

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

PERMITTEE NAME City of Cave Springs
PERMITTEE ADDRESS PO Box 36 Cave Springs, Ar 72718


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

PERMIT NO. 4893-WR-3
AFIN NO. 04-01642

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

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2017	TO 08/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	*****	7.1	MG/L	ONCE/MONTH	EFFLUENT GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	_____	2.0	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.8	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	_____	3.8	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	_____	36	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	14.30	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ -N) EFFLUENT GROSS VALUE	*****	13.8	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ -N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	39.19	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		53.1	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		2.39	.137			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Billy Tyler Water/Sewer Superintendent	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
			479 721-7244	09/06/2017
TYPED OR PRINTED			AREA CODE	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

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: 1708020035	Sample Date : 08/02/17	Collected By: JB
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1205	Delivery By : JB
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 08/09/17	Sample From : EFF DIVERTER BOX	Purchase Order :

Laboratory Analysis

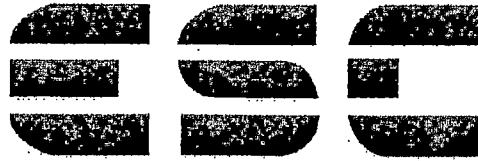
Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
08/03	0945	TSB	Ammonia Nitrogen	13.8 mg/L			SM 1997 4500-NH3 F	0.00	98.5 *
08/08	1030	TSB	Total Kjeldahl Nitrogen	14.30 mg/L			02/2014 HACH 10242	4.80	98.7 *
08/07	1500	TSB	Nitrate Nitrogen	38.86 mg/L			SM 2000 4500-NO3 E	0.60	97.4 *
08/04	1600	TSB	Nitrite Nitrogen	0.339 mg/L			SM 2000 4500 NO2 B	1.41	90.0 *
08/02	1205	JCB	pH	6.8 S.U.			SM 2000 4500-H+ B	0.00	N/A *
08/07	1300	TSB	Phosphorous, Total (as P)	7.1 mg/L			EPA 365.3	0.00	99.8 *
08/07	1515	AEU	Solids, Total Suspended	3.8 mg/L			SM 1997 2540 D	2.70	N/A *
08/02	1700	AEU	Coliform, Fecal	36 /100ml			SM 9222 D 1997	0.00	N/A
08/02	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	18.95	102.0 *
08/03	1200	AEU	Solids, % Total by mass	0.041 %			SM 1997 2540 G	0.00	N/A
08/09	1100	TSB	Nitrogen, Plant Available	53.1 mg/L			SM 1997 4500-N		
08/02	1205	JCB	Sample Collection/Travel	1 each					

* 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 Brown
 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): John Byrd																			
Telephone: 479 248-1040				and Signature(s): <i>John Byrd</i>																			
FAX:																							
ESC Client Number: 2379																							
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
Effluent Diverter Box	1708020035	8/2/17	1205	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											
				Grab	Water	Plastic	8 oz	H2SO4, pH <2	1				x										
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:													
<i>John Byrd</i> John Byrd		8/2/17	1600							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:													
				<i>Richard Brown</i> RICHARD BROWN				8-2-17	1600	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units											
						Analyst:	pH:	1205	JCB	6.7	6.8												
						Time:	Temp.:			26.1	26.1	°C	°F										
						Reading:	DO:																
						Units:	Debris:																
Cool all samples to 6 degrees C.									Chlorinated? Yes No			This Document is Page 1 of 1											

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

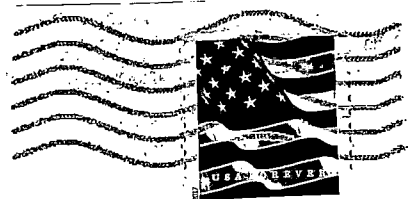
CAVE SPRINGS, ARKANSAS 72718

RETURN SERVICE REQUESTED

NORTHWEST AR P&DF

AR 727 2-T

07 SEP 2017 PM



ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118

721185317

