

**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

4/1/2019

MM/DD/YYYY

4/30/2019

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.087672	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	3,684	GPD	Max Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	32.4	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 2	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	8.12	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	33	mg/l		
Ammonia Nitrogen	REPORT	32	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	5.45	mg/l		
Plant Available Nitrogen (PAN)	REPORT	37.8	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**

5/3/2019

**COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)**  
meters out to drip fields are not reading correct flows. We have purchased new meters, and are scheduling to have them replaced. The flows shown are as per current flow meter read

**\* LOADING RATE BY ZONE**

Zone 1	307.00	Zone 5	307.00	Zone 9	307.00
Zone 2	307.00	Zone 6	307.00	Zone 10	307.00
Zone 3	307.00	Zone 7	307.00	Zone 11	307.00
Zone 4	307.00	Zone 8	307.00	Zone 12	307.00

# 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: 1904020169  
 Customer Name : BETHEL OAKS UTILITY, LLC  
 Customer/Permit No. : 1855 / 4875-WR-3  
 Report Date : 04/25/19

Sample Date : 04/19/19  
 Sample Time : 0830  
 Sample Type : GRAB  
 Sample From : EFFLUENT

Collected By: JEW  
 Delivery By : JEW  
 Work Order :  
 Purchase Order :

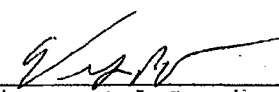
### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
04/19	1500	TSB	Ammonia as N, (HACH 10205)	32.00 mg/L			SM 2011 4500-NH3 F	0.69	98.0 *
04/24	1010	AKA	Total Kjeldahl Nitrogen	33.0 mg/L			02/2014 HACH 10242	5.19	96.4 *
04/19	0830	JEW	pH	7.2 S.U.			SM 2000 4500-H+ B	0.00	N/A
04/22	1430	AKA	Phosphorous, Total (as P)	8.120 mg/L			EPA 365.3	1.06	108.0 *
04/23	1000	TSB	Solids, Total Suspended	32.4 mg/L			SM 2011 2540 D	5.63	N/A *
04/19	1615	TSB	Fecal Coliform (MPN/100mL)	< 2.0 /100ml			06/2012 Colilert18	0.00	0.0
04/19	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	80.0
04/22	1240	TSB	Solids, % Total by mass	0.039 %			SM 1997 2540 G	10.53	N/A *
04/24	1455	AKA	Nitrate + Nitrite	5.45 mg/L			01/2013 HACH 10206	0.20	101.6
04/24	1540	AKA	Nitrogen, Plant Available	37.8 mg/L			SM 1997 4500-N		

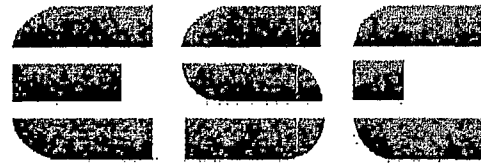
\* QA data shown is from a different sample or standard on the same date.

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

  
 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 Utility, LLC						Permit/Project #:					pH (23)	Fecal Coliform (43.IF)	CBOD (70), 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)	% Solids (82), NO <sub>2</sub> (19)
Address: 6516 Mesa Street Fayetteville, AR 72704						Purchase Order #:											
Telephone: 479-790-3813						Sampler Name(s): <i>James Witt James Wittse</i>											
Telephone:						and Signature(s):											
ESC Client Number: 1855																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
EFFLUENT	1904020169	4-19-19	0830	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	1/2 Gallon	none/ice	1			X				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>James Witt James Wittse</i>		4-19-19	1030	<i>James Witt James Wittse</i>							<input type="checkbox"/>	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	Special					
				<i>James Witt James Wittse</i>							<input type="checkbox"/>	<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	No					
				<i>James Witt James Wittse</i>			4-19-19	1030			<input type="checkbox"/>	<input type="checkbox"/>					
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	0830	<i>JKW</i>	7.2	7.2						
						Time:	Temp.:	0830	<i>JKW</i>	15.9	15.8	(°C)	°F				
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___								

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