

**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


6/1/2020

MM/DD/YYYY

6/30/2020

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.202,509	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.008945	GD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	3.5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	< 17.5	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 5.0	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	8.7	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l		
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -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.	 SIGNATURE OF COGNIZANT OFFICIAL	TELEPHONE
			(479) 530-5926
TYPED OR PRINTED			DATE
			7/15/2020

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

* LOADING RATE BY ZONE					
Zone 1	745	Zone 5	745	Zone 9	745
Zone 2	745	Zone 6	745	Zone 10	745
Zone 3	745	Zone 7	745	Zone 11	745
Zone 4	745	Zone 8	745	Zone 12	745

# 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: 2006020085  
 Customer Name : BETHEL OAKS UTILITY,LLC  
 Customer/Permit No. : 1855 / 4875-WR-3  
 Report Date : 06/25/20

Sample Date : 06/18/20  
 Sample Time : 1740  
 Sample Type : GRAB  
 Sample From : EFFLUENT

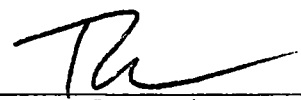
Collected By: TWM  
 Delivery By : TWM  
 Work Order :  
 Purchase Order :


<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>
06/18	0920	TWM	pH	7.2 S.U.		SM 2011 4500-H+ B	0.00	N/A
06/18	0930	TSB	Phosphorous, Total (as P)	8.70 mg/L		EPA 365.3	0.90	107.0 *
06/24	1250	TSB	Solids, Total Suspended	< 17.5 mg/L		SM 2011 2540 D	0.87	N/A *
06/18	1815	TSB	Fecal Coliform (MPN/100mL)	< 5.0 /100ml		06/2012 Colilert18	0.00	N/A *
06/19	1400	TSB	BOD, Carbonaceous	3.5 mg/L		SM 2001 5210 B	0.88	92.5 *

\* 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.

 202509  
 8945

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

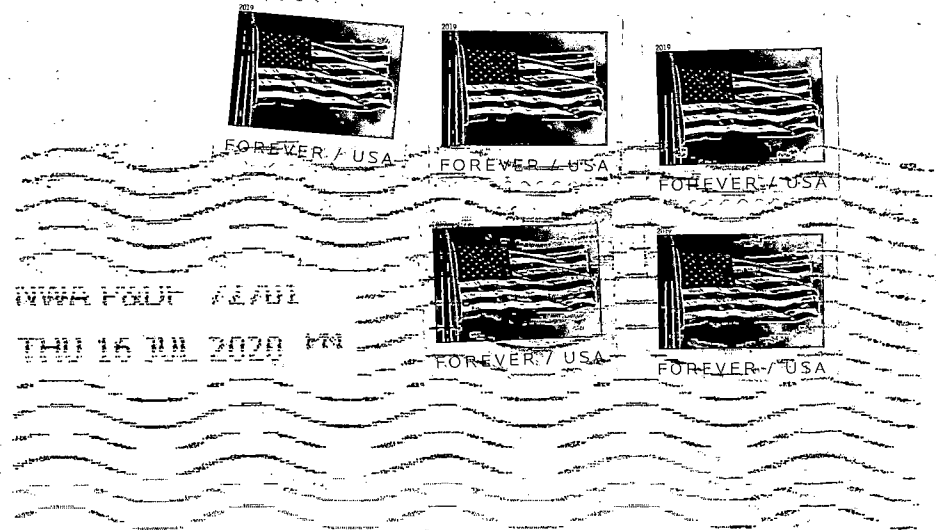



Corporate Office, Little Rock, Arkansas  
 501-221-2565  
 Carlsbad, New Mexico  
 575-887-1ESC

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), % Solids (82)	pH (23)						
Address: 6516 Mesa Street				Purchase Order #:													
Fayetteville, AR 72704				Sampler Name(s): <i>Tyler Mack TR</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	2006020085	6/18/20	1740	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1	X							
EFFLUENT		↓	↓	GRAB	Water	Sterile	100 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	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) <i>Tyler Mack TR</i>		Date 6/18/20	Time 1810	Received by Lab By: (Signature and Printed Name) <i>Monique Brodeur</i>		Date 6-18-20	Time 1810	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:	1745	TR	7.2	7.0								
				Time:	Temp.:							°C		°F			
				Reading:	DO:												
				Units:	Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			This Document is Page <u>1</u> of <u>1</u>								



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

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