## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

PERMITTEE NAME		FACILITY NAME  Bethel Oaks Subdivision									
Bethel Oaks Property Owners Ass	ociation Inc	L	Deliter Carlo Gasafrie	5.011	<del></del>		4875-WR-3				
PERMITTEE ADDRESS				AFIN NO.							
12531 Bethel Oaks Dr			CR 62 Farmington A	AR			72-01656				
Farmington AR 72730			<u></u>								
		WASTEW	WASTEWATER EFFLUENT MONITORING PERIOD								
		MM/DD/YYYY	MM/DD/YYYY								
		11/1/2018	11/30/2018								
TREATED WASTEWATER EFFLUE	NT SAMPLING				4,3						
Parameter		Limit	Sample Measurement	Units	Monitoring		Reporting				
Flow, Monthly total		REPORT	0.139132	MG	Total Flow per calendar month						
Flow, daily maximum *		REPORT	7,950	GD	Daily						
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	< 2	mg/l		<u> </u>					
Total Suspended Solids (TSS)  Fecal Coliform Bacteria (FCB)		45	4.1	mg/l							
		7,800	13	colonies/100ml	Grab Sample once per month	Delen					
pH		6.0 - 9.0	7.6	s.u.		1	to the 15th of the llowing Month				
Total Phosphorus (TP)		REPORT	6.33	mg/l							
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l							
Ammonia Nitrogen		REPORT	No Report	mg/l	- Grab sample once per quarter						
Nitrate Nitrogen ( NO3-N) + Nitrite Nitro	gen ( NO2-N)	REPORT	No Report	mg/l							
Plant Available Nitrogen (PAN)			No Report	mg/l		<u> </u>	TELEPHONE				
NAME OF PRINCIPAL EXECUTIVE OFFICER		CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE NFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS									
Ken Gregory	INFORMATION SU		(479) 530-5926								
		RUE, ACCURATE, AND COMPLETE. I A	SIGNATURE OF COGNIZANT OF	FICIAL	DATE						
TYPED OR PRINTED		SUBMITTING FALSE INFORMATION, INC	Oldina Toric of Occident of	12/6/2018							
COMMENTS AND EXPLANATION		(Reference all attachments here)					<del></del>				
COMMENTS AND EXPLANATION	TO VIOLATIONO	( total all all all all all all all all all				<u>_</u>					

	* LOADING RATE BY ZONE												
	LOADING TATE BY ZONE												
Zone 1	662.50	Zone 5	662.50	662.50 Zone 9									
Zone 2	662.50	Zone 6	662.50	Zone 10	662.50								
Zone 3	662.50	Zone 7	662.50	Zone 11	662.50								
Zone 4	662.50	Zone 8	662.50	Zone 12	662.50								

## 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: 1811020129

Customer Name: BETHEL OAKS UTILITY, LLC

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

Report Date: 11/16/18

Sample Date: 11/16/18

Sample Time: 0845

Sample Type: GRAB

Work Order:

Purchase Order:

Laboratory Analysis Ouality Assurance Analysis Precision Accuracy Date Time By Parameter Result Notes Ouantity Method % RPD % Recovery 11/16 0845 JEW Hα 7.6 S.U. SM 2000 4500-H+ B 1.32 N/A11/20 0915 TSB Phosphorous, Total (as P) 6,330 mg/L EPA 365.3 0.00 115.0 \* Solids, Total Suspended 11/20 1100 TSB 4.1 mg/L SM 1997 2540 D 22.22 N/A \*11/16 1546 VLP Fecal Coliform (MPN/100mL 12.6 /100ml 06/2012 Colilert18 8.70 0.0 11/16 1400 TSB BOD, Carbonaceous < 2.0 mg/LSM 2001 5210 B 5.28 92.0 \* 11/19 1520 TSB Solids, % Total by mass 0.025 % SM 1997 2540 G 8.00 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

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170

Corporate Office, Little Rock, Arkansas 501-221-2565

> Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

Client Information				Project Information					Requested Parameters							
Company Name:				Permit/Project #:				{				(91)				
Address:	6516 Mesa Street			Purchase Order #:					1			(5)				
Fayetteville, AR 72704				Sampler Name(s): Church Willow James Wil					1.7%	10		_		S		
Telephone: 479-790-3813			Sampler N	Name(s): James Wilton James W.						1	(28)	(25), NH <sub>3</sub> -N (15)	3+1			
Telephone:			····							-		TSS (	Z	9		
		<del> </del>		and Signature(s):					ł		12	25)	5	66.		
ESC Client Number:	1855								(99.99)							
Sample Ide	<del></del>		r	Collection Sample Containe				T		₽		ВОБ	Phos	\$	PAN	
Identification	ESC Control #	· Date	Time	Туре	Matrix	Туре	Volume	Preservativ	e #	표	22	m	<u> </u>	E.	<u>D</u>	
EFFLUENT	1811020129	11-16-18	0845	GRAB	Water	teflon	150 ml	none	1_	X	<u> </u>	ļ				<del>-  </del>
EFFLUENT	1 1		1-1-	GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1	ļ	X	<u> </u>				<b>  </b> -
EFFLUENT		<b></b>	l (i	GRAB	Water	Plastic	1 qt	none/ice	1_	ļ		X		<u> </u>		
EFFLUENT				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<2	1	_			X	X	X	
										L						
				Cool all s			samples to 6 degrees C.									
										L						
						_										
_																
· (			Received By: (Signature and Printed Name) Data Time					Custody Seals: Used? Intact?								
			Received By: (Signature and Printed Name)				Date	Time		Used? Intact? Turnaround:						
									Regu		ar Special samples properly preserved:					
Relinquished By: (Signature and Printed Name) Date Time			Received for Lab By: (Signature and Printed Nagha)  Date  Time  11-16-18 1845			11me 545	vvere	e samp Yes	les pr	openy	•	rvea: No				
Comments:				FLOW DATA		Field Test	Time An	alyst	Result				Units			
				Analyst: Time:			pH: Temp.:	0845 8	لك	13.					°F	
					Reading:		DO:	0 775 4	مری در	130	<u>23</u>	<i>بېب</i>	-4-4			<del></del>
					Units:		Debris:									
	Cool all samples to 6 degrees C.						Chlorinated	? Yes No		This	Doc	ume	nt is	Pag	=	of