

**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
1/1/2019	1/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.070847	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	4,252	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	3.2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	6.8	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 2	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	6.3	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	63	mg/l		
Ammonia Nitrogen	REPORT	30.4	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	3.61	mg/l		
Plant Available Nitrogen (PAN)	REPORT	43.8	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.	 SIGNATURE OF COGNIZANT OFFICIAL	TELEPHONE
			(479) 530-5926
TYPED OR PRINTED			DATE
			2/8/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE					
Zone 1	354.33	Zone 5	354.33	Zone 9	354.33
Zone 2	354.33	Zone 6	354.33	Zone 10	354.33
Zone 3	354.33	Zone 7	354.33	Zone 11	354.33
Zone 4	354.33	Zone 8	354.33	Zone 12	354.33

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: 1901020190
 Customer Name : BETHEL OAKS UTILITY,LLC
 Customer/Permit No. : 1855 / 4875-WR-3
 Report Date : 01/24/19

Sample Date : 01/18/19
 Sample Time : 0835
 Sample Type : GRAB
 Sample From : EFFLUENT

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

<u>Laboratory Analysis</u>						<u>Quality Assurance</u>		
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
01/18	1400	TSB	Ammonia as N, (HACH 10205)	30.40 mg/L		SM 2011 4500-NH3 F	1.77	101.2 *
01/22	0900	TSB	Total Kjeldahl Nitrogen	63.0 mg/L		02/2014 HACH 10242	6.83	108.0 *
01/18	0836	JEW	pH	7.3 S.U.		SM 2000 4500-H+ B		
01/21	1100	TSB	Phosphorous, Total (as P)	6.300 mg/L		EPA 365.3	0.00	109.0 *
01/21	1600	AKA	Solids, Total Suspended	6.8 mg/L		SM 2011 2540 D	5.85	N/A *
01/18	1630	VLP	Fecal Coliform (MPN/100mL)	< 2.0 /100ml		06/2012 Colilert18	0.00	0.0
01/18	1400	TSB	BOD, Carbonaceous	3.2 mg/L		SM 2001 5210 B	0.68	85.0 *
01/22	852	AKA	Solids, % Total by mass	0.035 %		SM 1997 2540 G	0.00	N/A
01/22	1450	TSB	Nitrate + Nitrite	3.61 mg/L		01/2013 HACH 10206	0.00	96.0 *
01/22	1600	TSB	Nitrogen, Plant Available	43.8 mg/L		SM 1997 4500-N		
01/18	0835	JEW	Sample Collection/Travel	1 each				

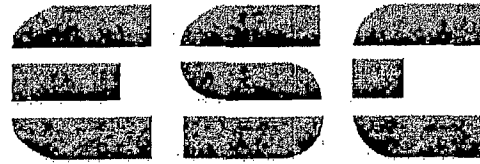
* QA data shown is from a different sample or standard on the same date.

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 (43.1F)	CBOD (70), TSS (28)	T Phos (25), NH ₃ -N (15),	TKN (16C) NO ₃ +NO ₂ -N (91)	PAN (99.99)	% Solids (82), NO ₂ (19)
Address: 6516 Mesa Street Fayetteville, AR 72704						Purchase Order #:											
Telephone: 479-790-3813						Sampler Name(s): James W. Hse James W. Hse											
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	1901020190	1-18-19	0835	GRAB	Water	teflon	150 ml	none	1	X							
EFFLUENT	1901020190			GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃	1		X						
EFFLUENT				GRAB	Water	Plastic	1/2 Gallon	none/ice	1			X				X	
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , 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?						
James W. Hse		1-18-19	1045	James W. Hse						<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						
				James W. Hse						<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						
				James W. Hse		1-18-19	1045			<input type="checkbox"/>	<input type="checkbox"/>						
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	0835	JKW	7.3	7.3						
						Time:	Temp.:	0835	JKW	13.5	13.5	°C	°F				
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.										Chlorinated? Yes No		This Document is Page ___ of ___					