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

PERMITTEE NAME				PERMIT NO.						
				4875-WR-3						
Bethel Oaks Property Owners Ass	ociation Inc									
PERMITTEE ADDRESS	3 -			AFIN NO. 72-01656						
12531 Bethel Oaks Dr			CR 62 Farmington AR							
Farmington AR 72730										
		WASTEWA	TER EFFLUENT MON	ITORING PERI	OD					
		MM/DD/YYYY			MM/DD/YYYY					
		9/1/2018	9/30/2018							
TREATED WASTEWATER EFFLUE	NT SAMPLING		2	1, 1						
Parameter		Limit	Sample Measurement	Units	Monitoring	Reporting				
Flow, Monthly total		REPORT	0.162492	мд	Total Flow per calendar month					
Flow, daily maximum *		REPORT	7,572	GD	Daily					
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	30	13.4	mg/l						
Total Suspended Solids (TSS)		45 14.3 mg/l								
Fecal Coliform Bacteria (FCB)		7,800	> 24196	colonies/100ml	Grab Sample once per month	D-1	1- 11- 4 5 H- 4 5 H			
рН		6.0 - 9.0	7	s.u.			to the 15th of the llowing Month			
Total Phosphorus (TP)		REPORT	7.72	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)		REPORT	No Report	mg/l			<u></u>			
NAME OF PRINCIPAL EXECUTIVE OFFICER		PENALTY OF LAW THAT I HAVE PERS					TELEPHONE			
Ken Gregory	INFORMATION SU	BMITTED HEREIN; AND BASED ON MEDICAL SPONSIBLE FOR OBTAINING THE INFO	MY INQUIRY OF THOSE RMATION I BELIEVE TH	E INDIVIDUALS 1 HE SUBMITTED 1	moth Home		(479) 530-5926			
		FICIAL	DATE							
	INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF COGNIZANT OFFICIAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND									
TYPED OR PRINTED	IMPRISONMENT.						10/11/2018			
		(Reference all attachments here) We	feel the higher fecal w	as from excess	post treatment sludge that ha	d time to	o repopulate			
The fecal numbers. We are look	king at recycle rate	es and possibly pumping sludge from	final settling tank back	to Primary Settl	ing tank at front of plant. We	will mon	itor conditions.			
*1 CADING	RATE BY ZONE									

* LOADING RATE BY ZONE									
Zone 1	631.00	Zone 5	631.00	Zone 9	631.00				
Zone 2	631.00	Zone 6	631.00	Zone 10	631.00				
Zone 3	631.00	Zone 7	631.00	Zone 11	631.00				
Zone 4	631.00	Zone 8	631.00	Zone 12	631.00				

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: 1809020133 Sample Date : 09/21/18 Collected By: VLP Customer Name: BETHEL OAKS UTILITY, LLC Sample Time: 1015 Delivery By: VL Customer/Permit No.: 1855 / 4875-WR-3 Sample Type: GRAB BETHEL OAKS Work Order: Report Date: 09/28/18 Sample From: EFFLUENT Purchase Order:

	Quality A	Assurance					
Analysis						Precision	Accuracy
Date Time By	Parameter	Result	Notes _	Quantity	<u>Method</u>	% RPD	% Recovery
09/21 1435 TSB	Nitrite Nitrogen	2.310 mg/L			06/2017 HACH 10207	4.38	111.0
09/21 0917 VLP	pH	7.0	S.U.		SM 2000 4500-H+ B		
09/25 1230 TSB	Phosphorous, Total (as P)	7.720	mg/L		EPA 365.3	0.59	106.0 *
09/24 1415 TSB	Solids, Total Suspended	14.3	mg/L		SM 1997 2540 D	3.70	N/A *
09/21 1630 TSB	Fecal Coliform	> 24196.0	/100ml		06/2012 Colilert18	0.00	0.0 *
09/21 1400 TSB	BOD, Carbonaceous	13.4	mg/L		SM 2001 5210 B	4.00	112.0 *
09/27 1342 TSB	Solids, % Total by mass	0.029	क		SM 1997 2540 G	0.00	N/A
09/12 1015 VT.P	Sample Collection/Travel	٦	each		İ		

 \star 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 website: www.esclabs.com

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

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Phone: 4/9-750-1170	rax: 4/9-/50-11/2		<u> </u>															
Client Information				Project Information							Requested				Parameters			
Сотралу Name:	Bethel Oaks Utility, LLC			Permit/Project #:						8								
Address:	6516 Mesa Street			Purchase Order #:						s (82)								
	Fayetteville, AR 72704			7		0.01				_	Solids							
Telephone:	479-790-3813			Sampler Name(s):		PAK				F.	8 8							
Telephone:										14	(28)							
•				and Signa	ture(s):						l o	SS ((C)				
ESC Client Number:	1855										Coliform (43.IF)	1,	(19)	(25)			ĺ	
Sample Id	entification		Sample	Collection		Sample Containers			73		(6)		Phos					
Identification			Time	Туре	Matrix	Туре	Volume	Preservative #		# 7	Fecal	BOD	NO2	I P				
EFFLUENT	1869020133	9/21/18	1015	GRAB	Water	teflon	150 ml	none		1 >		Т						
EFFLUENT)	1	GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃		1	x							
EFFLUENT		. 7		GRAB	Water	Plastic	1 qt	none/ice		1		х	Х					
EFFLUENT			1	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1		1		X				
						Cool all samples to 6		6 degrees C.										
													<u> </u>					
Relinquished By: (Signature and Printed Name) Date Time		Time	Received By: (Signature and Printed Name) Date Time				Custody Seals: Used? Into			Inta	ntact?							
Relinquished By: (Signature and Printed Name) Date Tir		Time	Received By: (Signature and Printed Name) Date Time				rnaroun	id:	1 1				 					
Reliaquished By: (Signature and Printed Name) Date, Time		Received for Lab By: (Sighature and Printed Name)			gular ere sam	ples p	operly	Spe prese			l							
Relinquished By: (Signature and Printed Name) Pate 7/3//8 / (30)			JUMENT1006 10 Men 10 129 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		[L30		Yes		1		No							
Comments:					Analyst:	AIA	Field Test pH:	Time 9 19	Analys		sult	Res	/0		Units			
					Time;		Temp.:				290	#	.0	(C)		°F		
				· · · · · · · · · · · · · · · · · · ·	Reading:		DO:				200	—		 _				
Cool all camples to 6 degrees C					Units:		Debris: Chlorinated	1? Yes N			is Do		nt is	Pag		of .		
Cool all samples to 6 degrees C.							Cilionnated	4: 1G2 1/	<u> </u>		19 110	CUITIE	iii is	· ay		<u>ب.</u>		