

**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
5/1/2018	5/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.115064	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	4,979	GD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	9.8	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	16	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.8	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l		
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER Ken Gregory	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
			DATE 6/9/2018

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

*** LOADING RATE BY ZONE**

Zone 1	414.92	Zone 5	414.92	Zone 9	414.92
Zone 2	414.92	Zone 6	414.92	Zone 10	414.92
Zone 3	414.92	Zone 7	414.92	Zone 11	414.92
Zone 4	414.92	Zone 8	414.92	Zone 12	414.92

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: 1805020190
 Customer Name : BETHEL OAKS UTILITY, LLC
 Customer/Permit No. : 1855 / 4875-WR-3
 Report Date : 05/30/18


Sample Date : 05/18/18
 Sample Time : 1320
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: AEU
 Delivery By : AEU
 Work Order :
 Purchase Order :

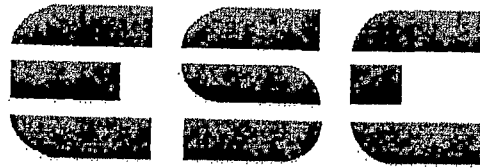
Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
05/18	1500	TSB	Nitrite Nitrogen	0.817 mg/L			06/2017 HACH 10207	0.00	92.0
05/18	1325	AEU	pH	7.2 S.U.			SM 2000 4500-H+ B	0.00	N/A
05/21	1215	TSB	Phosphorous, Total (as P)	6.8 mg/L			EPA 365.3	0.00	97.2 *
05/29	1120	JCB	Solids, Total Suspended	9.8 mg/L			SM 1997 2540 D	2.07	N/A *
05/18	1600	AEU	Coliform, Fecal	16 /100ml			SM 9222 D 1997	40.00	N/A
05/18	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	2.30	118.0 *
05/25	0830	CLS	Solids, % Total by mass	0.030 %			SM 1997 2540 G	2.73	N/A *

* 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)	BOD (3), TSS (28)	T Phos (25)							
Address: 6516 Mesa Street				Purchase Order #:																
Fayetteville, AR 72704				Sampler Name(s): Amber Underwood																
Telephone: 479-790-3813				and Signature(s): <i>[Signature]</i>																
ESC Client Number: 1855																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
EFFLUENT	18050000	5/18/18	1300	GRAB	Water	teflon	150 ml	none	1	x										
EFFLUENT	I	I	I	GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃	1		x									
EFFLUENT	I	I	I	GRAB	Water	Plastic	1 qt	none/ice	1			x								
EFFLUENT	I	I	I	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1				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? <input checked="" type="checkbox"/>		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"/>		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"/>		No <input type="checkbox"/>								
Comments:				Sample(s) Received On ICE		Analyst:		Field Test		Time		Analyst		Result		Result		Units		
				Temp: 19 °C		Time:		pH:		1305		XOX		7.2		7.2		°F		
						Reading:		Temp.:		I		V		22.0		22.4		°C		
						Units:		DO:												
								Debris:												
Cool all samples to 6 degrees C.										Chlorinated? Yes No		This Document is Page 1 of 1								