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

PERMITTEE NAME		· · · · · · · · · · · · · · · · · · ·		FACILITY NAME	<u> </u>		1	PERMIT NO.		
Bethel Oaks Property Owners Asso	L		Bethel Oaks Subdivision	on			4875-WR-3			
PERMITTEE ADDRESS 12531 Bethel Oaks Dr Farmington AR 72730	· // · / j			<b>AFIN NO.</b> 72-01656						
		MM/DD/Y 10/1/202	ER EFFLUENT MONI	TORING PERIO	D MM/DD/YYYY 10/31/2020					
TREATED WASTEWATER EFFLUEN			<u> </u>	1		<u>.                                    </u>				
Parameter		Limit		Sample Measurement	Units	Monitoring		Reporting		
Flow, Monthly total	REP	ORT	0.216,662	MG	Total Flow per calendar month					
Flow, daily maximum *	REP	ORT	0.010,632	GD	Daily					
Carbonaceous Biochemical Oxygen Den	3	0	< 2.0	mg/l						
Total Suspended Solids (TSS)	4	5	15	mg/l						
Fecal Coliform Bacteria (FCB)		7,800		866	colonies/100ml	Grab Sample once per month				
рН		6.0 - 9.0		7.3	s.u.			to the 15th of the llowing Month		
Total Phosphorus (TP)		REPORT		7.4	mg/l			·		
Total Kjeldahl Nitrogen (TKN)		REP	ORT	54	mg/l					
Ammonia Nitrogen		REPORT		33.3	mg/l	Grab sample once per quarter				
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)		REPORT		18	mg/l	Grab sample once per quarter				
Plant Available Nitrogen (PAN)		REPORT		57.7 mg/l						
NAME OF PRINCIPAL EXECUTIVE OFFICER	NAME OF PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE							TELEPHONE		
Kathy Bartlett		BMITTED HEREIN; AND E		KMUKIH		(479) 530-5926				
, , , , , , , , , , , , , , , , , , , ,		R OBTAINING THE INFO	•	· -	SIGNATURE OF COGNIZANT OF	FICIAL	DATE			
TYPED OR PRINTED  ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.								11/12/2020		
COMMENTS AND EXPLANATION				· · · · · · · · · · · · · · · · · · ·				,		
							-			
* LOADING F	RATE BY ZONE							······································		
Zone 1 886 Zone 5	886 Zo	ne 9 886								
Zone 2 886 Zone 6	886 Zo	ne 10 ' 886			•					

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Zone 4

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Zone 7

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Zone 11

Zone 12

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## 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: 2010020080

Customer Name : BETHEL OAKS UTILITY, LLC

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

Report Date : 10/30/20

Sample Date : 10/22/20

Sample Time : 1440

Sample Type : GRAB

Sample From : EFFLUENT

Collected By: TWM

Delivery By : TWM

Work Order : Purchase Order :

	Quality A	ssurance				
Analysis	•	<u>Laboratory Analysis</u>			Precision	Accuracy
Date Time By	Parameter	Result Notes	Ouantity	Method	~ % RPD	% Recovery
10/26 1500 HNS	Ammonia as N, (HACH 10205)	33.30 mg/L		SM 2011 4500-NH3 F	1.89	106.0 *
10/26 1300 IMB	Total Kjeldahl Nitrogen	54.0 mg/L		02/2014 HACH 10242	9.93	93.1 *
10/28 1245 TWM	pH	7.3 S.U.		SM 2011 4500-H+ B	0.00	n/a
10/22 1445 TWM 10/27 1100 HNS	Phosphorous, Total (as P)	7.40 mg/L		EPA 365.3	0.00	96.0 *
10/27 1100 HNS	Solids, Total Suspended	15.0 mg/L		SM 2011 2540 D	66.67	N/A *
10/23 0920 HNS 10/22 1710 HNS	Fecal Coliform (MPN/100mL	866.4 /100ml		06/2012 Colilert18	0.00	n/a *
,	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.00	85.5 *
10/23 0930 TWM	•	18.00 mg/L		01/2013 HACH 10206	6.28	93.0 *
10/26 0930 HNS	Nitrate + Nitrite	57.7 mg/L		SM 1997 4500-N	0.20	20.0
10/30 T030 TWM	Nitrogen, Plant Available	57.7 mg/H		מישטע זייט אייט אייט		

\* 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.

210002 10002

## 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

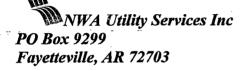
> Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

Client Information				Project Information					Requested Parameters									
Company Name:	me: Bethel Oaks Utility, LLC			Permit/Pro	Permit/Project #: Quaterly									1				
Address:				Purchase Order #:								(25), NH <sub>3</sub> -N (15.A)	9					
Fayetteville, AR 72704							1				€	(15	72-1					
				Sampler Name(s):			1 New hand				&	TSS (28)	구	s-TKN (16.C) NO3+NO2-N (91)				
Telephone: 479-790-3813					19/11					) H	SS	II.						
Telephone:					<del></del>			1			Colioform (43.IF)	ř	Z	Ž			(82)	
					and Signature(s):							(70),	25)	(C)	8			
ESC Client Number:	1855			<u> </u>	<del></del>								) S	3	66	ကြ	8	
Sample Id	lentification		Sample Collection			Sample Containers			Fecal	CBOD	욽	¥	PAN (99.99)	8	Solids			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	Fe	8	T Phos	I-S	PA	pH (23)	8	
EFFLUENT	2010626080	10/22/20	1440	GRAB	Water	Sterile	100ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>		1	Х							
EFFLUENT		1		GRAB	Water	Plastic	1/2 Gallon	none/ice		1		Х					х	
EFFLUENT				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<2		1			Х	X	X			
EFFLUENT	<del></del>	1 1		GRAB	Water	Glass	150 mi	none		0	-					х		
LITEOLIV	<del></del>		<u> </u>	GIVAD	vvalei	Giass	130 1111	lione		٦				-	_	<u> </u>		
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Relinquished By: (Signature and Printed Name) Date Time			Received By: (Signature and Printed Name)				Date	Time			ody Seals:							
Relinquished By: (Signature and Printed Name) Date Time			Received By: (Si	gnature and Printe	Name)		Date	Tir	ne .	Used	around	N		Inta	ct?			
Intelligental by, following and France Mana/				Necested by. (digitalians and trained teams)				ĺ	ļ	F		ılar	X		Spe			l
Relinquieted By Signature and Printed Name)  Date Time (a/2*/10)				Received for Lab By: (Signature and Printed Name)			e)	Date			Were	ere samples proper		operly				
Comments:				Treuch			168 Analy		Yes Result		Result		No Units					
Oviniump.				Analyst:			pH:	1448				7.7		<del>.</del> 3	3			
				Time:			Temp.:	7 7 10		:	Ľ				°C		۴	
					Reading:		DO:						<u> </u>					
					Units: Debris								Щ_		<u> </u>			
Cool all samples to 6 degrees C.							Chlorinated	? Yes N	lo		This	Doc	cume	ent is	Pag	e	of	

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C)FORMS/CHAIN.XLS



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

