	< 4 / 100ml	SM 9222 D 1997	7.41	N/A *
10/20 1400 TSB	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	18.85	98.8 *
10/23 1630 AEU	Solids, % Total by mass	0.033 %	SM 1997 2540 G	9.23	N/A
10/27 0900 JCB	Nitrogen, Plant Available	44.5 mg/L	SM 1997 4500-N		•
10/20 1400 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

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

CHAIN OF CUSTODY

Phone: 479-750-		Fax: 479-750-1172		CF	IAIN (JF CU													
Client Information				Project Information							Req	ues	ted	Par	ame	eters			
Company Name: Bethel Oaks			Permit/Project #:								2								
Address: 1849 N. Trillium Lane			Purchase	Order#:						l	1(16.					ıİ			
_		Fayetteville, AR 72	704		1							¥	19)		66				
Telephone:	<u> </u>	479-790-3813			Sampler Name(s): John Byrd					(18),	205		99.6						
Telephone:	· · · · · · · · · · · · · · · · · · ·			• •	Outspier Name(b).							SS	8	3	Ž		.		
_					and Signa	itura/s)·							5.A)	38(2) S), P.			
ESC Client Nur	mher:	. 1855			and Signature(s):							ž),TS	COLIFORM(43)	(82)		1		
·		ntification	ľ	Sample	Collection Sa			Sample Containers				ଚ	F.	0/20		spi			
		ESC Control #	Dete		T	Madelia	T		y 1 y			pH(23)	P(25),NH ₃ -N(15.A),N03(18),TKN(16.A)	CBOD(70),TSS(28),N02(19)	8	%Solids (82), PAN(99.99)			
Identificat		† · · · · · · · · · · · · · · · · · · ·	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#		<u> </u>	<u> </u>	п,	× ×		-	
	UENT	17-10020215	10/2019	1400	GRAB	Water	teflon	150 mi	none		1	X			 				
	UENT		 		GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	<2 '	1		X						
EFFLUENT					GRAB	Water	Plastic	1 qt	none/ice		1	<u> </u>		X		X			
EFFL	UENT		- Land		GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃		1				x				
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						<u> </u>	Cool all samples to 6 degrees C.												
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Relinguished By: (Signature and Printed Name) Pate Time 10 2017 1450			Received By: (Signature and Printed Name) Date Time			Custody Seals:						_	_						
Relinquiested By: (Signature and Printed Name) Date		1450 Time	Received By: (Signature and Printed Name) Date Time					10	Used [*] Turna	round	//	<u> </u>	Intac	?					
											Regu	lar	\propto	<u></u>	Spec				
Relinquished By: (Signature and Printed Name) Date Time		Time	Received for Lab By: (Signature and Printed Name) Date Time			10			les pr	operly		rved: No	\neg						
Comments:			FLOW DATA Fie			Field Test	Time	Analys	st	t Result					Units		_		
				Analyst: Time: Reading:			pH:	1400	30	3C6 7.		3	7. 55	3	_			_	
							Temp.: DO:	-	 }		-2	37	22	7	(C)		°F	_	
						Units:		Debris:		 					-				\dashv
Cool all samples to 6 degrees C.							Chlorinated	? Yes N	lo		This	Doc	ume	nt is	Page	, Lo	of <u></u>		