

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

**PERMITTEE NAME**

Bethel Oaks Property Owners Association Inc

**FACILITY NAME**

Bethel Oaks Subdivision

**PERMIT NO.**

4875-WR-3

**PERMITTEE ADDRESS**

12531 Bethel Oaks Dr  
Farmington AR 72730

**FACILITY ADDRESS**

CR 62 Farmington AR

**AFIN NO.**

72-01656

**WASTEWATER EFFLUENT MONITORING PERIOD**

MM/DD/YYYY

4/1/2018

MM/DD/YYYY

4/30/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.125188	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	4,465	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	17.9	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 2	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	7.6	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	44.2	mg/l		
Ammonia Nitrogen	REPORT	1.5	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	7.13 / 0.107	mg/l		
Plant Available Nitrogen (PAN)	REPORT	21.5	mg/l		

**NAME OF 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.

*Ken Gregory*  
**SIGNATURE OF COGNIZANT OFFICIAL**

**TELEPHONE**

(479) 530-5926

**DATE**

5/10/2018

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

* LOADING RATE BY ZONE					
Zone 1	372.08	Zone 5	372.08	Zone 9	372.08
Zone 2	372.08	Zone 6	372.08	Zone 10	372.08
Zone 3	372.08	Zone 7	372.08	Zone 11	372.08
Zone 4	372.08	Zone 8	372.08	Zone 12	372.08

# 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: 1804020212  
 Customer Name : BETHEL OAKS UTILITY, LLC  
 Customer/Permit No. : 1855 / 4875-WR-3  
 Report Date : 05/04/18

Sample Date : 04/20/18  
 Sample Time : 1611  
 Sample Type : GRAB  
 Sample From : EFFLUENT


Collected By: VLP  
 Delivery By : VLP  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

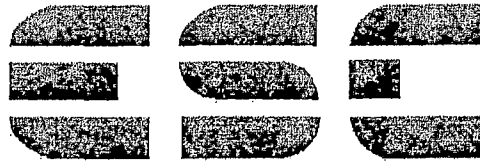
Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
04/20	1448	AEU	Ammonia Nitrogen	1.5 mg/L			SM 1997 4500-NH3 F	5.13	98.5 *
05/02	1100	VLP	Total Kjeldahl Nitrogen	44.2 mg/L			02/2014 HACH 10242	10.14	88.0 *
04/26	1130	TSB	Nitrate Nitrogen	7.13 mg/L			01/2013 HACH 10206	0.96	105.0 *
04/20	1615	AEU	Nitrite Nitrogen	0.107 mg/L			06/2017 HACH 10207	6.76	103.0
04/20	1611	VLP	pH	7.2 S.U.			SM 2000 4500-H+ B	0.00	N/A
04/23	1300	TSB	Phosphorous, Total (as P)	7.6 mg/L			EPA 365.3	2.67	110.0 *
04/26	1045	JCB	Solids, Total Suspended	17.9 mg/L			SM 1997 2540 D	10.46	N/A *
04/20	1700	CLS	Coliform, Fecal	< 2 /100ml			SM 9222 D 1997	66.67	N/A *
04/20	1400	AEU	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	114.0 *
04/25	1635	JCB	Solids, % Total by mass	0.043 %			SM 1997 2540 G	2.30	N/A
05/04	0845	TSB	Nitrogen, Plant Available	21.5 mg/L			SM 1997 4500-N		
04/20	1611	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](http://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 Utility, LLC				Permit/Project #:						pH (23)	Fecal Coliform (43)	BOD (20)	TSS (28)	T Phos (25), NH <sub>3</sub> -N (15),	TKN (16C) NO <sub>3</sub> +NO <sub>2</sub> -N (91)	PAN (99.99)
Address: 6516 Mesa Street Fayetteville, AR 72704				Purchase Order #:												
Telephone: 479-790-3813				Sampler Name(s): <i>V-L-PATE</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	1804020212	4/20/19	1611	GRAB	Water	teflon	150 ml	none	1	X						
EFFLUENT				GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1		X					
EFFLUENT				GRAB	Water	Plastic	1 qt	none/ice	1			X				
EFFLUENT				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1				X	X	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> V-L-PATE		4/20/19	1700	<i>[Signature]</i>				Were samples properly preserved:		Yes	No					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No					
<i>[Signature]</i>				<i>[Signature]</i> John Wood		4/20/19	1700	Yes		X						
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units						
				Analyst:	pH:	1619	W/P	7.2	7.2							
				Time:	Temp.:	1619	W/P	19.8	19.9	°C						
				Reading:	DO:											
				Units:	Debris:											
Cool all samples to 6 degrees C.										Chlorinated?	Yes	No	This Document is Page 1 of 4			