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

| | | MONT | THLY MONITORING R | EPORT | | | | | | |
|--|---------------|--|--|---------------------------|-------------------------------|------|------------------------------------|--|--|--|
| PERMITTEE NAME | 2.3 | | ŗ | PERMIT NO. | | | | | | |
| Bethel Oaks Property Owners Asso | | | FACILITY NAME Bethel Oaks Subdivision | | | | | | | |
| PERMITTEE ADDRESS | 3 | | FACILITY ADDRES | SS | | ľ | AFIN NO. | | | |
| 12531 Bethel Oaks Dr | | | CR 62 Farmington A | AR | | | 72-01656 | | | |
| Farmington AR 72730 | | | - | | | | | | | |
| | | IITORING PER | | ĺ | | | | | | |
| | | MM/DD/YYYY | | | MM/DD/YYYY | ĺ | | | | |
| | | 11/1/2019 | | 11/31/2019 | l | | | | | |
| TREATED WASTEWATER EFFLUEN | NT SAMPLING | | | | , | | | | | |
| Parameter | to some | Limit | Sample Measurement | Units | Monitoring | | Reporting | | | |
| Flow, Monthly total | | REPORT | 0.299424 | MG | Total Flow per calendar month | | | | | |
| Flow, daily maximum * | | REPORT | 0.010644 | GD | Daily | | | | | |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | | 30 | < 2.0 | mg/l | | | | | | |
| Total Suspended Solids (TSS) Fecal Coliform Bacteria (FCB) pH Total Phosphorus (TP) | | 45 | 10 | mg/l | | | | | | |
| | | 7,800 | < 10.0 | colonies/100ml | Grab Sample once per month | | | | | |
| | | 6.0 - 9.0 | 7.4 | s.u. |]. | | to the 15th of the Howing Month | | | |
| | | REPORT | 6.77 | mg/l | | | | | | |
| Total Kjeldahl Nitrogen (TKN) | | REPORT | mg/l | | | | | | | |
| Ammonia Nitrogen Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N) | | REPORT | mg/l | | Grab sample once per quarter | | | | | |
| | | REPORT | | mg/l | Stab sample office per quarer | | | | | |
| Plant Available Nitrogen (PAN) | | REPORT | | mg/l | | | | | | |
| NAME OF PRINCIPAL EXECUTIVE OFFICER | | | | | | | TELEPHONE | | | |
| | | N SUBMITTED HEREIN; AND BASED ON M' RESPONSIBLE FOR OBTAINING THE INFOR | hmutit | 7 0 | (479) 530-5926 | | | | | |
| | 1 | TRUE, ACCURATE, AND COMPLETE. I AM | | SIGNATURE OF COGNIZANT OF | | DATE | | | | |
| TYPED OR PRINTED | PENALTIES FOR | OF FINE AND | | | 12/16/2019 | | | | | |

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

| * LOADING RATE BY ZONE | | | | | | | | | | |
|------------------------|----------|--------|----------|---------|----------|--|--|--|--|--|
| Zone 1 | 0.000887 | Zone 5 | 0.000887 | Zone 9 | 0.000887 | | | | | |
| Zone 2 | 0.000887 | Zone 6 | 0.000887 | Zone 10 | 0.000887 | | | | | |
| Zone 3 | 0.000887 | Zone 7 | 0.000887 | Zone 11 | 0.000887 | | | | | |
| Zone 4 | 0.000887 | Zone 8 | 0.000887 | Zone 12 | 0.000887 | | | | | |

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: 1911020064

Customer Name : BETHEL OAKS UTILITY, LLC

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

Report Date : 12/02/19

Sample Date : 11/20/19

Sample Time : 1115

Sample Type : GRAB

Sample From : EFFLUENT

Collected By: TWM Delivery By: TWM

Work Order:

Purchase Order :

| | Quality Assurance | | | | | |
|----------------|----------------------------|---------------|----------|--------------------|-----------|------------|
| Analysis | _ | • | | | Precision | Accuracy |
| Date Time By | Parameter | Result Notes | Quantity | <u> </u> | % RPD | % Recovery |
| 11/21 1000 TSB | Ammonia as N, (HACH 10205) | 31.70 mg/L | | SM 2011 4500-NH3 F | 0.40 | 98.0 * |
| 11/20 1115 TWM | рН | 7.4 S.U. | | SM 2011 4500-H+ B | | |
| 11/22 1445 TSB | Phosphorous, Total (as P) | 6.77 mg/L | | EPA 365.3 | 0.58 | 108.0 |
| 11/25 1430 TSB | Solids, Total Suspended | 10.0 mg/L | | SM 2011 2540 D | 10.17 | N/A * |
| 11/20 1714 TSB | Fecal Coliform (MPN/100mL | < 10.0 /100ml | | 06/2012 Colilert18 | 0.00 | 0.0 * |
| 11/20 1600 TSB | BOD, Carbonaceous | < 2.0 mg/L | | SM 2001 5210 B | 2.76 | 96.3 * |

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.

