


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

PERMITTEE NAME
Bethel Oaks Property Owners Association Inc
PERMITTEE ADDRESS
12531 Bethel Oaks Dr Farmington AR 72730

FACILITY NAME
Bethel Oaks Subdivision
FACILITY ADDRESS
CR 62 Farmington AR

PERMIT NO.
4875-WR-3
AFIN NO.
72-01656

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2020	12/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.274,933	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.009516	GD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	20.5	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	10	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Phosphorus (TP)	REPORT	7.21	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		
NAME OF PRINCIPAL EXECUTIVE OFFICER	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.				TELEPHONE
Kathy Bartlett				(479) 530-5926	
TYPED OR PRINTED				SIGNATURE OF COGNIZANT OFFICIAL	DATE
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)				1/14/2021	
See attached NCR for explanation of elevated TSS limits this month					

* LOADING RATE BY ZONE					
Zone 1	793	Zone 5	793	Zone 9	793
Zone 2	793	Zone 6	793	Zone 10	793
Zone 3	793	Zone 7	793	Zone 11	793
Zone 4	793	Zone 8	793	Zone 12	793

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: 2012020059
 Customer Name : BETHEL OAKS UTILITY, LLC
 Customer/Permit No. : 1855 / 4875-WR-3
 Report Date : 12/23/20

Sample Date : 12/17/20
 Sample Time : 1505
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: TWM
 Delivery By : TWM
 Work Order :
 Purchase Order :

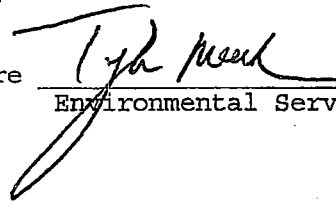
Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
12/17	1510	TWM	pH	6.8	S.U.		SM 2011 4500-H+ B	0.00	N/A *
12/18	1330	HNS	Phosphorous, Total (as P)	7.21	mg/L		EPA 365.3	1.87	106.0 *
12/18	0800	HNS	Solids, Total Suspended	20.5	mg/L		SM 2011 2540 D	0.00	N/A
12/17	1740	HNS	Fecal Coliform (MPN/100mL)	10.0	/100mL		06/2012 Colilert18	0.00	N/A *
12/18	0800	TWM	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	0.00	92.2 *

* 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

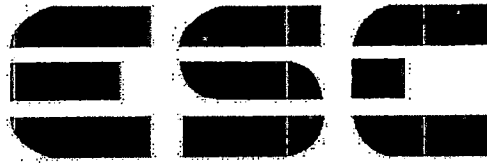


Environmental Services Co., Inc.

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Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



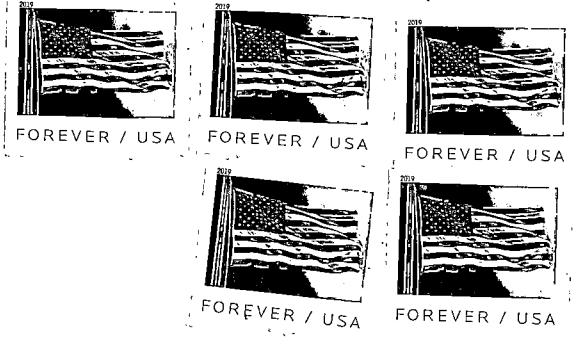
Corporate Office, Little Rock, Arkansas
 501-221-2565


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 #:						T Phos (25)	Fecal Coliform (43.1F)	CBOD (70), TSS (28)	pH (23)							
Address: 6516 Mesa Street				Purchase Order #:																
Fayetteville, AR 72704				Sampler Name(s): <i>Tyler Meek TM</i>																
Telephone: 479-790-3813				and Signature(s):																
Telephone:																				
ESC Client Number: 1855																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
EFFLUENT	2012020859	12/17/20	1505	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1	X										
EFFLUENT	↓	↓	↓	GRAB	Water	Sterile	100 ml	Na ₂ S ₂ O ₃	1		X									
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	1 qt	none/ice	1			X								
EFFLUENT	↓	↓	↓	GRAB	Water	Glass	150 ml	none	0				X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:		Used?	<input checked="" type="checkbox"/> N	Intact?	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:		Regular	<input checked="" type="checkbox"/> X	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:		Yes	<input checked="" type="checkbox"/> X	No	<input type="checkbox"/>					
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units									
				Analyst:		pH:	15:10	TMM	6.8	6.8										
				Time:		Temp.:					°C °F									
				Reading:		DO:														
				Units:		Debris:														
HAS				Cool all samples to 6 degrees C.				Chlorinated? Yes No		This Document is Page 2 of 1										



 ***NWA Utility Services Inc***
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
5301 Northshore Drive
N Little Rock, AR 72118-5317

