

**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
7/1/2018	7/31/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.99504	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	4,966	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	9.4	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 10	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	7.4	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	35	mg/l		
Ammonia Nitrogen	REPORT	34.4	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	0.6	mg/l		
Plant Available Nitrogen (PAN)	REPORT	35.2	mg/l		

<b>NAME OF PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF COGNIZANT OFFICIAL</b>	<b>TELEPHONE</b>
Ken Gregory			(479) 530-5926
<b>TYPED OR PRINTED</b>			<b>DATE</b>
			8/5/2018

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

* LOADING RATE BY ZONE					
Zone 1	413.83	Zone 5	413.83	Zone 9	413.83
Zone 2	413.83	Zone 6	413.83	Zone 10	413.83
Zone 3	413.83	Zone 7	413.83	Zone 11	413.83
Zone 4	413.83	Zone 8	413.83	Zone 12	413.83

# 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: 1807020314

Sample Date : 07/20/18

Collected By: CLS

Customer Name : BETHEL OAKS UTILITY, LLC

Sample Time : 1325

Delivery By : CLS

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

Sample Type : GRAB BETHEL OAKS

Work Order :

Report Date : 07/27/18

Sample From : EFFLUENT

Purchase Order :

## Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
07/20	1030	TSB	Ammonia Nitrogen	34.4 mg/L			SM 1997 4500-NH3 F	0.00	98.8 *
07/24	0830	TSB	Total Kjeldahl Nitrogen	35.0 mg/L			02/2014 HACH 10242	2.94	101.6 *
07/20	1325	CLS	pH	7.3 S.U.			SM 2000 4500-H+ B	0.00	N/A *
07/25	1023	CLS	Phosphorous, Total (as P)	7.4 mg/L			EPA 365.3	3.17	108.1 *
07/26	1400	TSB	Solids, Total Suspended	9.4 mg/L			SM 1997 2540 D	4.71	N/A *
07/20	1545	VLP	Fecal Coliform	< 10.0 /100ml			06/2012 Colilert18	0.00	0.0
07/20	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	96.0 *
07/23	1534	TSB	Solids, % Total by mass	0.039 %			SM 1997 2540 G	14.29	N/A *
07/24	1350	TSB	Nitrate + Nitrite	0.6 mg/L			01/2013 HACH 10206	0.00	94.2 *
07/24	1550	TSB	Nitrogen, Plant Available	35.2 mg/L			SM 1997 4500-N		
07/20	1325	CLS	Sample Collection/Travel	1 each				0.00	0.0 *

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

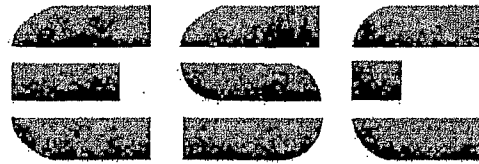
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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)	T Phos (25), NH <sub>3</sub> -N (15),	TKN (16C) NO <sub>3</sub> +NO <sub>2</sub> -N (91)	PAN (99.99)				
Address:		6516 Mesa Street Fayetteville, AR 72704				Purchase Order #:														
Telephone:		479-790-3813				Sampler Name(s):		Chris Straje												
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	1807020314	7/20/18	1325	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	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?									
		7/20/18	1430							<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special									
										<input checked="" 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									
						7/20/18	1430			<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units								
						Analyst:	pH:	1325	CS	7.3	7.3									
						Time:	Temp.:	7	7	25.4	28.2	°C								
						Reading:	DO:													
						Units:	Debris:													
Cool all samples to 6 degrees C.											Chlorinated? Yes No		This Document is Page 1 of 1							