299,424

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

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

CHAIN OF CLISTODY

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

Carlsbad, New Mexico 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

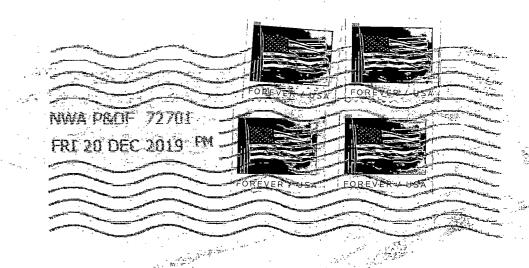
| Phone: 479-750-1170 | Fax: 479-750-1172 | | O1 | | T CU | | J. | | | | | | | | | | |
|---|--------------------------------|---|---|-------------------|----------------------------------|---------------|--------------------|---|-----------------|----------------------|--------|---------------|--------------------------------|-------------|-------------|-------------|--------|
| Client Information | | | Project Information | | | | | | | Requested Parameters | | | | | | | |
| Company Name: | lame: Bethel Oaks Utility, LLC | | | Permit/Project #: | | | | | | | | 8 | 0 | | | | |
| Address: | 6516 Mesa Street | | | Purchase | Order #: | | | | | | | | (28), %. Solids (82 | 18, | 1 1 | | |
| Fayetteville, AR 72704 | | | | 1 | | | | | | | | | ιβ | M_ | | | |
| Telephone: | 479-790-3813 | | | Sampler N | Sampler Name(s): Wer Meck (h | | | | - 1 | Ì | Ē | * | | 1 1 | | | |
| Telephone: | | | | | | | | | | | | - 1 | | | | | |
| | | | | and Signa | and Signature(s): | | | · · · · · · · · · · · · · · · · · · · | · · · · · · | -1 | | Ε | TSS | | | | |
| ESC Client Number: | 1855 | | | and Olyna | lure(s). | | | | | | ł | £ | | | (22) | 1 | |
| Sample Ide | | T | Campula | | | | | | ᅴ | (23) | ပ္ | (02) | |) SC | | | |
| | | <u> </u> | | Collection | | | , ' | Containers | | _ | 7 | Sca | СВОD | | Phos | | |
| Identification | ESC Control # | Date | Time | Туре | Matrix | Type | Volume | Preserva | itive | # | | 正 | <u> </u> | | 브 | | |
| EFFLUENT | 1911020064 | 1/2019 | 1015 | GRAB | Water | teflon | 150 ml | попе | | 1 | X | | ļ | | | | |
| EFFLUENT | 1911020064 | | | GRAB | Water | Whirlpak | 100 mi | Na ₂ S ₂ O ₃ | | 1 | | Х | | | | | _ |
| EFFLUENT | 1911020064 | | | GRAB | Water | Plastic | 1 qt | none/ice | | 1 | | | X | | | | |
| EFFLUENT | 1911020064 | 4 | | GRAB | Water | Plastic | 8 oz | H₂SO₄,pH< | 2 | 1 | | | | | Х | | |
| | | | | | | | | | | | | i | | | | | |
| | | | | | Cool all samples to 6 degrees C. | | | | | | | | | | | | |
| | | | | | | | } | | | | | | | | | \Box | \top |
| <u> </u> | | | 7 | | - | | ļ ———— | | | | 一 | | | | | 1 | \neg |
| | | | | | | | | | | 7 | | | | | | 十 | + |
| | | | | † | | | | | | 7 | _ | \neg | | | | \dashv | - |
| Relinquished By: (Signature and Print | ed Name) | Date | Time | Received By: (S | gnature and Printe | d Name) | l | Date | Time | - | Custod | iy Se | | | | | |
| Relinquished By: (Signature and Printed Name) Date Time | | Received By: (Si | coature and Prints | d Name) | | Date | Time | | Used? Turnar | OUDO | N | | Intact | <u> </u> | | | |
| (mid | | Timo | Received By: (Signature and Printed Name) | | | Dailo (illie) | | | Regula | | X | I | Speci | al T | 7 | | |
| Relinguished By: (Signature and Polated Name) Date Time 1/20/19 12:50 | | Received for Lab By: (Signature and Rtinied Name) | | me | | 7 | Were samples prope | | operly | | | - | | | | | |
| Comments: | | | MINN | FLOW D | ATA | Field Test | | Analys | | Resul | | Λ Resι | alt I | | lo Jnits | L_ | |
| | | | | | Analyst: | | pH: | 11:15 | Th | - 1 | 7.4 | | ን. (| // | | | |
| | | | | | Time: Reading: | | Temp.: DO: | 11:15 | 77- | | 17.1 | 4 | 10 | . 3 | <u>(C)</u> | | 'F |
| | | | | | Units: | | Debris: | | | \dashv | | \dashv | | | | | |
| Cool all samples to 6 degrees C. | | | | | | | Chlorinated | ? Yes N | 0 | - | This I | Doc | ume | nt is | Page | (0 | of 1 |

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G:WPb. JCIFORMSICHAIN.XLS

NWA UTILITY SERVICES, INC

PO Box 9299 Fayetteville, AR 72703



APEQ Water PIYI3100 Permits Branch 5301 Northshora Pr N.21+12 Rock, AR 72118