

**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	MM/DD/YYYY
8/1/2018	8/31/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.154407	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	6,716	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	11.6	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	327	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.8	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME OF 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 COGNIZANT OFFICIAL	TELEPHONE (479) 530-5926
			DATE 9/7/2018

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

**\* LOADING RATE BY ZONE**

Zone 1	559.67	Zone 5	559.67	Zone 9	559.67
Zone 2	559.67	Zone 6	559.67	Zone 10	559.67
Zone 3	559.67	Zone 7	559.67	Zone 11	559.67
Zone 4	559.67	Zone 8	559.67	Zone 12	559.67

# 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: 1808020167  
 Customer Name : BETHEL OAKS UTILITY, LLC  
 Customer/Permit No. : 1855 / 4875-WR-3  
 Report Date : 08/23/18

Sample Date : 08/17/18  
 Sample Time : 0850  
 Sample Type : GRAB  
 Sample From : EFFLUENT

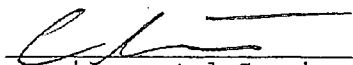
Collected By: CLS  
 Delivery By : CLS  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

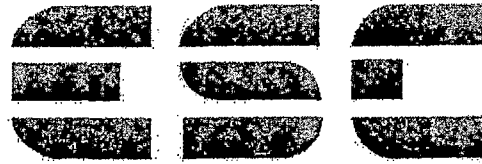
Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
08/17	1500	TSB	Nitrite Nitrogen	0.038 mg/L			06/2017 HACH 10207	0.00	108.6
08/17	0850	CLS	pH	7.2 S.U.			SM 2000 4500-H+ B	0.00	N/A
08/20	1210	TSB	Phosphorous, Total (as P)	6.8 mg/L			EPA 365.3	0.71	98.0 *
08/23	0942	TSB	Solids, Total Suspended	11.6 mg/L			SM 1997 2540 D	3.39	N/A *
08/17	1610	JCB	Fecal Coliform	327.0 /100ml			06/2012 Colilert18	11.80	0.0
08/17	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	4.46	95.5 *
08/21	1047	TSB	Solids, % Total by mass	0.030 %			SM 1997 2540 G	3.17	N/A *
08/17	0850	CLS	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

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)	BOD (3), TSS (28), % Solids (82)	T Phos (25)										
Address: 6516 Mesa Street						Purchase Order #:																	
Fayetteville, AR 72704						Sampler Name(s): <i>Chris Strange</i>																	
Telephone: 479-790-3813						and Signature(s): <i>[Signature]</i>																	
Telephone:																							
ESC Client Number: 1855																							
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
EFFLUENT	<del>1808020167</del>	8/17/18	0850	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										
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"/>									
<i>Chris Strange</i>		8/17/18	1045	<i>[Signature]</i>						Turnaround:		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>									
<i>[Signature]</i>				<i>Daniel Brock Tamera</i>				8-17-18	1045														
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units											
						Analyst:	pH:	0850	CLS	7.2	7.2												
						Time:	Temp.:	↓	↓	24.7	24.7	°C											
						Reading:	DO:																
						Units:	Debris:																
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u>1</u> of <u>1</u>													