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

PERMITTEE NAME				FACILITY NAME				PERMIT NO.	
Bethel Oaks Property Owners Ass	ociation Inc	<u> </u>		Bethel Oaks Subdivis	sion			4875-WR-3	
PERMITTEE ADDRESS 12531 Bethel Oaks Dr				AFIN NO. 72-01656					
Farmington AR 72730			NA/A CTEVA/A	TER EFFLUENT MON	UTODING DEPI		1		
		MM/DD/ 2/1/20	MM/DD/YYYY 2/28/2019						
TREATED WASTEWATER EFFLUE	NT SAMPLING	-							
Parameter		Li	imit	Sample Measurement	Units	Monitoring		Reporting	
Flow, Monthly total		REI	PORT	0.063261	MG	Total Flow per calendar month			
Flow, daily maximum *		RE	PORT	4,350	GPD	Daily			
Carbonaceous Biochemical Oxygen Demand (CBOD5)			30 < 2 mg/l						
Total Suspended Solids (TSS)			45	9	mg/l				
Fecal Coliform Bacteria (FCB)		7,	,800	6	colonies/100ml	Grab Sample once per month			
рН		6.0	9.0	7.7	s.u.			to the 15th of the llowing Month	
Total Phosphorus (TP)		REI	PORT	6.58	mg/l				
Total Kjeldahl Nitrogen (TKN)		REI	PORT	No Report	mg/l				
Ammonia Nitrogen		REI	PORT	No Report	mg/l	Grab sample once per quarter			
Nitrate Nitrogen (NO3-N) + Nitrite Nitro	gen (NO2-N)	RE	PORT	No Report	mg/l	Glab sample ones per quarter			
Plant Available Nitrogen (PAN)		1	PORT	No Report	mg/l		<u> </u>		
NAME OF PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE							
Ken Gregory	IMMEDIATELY RES	NFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OF THOSE INDIVIDUALS.						(479) 530-5926	
		NFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF COGNIZANT OFF							
TYPED OR PRINTED	OR PRINTED PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							3/7/2019	
COMMENTS AND EXPLANATIO	N OF VIOLATIONS	(Reference all attach	nments here)						
				-					
*: 04500	DATE BY ZONE			· -					

* LOADING RATE BY ZONE										
Zone 1	362.50	Zone 5	Zone 5 362.50 Zone 9							
Zone 2	362.50	Zone 6	362.50	Zone 10	362.50					
Zone 3	362.50	Zone 7	362.50	Zone 11	362.50					
Zone 4	362.50	Zone 8	362.50	Zone 12	362.50					

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: 1902020126

Customer Name : BETHEL OAKS UTILITY, LLC

ESC Sample Collection/Travel

Customer/Permit No.: 1855 / 4875-WR-3

Report Date : 02/27/19

02/18

Sample Date : 02/15/19

Sample Time : 0910

Sample Type : GRAB BETHEL OAKS

Sample From : EFFLUENT

Collected By: JEW

Delivery By : JEW

0.00

0.0 *

Work Order : Purchase Order :

	Quality Assurance					
Analysis					Precision	Accuracy
Date Time By	<u> Parameter</u>	Result Notes	Quantity	<u>Method</u>	% RPD	% Recovery
02/15 0091 JEW	рĦ	7.7 S.U.		SM 2000 4500-H+ B	0.00	N/A *
02/18 1400 AKA	Phosphorous, Total (as P)	6.580 mg/L		EPA 365.3	1.71	106.0 *
02/18 1330 TSB	Solids, Total Suspended	9.0 mg/L		SM 2011 2540 D	0.98	N/A *
02/15 1630 AKA	Fecal Coliform (MPN/100mL	6.2 /100ml		06/2012 Colilert18	0.00	0.0
02/15 1330 AKA	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.00	82.7 *
02/25 1545 TSB	Solids, % Total by mass	0.037 %	•	SM 1997 2540 G	27.69	N/A

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		<u> </u>	JAIN C												
Client Information				Project Information						Requested				Parameters		
Company Name:	Bethel Oaks Utility	, LLC		Permit/Pro	ject #:											
Address:	6516 Mesa Street			Purchase	Order #:							(8)				
Fayetteville, AR 72704			1								lids				1	
Telephone:	479-790-3813		•	Sampler N	lame(s): /	1	1.) At-	Tours	15:48		Ē	ပို		li		
Telephone:				1	lame(s): (<i><u> </u></i>	Con Marie	77.00	W 3 (13)	1	43.	%				
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	4055	<u> </u>	· · · · · · · · · · · · · · · · · · ·	and Signa	ture(s):	· <u> </u>				┥ .	<u> </u>	SS		(25)	.	
ESC Client Number:	1855	1		<u> </u>		T				⊣ଳ	Fecal Coliform (43.IF)	BOD (3), TSS (28), % Solids (82)		S(S)		-
Sample Ider	1	ļ		Collection	T	Sample (T		T (23)	g			Phos		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative #	된	<u></u>	8		<u>F</u>		
EFFLUENT	1902020126	2-15-19	09/0	GRAB	Water	teflon	150 ml	лопе	1	X						
EFFLUENT			<u> </u>	GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃	1		X					
EFFLUENT	<u> </u>			GRAB	Water	Plastic	1 qt	none/ice	1			x				
EFFLUENT				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	÷2 1		1			Х		
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;						Cool all s	amples to	6 degrees C	:	1	+	1-1		\neg	$\neg \uparrow$	
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Relinquished By: (Signature and Printe	goves Wilke	2-15-19	00/1							Used	d?			Intact	?	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Sig	gnature and Printed	d Name)	_	Date	Time	4	naround	1:		Casal		
Relinquished By: (Signature and Printed Name) Date		Time	Received for Let By: (Signature and Printed Nerge) / Date Time				Regular Special Were samples properly preserved:				<u> </u>					
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Comments:					FLOW DA		Field Test pH:	Time 09/0	Analyst ダミン	Res		Resu			Jnits	
					Time:		Temp.:	0910	VEW	12.	3	1Z.		(C)	- 0	F
					Reading:		DO:									
	Cool all samples to 6 de	ogreen C			Units:		Debris: Chlorinated	l? Yes N	<u></u>	Thi			<u> </u>	Daza		. .
	Cool all samples to 6 de	grees C.			-		Chlorinated	r res N	U	Link	000 ز	umer	III IS I	-age	0	of