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

MONTHLY MONITORING REPORT FO	OR DECENTRALIZED V	VASTEWATER TREATMENT	FACILITIES V	'IA DRIP IRRIGATI	ON	
PERMITTEE NAME		NAME (IF DIFFERENT)	3	PERMIT NO.	·]	
City of Cave Springs	Plan-		4893-WR-2			
P.O. Bax 36	FAC		AFIN NO.			
Cave SociAGS AK 727/8	498 Pe	i	D7-01672	1		
MAKE ADDITIONAL COPIES OF THIS FORM FOR	WASTEWATER	EFFEUENT MONITORING PERIOD				
FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM. FROM	MM/DD/YYYY	TO 08/31/8				
				The said the said section of the said section in	Constitution of the Consti	
PARAMETER		ER EFFLUENT SAMPLING		FREQUENCY OF		
	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	****	8.7	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		5.4	MG/L	ONCE/ MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.4	S.U.	ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		16.0	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		3400	N/100 ML	ONCE/ MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	22.40	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH₃N) EFFLUENT GROSS VALUE	*****	17.5	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	40.67	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		59-6	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW	
NAME/ITILE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I	HAVE PERSONALLY EXAMINED AN	D AM WITH THE	· · · · · · · · · · · · · · · · · · ·	TELEPHONE	DATE	
INFORMATION SUBMITTED HEREIN; AND B	THE INFORMATION, I BELIEVE	THE SUBMITTED / 6			l. la	
Series Sperimenty Ormation is true, accurate, and com	PLETE. I AM AWARE THAT THERE A	RE SIGNIFICANT SIGNATURE OF	PRINCIPAL	479 295-3013	09/01/2016	
TYPED OR PRINTED PENALTIES FOR SUBMITTING FALSE INFORM IMPRISONMENT.	• •	Y OF FINE AND EXECUTIVE O	FFICER OR	AREA NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all atta	chments here)			1		
Maintenance on clarifier and "D" box	should resalu	e TSS issues.			•	

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: 1608020043

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

Customer/Permit No. : 2379 / 4893-WR-2 002

Report Date : 08/09/16

Sample Date : 08/03/16

Sample Time: 1225

Sample Type : GRAB

Sample From : EFFLUENTDIVERTER BOX

Collected By: AEU

Delivery By : AEU Work Order :

Purchase Order :

	Laboratory Analysis						Quality Assurance			
Analysis					· •	Precision	Accuracy			
Date Time By	Parameter	Result	Notes .	Quantity	Method	% RPD	<pre>% Recovery</pre>			
08/05 1000 TSB	Ammonia Nitrogen	17.5 mg/L			SM 1997 4500-NH3 F	8.70	101.0 *			
08/08 0900 TSB	Kjeldahl Nitrogen Total	22.40 mg/L			SM 1997 4500-NorgB	2.41	99.2 *			
•	Nitrate Nitrogen	40.10 mg/L			SM 2000 4500-NO3 E	0.96	103.0 *			
08/05 0945 RHB	Nitrite Nitrogen	0.570 mg/L			SM 2000 4500 NO2 B	1.09	100.4			
08/03 1230 AEU	- ,	6.4 S.U.			SM 2000 4500-H+ B	0.00	N/A *			
08/04 1020 JCB	Phosphorous, Total (as P)	8.7 mg/L			EPA 365.3	0.00	97.1 *			
08/08 0900 JCB	Solids, Total Suspended	16.0 mg/L	(b)		SM 1997 2540 D	0.00	N/A *			
08/03 1530 JCB	Coliform, Fecal	3400 /100m3		•	SM 9222 D 1997	0.00	N/A *			
08/03 1400 TSB	BOD, Carbonaceous	5.4 mg/L	-		SM 2001 5210 B	2.41	101.2 *			
08/08 1000 JCB	Solids, % Total by mass	0.046 %			SM 1997 2540 G	6.59	N/A			
08/09 1000 DCB	Nitrogen, Plant Available				SM 1997 4500-N		• •			

(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.

^{*} 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

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

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CHETODY

Phone: 479-750-1170	Fax: 479-750-1172		CI	AIN (of Cu	510	υY								
Client Information					Pr	oject In	formatior) .	· · · · · · · · · · · · · · · · · · ·		Re	ques	sted	Paran	neters
Company Name:	Cave Springs	Plant 2		Permit/Pro	oject#:					-			68		
Address:	PO BOX 5			Purchase Order #:									23(1		
	Cave Springs	72718		1		1				7		(19)	Ň,	(2)	1
Telephone:	479 248-1040			Sampler N	lame(s):	Amh	px 11x	Y00(11X	my			20	16.A	88	
FAX:				1	, ,				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	J_{2}	(43)	8	KN	%Solids(82)	
			***************************************	and Signa	ture(s): 🛎		~~~			\mathbb{Z}	Ē	SS([25]	%	
ESC Client Number:	2379	· · · · · · · · · · · · · · · · · · ·		1						7	Fecal Coliform(43)	CBOD(70),TSS(28),NO2(19)	NH3(15.A), P(25),TKN(16.A), NO3(18)	PAN(99.99),	
Sample ide	ntification		Sample	Collection			Sample	Containe	rs	7 8		000	(15.4	66)	11
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserv	ative 7	pH(23)		88	꽃	PA	
Effluent Diverter Box	1608090043	8/3/16	1225	Grab	Water	Teflon	150 ml	none		1					
	1	1 1	1	Grab	Water	whiripak	300 ml	none/ice	,		x				
				Grab	Water	Plastic	1 qt	none/ice				x		x	
		1		Grab	Water	Plastic	8 oz	H₂SO₄,pF	1 <2 1				x		TT
	es.							733		1		1			
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Relinquished By: (Signature and Printe	Shed By: (Signature and Printed Name) And Do UNDO MARKET Time Received By: (Signature and Printed Name)		<u> </u>	Date	Time		ody Se	als;							
Relinquished By: (Signature and Printed Name)		Date Date	Time	Received By: (Si	nature and Printed	Name) .		Date	Time	Use	around	N.	ļ	Intact?	Ш
telinquished By: (Signature and Printer	d Nome)	Data		D			,		<u> </u>	Regi		X	<u> </u>	Special	\Box
Relinquished By: (Signature and Printed Name) Date Time		Received for Lab By: (Signature and Printed Name) Richard Blown RichARD BROW		1) ZO IVN	Date 8-3-/6	Time /6:00	vver	e samp Yes	mplés properly preserved: s X No						
Comments:			FLOW DA		Field Test	Time	Analyst	Res		Resu	ilt	Uni	ls		
·		······································			Analyst: Time;		pH:	1230	AEU			10.		c)	°C
					Reading:		Temp.: DO:	1230	AEL	100	10	Alo	<u>ح</u> ()	°F
					Units:		Debris:		 	+-					
	Cool all samples to 6 de	grees C.				-	Chlorinated	? Yes N	io	This	Doc	ume	nt is f	Page	of \

CAVE SPRINGS WATER DEPARTMENT P.O. Box 5 CAVE SPRINGS, ARKANSAS 72718 RETURN SERVICE REQUESTED

NORTHWEST AR P&DF AR 727 LT OS SEP 2016 - PM



ADEQ Enforcement Section/Water Div. 5301 Northshore Drive North Little Rock, AR 72118

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