

**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

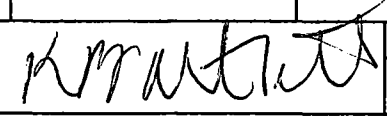
AFIN NO.
72-01656

WASTEWATER EFFLUENT MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
5/1/2020	5/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.294,991	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.014512	GD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	7.9	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	36.9	mg/l		
Fecal Coliform Bacteria (FCB)	7,800	< 5.0	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	7.25	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l		
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett	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.		TELEPHONE (479) 530-5926
			DATE 6/15/2020
TYPED OR PRINTED	SIGNATURE OF COGNIZANT OFFICIAL		

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
Elevated TSS: the tanks before the treatment unit need to have the excess sludge pumped out. Working to get a septic hauler to complete removal of the solids asap

*** LOADING RATE BY ZONE**

Zone 1	1209	Zone 5	1209	Zone 9	1209
Zone 2	1209	Zone 6	1209	Zone 10	1209
Zone 3	1209	Zone 7	1209	Zone 11	1209
Zone 4	1209	Zone 8	1209	Zone 12	1209

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: 2005020080
 Customer Name : BETHEL OAKS UTILITY, LLC
 Customer/Permit No. : 1855 / 4875-WR-3
 Report Date : 05/29/20

Sample Date : 05/21/20
 Sample Time : 1610
 Sample Type : GRAB
 Sample From : EFFLUENT

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

Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
05/22	1500	TSB	Nitrite Nitrogen	1.460 mg/L			08/1993 EPA 353.2	0.50	110.0
05/21	1615	TWM	pH	7.1 S.U.			SM 2011 4500-H+ B	0.00	N/A
05/26	1030	TSB	Phosphorous, Total (as P)	7.25 mg/L			EPA 365.3	0.90	110.0 *
05/26	1500	TSB	Solids, Total Suspended	36.9 mg/L			SM 2011 2540 D	0.00	N/A *
05/21	1730	TSB	Fecal Coliform (MPN/100mL)	< 5.0 /100mL			06/2012 Colilert18	0.00	N/A *
05/22	1300	TSB	BOD, Carbonaceous	7.9 mg/L			SM 2001 5210 B	0.00	94.3 *

* 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.

294, 991
14, 512

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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.IF)	CBOD (70), TSS (28), % Solids (82)	pH (23)								
Address: 6516 Mesa Street				Purchase Order #:																	
Fayetteville, AR 72704				Sampler Name(s): <i>Tyler Meek 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	205020080	5/21/20	16:10	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1	X											
EFFLUENT	↓	↓	↓	GRAB	Water	Sterile	100 ml	Na ₂ S ₂ O ₃	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"/>	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:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units											
				Analyst:	pH:	1615	TMM	7.1	7.1												
				Time:	Temp.:						°C	°F									
				Reading:	DO:																
				Units:	Debris:																
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___											

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

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