

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

PERMITTEE NAME City of Cave Springs
PERMITTEE ADDRESS P.O. Box 36 Cave Springs, AR, 72718

FACILITY NAME (IF DIFFERENT) Plant #2
FACILITY ADDRESS 498 Pebble Beach

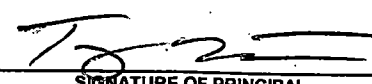
PERMIT NO. 4893-WR-2
AFIN NO. 04-01642

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM.

WASTEWATER EFFLUENT MONITORING PERIOD	
FROM MM/DD/YYYY	TO MM/DD/YYYY
08/01/2015	08/31/2015

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	*****	6.7	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	---	< 2.0	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	7.8	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	---	7.0	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	---	3200	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 NH ₃ N) EFFLUENT GROSS VALUE	*****	11.5	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	58.9	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		73.8	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		1.18	.079			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tony Merworth Water/Sewer Superintendent TYPED OR PRINTED	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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			479 295-3013	09/03/2015
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER	MM/DD/YYYY
WWTP#1 is shut down!				

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: 1508020032	Sample Date : 08/10/15	Collected By: WDS
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 0745	Delivery By : WDS
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 08/18/15	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

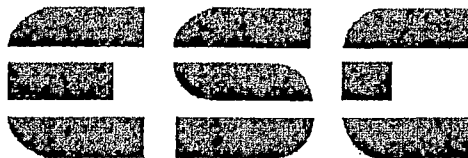
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
08/11	1015	TSB	Ammonia Nitrogen	11.5 mg/L		SM 1997 4500-NH3 F	2.50	101.9 *
08/12	0830	TSB	Kjeldahl Nitrogen Total	22.40 mg/L		SM 1997 4500-NorgB	1.71	100.9 *
08/11	1445	TSB	Nitrate Nitrogen	20.20 mg/L		SM 2000 4500-NO3 E	0.29	101.4 *
09/10	1520	TSB	Nitrite Nitrogen	38.700 mg/L		SM 2000 4500 NO2 B	0.47	96.4 *
08/10	0745	WDS	pH	7.8 S.U.		SM 2000 4500-H+ B	0.00	N/A
08/12	1000	TSB	Phosphorous, Total (as P)	6.7 mg/L		EPA 365.3	1.63	101.6 *
08/14	1630	KIK	Solids, Total Suspended	7.0 mg/L		SM 1997 2540 D	15.38	N/A
08/10	1530	WDS	Coliform, Fecal	3200 /100ml		SM 1997 9222 D	6.06	N/A *
08/12	0730	KIK	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.00	90.9
08/14	1650	KIK	Solids, % Total by mass	0.035 %		SM 1997 2540 G	2.90	N/A
08/17	1510	TSB	Nitrogen, Plant Available	73.8 mg/L		SM 1997 4500-N		

* 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 Richard Broom
 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

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

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters								
Company Name: Cave Springs Plant 2				Permit/Project #:						pH(23) Fecal Coliform(43) CBOD(70), TSS(28), NO2(19) NH3(15.A), P(25), TKN(16.A), NO3(18) PAN(99.99), %Solids(82)								
Address: PO BOX 5				Purchase Order #:														
Cave Springs 72718				Sampler Name(s): Wade Schmitt														
Telephone: 479 248-1040				and Signature(s):														
FAX:																		
ESC Client Number: 2379																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	Fecal Coliform(43)	CBOD(70), TSS(28), NO2(19)	NH3(15.A), P(25), TKN(16.A), NO3(18)	PAN(99.99), %Solids(82)				
Effluent Diverter Box	1508020032	8-10-15	7:45	Grab	Water	Teflon	150 ml	none	1	X								
				Grab	Water	whirlpak	300 ml	none/ice	1		X							
				Grab	Water	Plastic	1 qt	none/ice	1			X		X				
				Grab	Water	Plastic	8 oz	H ₂ SO ₄ , pH <2	1				X					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:								
		8-10-15	15:00							Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:								
										Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received For Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:								
								8-10-15	15:00	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>					
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
				Analyst:		pH:	7:45	WPS	7.8	7.8								
				Time:		Temp.:	7:45	WPS	26.4	26.4	°C							
				Reading:		DO:												
				Units:		Debris:												
Cool all samples to 6 degrees C.								Chlorinated? Yes No				This Document is Page ___ of ___						

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

RETURN SERVICE REQUESTED

FIRST CLASS MAIL
U.S. POSTAGE PAID
CAVE SPRINGS, AR
PERMIT NO. 1

ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118

721188EG17 R015

