

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

PERMITTEE NAME
Bethel Oaks Property Owners Association Inc
PERMITTEE ADDRESS
12531 Bethel Oaks Dr Farmington AR 72730


FACILITY NAME
Bethel Oaks Subdivision
FACILITY ADDRESS
CR 62 Farmington AR

PERMIT NO.
4875-WR-3

AFIN NO.
72-01656

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
11/01/20020		11/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.232,474	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.010,080	GD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	7.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	48	mg/l		
Fecal Colliform Bacteria (FCB)	7,800	1	colonies/100ml		
pH	6.0 - 9.0	6.2	s.u.		
Total Phosphorus (TP)	REPORT	7.61	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
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	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
			12/14/2020

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 See attached NCR for explanation of elevated TSS limits this month

* LOADING RATE BY ZONE					
Zone 1	840	Zone 5	840	Zone 9	840
Zone 2	840	Zone 6	840	Zone 10	840
Zone 3	840	Zone 7	840	Zone 11	840
Zone 4	840	Zone 8	840	Zone 12	840

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: 2011020055
 Customer Name : BETHEL OAKS UTILITY, LLC
 Customer/Permit No. : 1855 / 4875-WR-3
 Report Date : 12/03/20

Sample Date : 11/24/20
 Sample Time : 1511
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: HNS
 Delivery By : HNS
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
11/24	1514	HNS	pH	6.2 S.U.			SM 2011 4500-H+ B	3.17	N/A
12/01	0900	HNS	Phosphorous, Total (as P)	7.61 mg/L			EPA 365.3	1.92	106.0
11/30	1230	HNS	Solids, Total Suspended	48.0 mg/L	(b)		SM 2011 2540 D	66.67	N/A *
11/24	1740	HNS	Fecal Coliform (MPN/100mL)	1.0 /100ml			06/2012 Colilert18	0.00	N/A *
11/25	1200	TWM	BOD, Carbonaceous	7.8 mg/L			SM 2001 5210 B	0.00	86.0 *

* QA data shown is from a different sample or standard on the same date.
 (b) Exceeds Permit Limits for Maximum Concentration

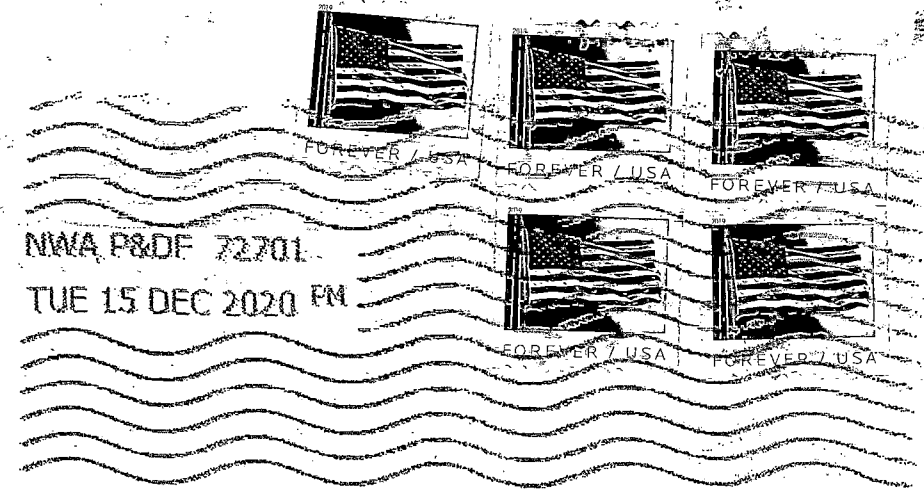
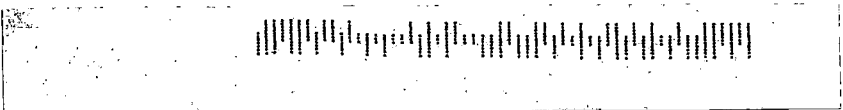
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

232474 10080 *NCR
 KMM



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

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