

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

<b>PERMITTEE NAME</b>
City of Cave Springs
<b>PERMITTEE ADDRESS</b>
PO Box 5 Cave Springs AR 72718


<b>FACILITY NAME (IF DIFFERENT)</b>
City of Cave Springs WWTS
<b>FACILITY ADDRESS</b>
The Creeks Golf Course 1499 S Main St Cave Springs AR 72718

<b>PERMIT NO.</b>
4893-WR-2

<b>AFIN NO.</b>
04-01642

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
8/1/2018	8/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Carbonaceous Biochemical Oxygen Demand (CBODs)	15	< 2	mg/l	GRAB SAMPLE ONCE A MONTH	Prior to the 15th of the following month
Total Suspended Solids (TSS)	15	5	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	20	colonies/100ml		
pH	6.0 - 9.0	6.5	s. u.		
Total Phosphorus (TP)	REPORT	7.6	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	14.2	mg/l		
Ammonia Nitrogen (NH <sub>3</sub> -N)	REPORT	13	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> - N)	REPORT	40.02	mg/l		
Nitrite Nitrogen (NO <sub>2</sub> - N)	REPORT	0.172	mg/l		
Total Solids	REPORT	0.046	Percentage (%)		
Plant Available Nitrogen (PAN)	REPORT	53.6	mg/l		
Flow Monthly Total	REPORT	2.754749	MGD		
Flow Daily Maximum	REPORT	0.111845	MGD		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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) 530-5926	8/6/2018
TYPED OR PRINTED				

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: 1808020016

Sample Date : 08/03/18

Collected By: JCB

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

Sample Time : 1100

Delivery By : JCB

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

Sample Type : GRAB

Work Order :

Report Date : 08/10/18

Sample From : EFF. DIVERTER BOX

Purchase Order :

## Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
08/03	1100	TSB	Ammonia Nitrogen	13.0 mg/L			SM 1997 4500-NH3 F	0.00	101.1 *
08/07	0800	TSB	Total Kjeldahl Nitrogen	14.2 mg/L			02/2014 HACH 10242	0.00	103.7
08/07	1015	TSB	Nitrate Nitrogen	40.02 mg/L			01/2013 HACH 10206	1.87	99.3 *
08/03	0900	TSB	Nitrite Nitrogen	0.172 mg/L			06/2017 HACH 10207	1.98	101.6 *
08/03	1100	JCB	pH	6.5 S.U.			SM 2000 4500-H+ B	0.00	N/A *
08/06	1400	TSB	Phosphorous, Total (as P)	7.6 mg/L			EPA 365.3	1.65	97.0 *
08/09	1215	JCB	Solids, Total Suspended	5.0 mg/L			SM 1997 2540 D	4.19	N/A *
08/03	1520	JCB	Fecal Coliform	20.0 /100ml			06/2012 Colilert18	0.00	0.0
08/03	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.97	102.6 *
08/03	1330	JCB	Solids, % Total by mass	0.046 %			SM 1997 2540 G	8.70	N/A *
08/07	1520	TSB	Nitrogen, Plant Available	53.6 mg/L			SM 1997 4500-N		
08/03	1100	JCB	Sample Collection/Travel	1 each					

\* QA data shown is from a different sample or standard on the same date.

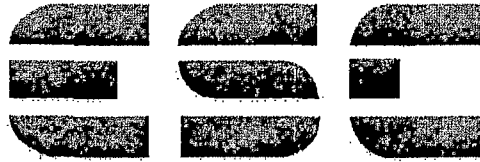
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature \_\_\_\_\_



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(43.1F)	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):		John Byrd														
FAX:																				
ESC Client Number: 2379																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Effluent Diverter Box	1808020016	8/3/18	1100	Grab	Water	Teflon	150 ml	none	1	x										
				Grab	Water	whirlpak	300 ml	none/ice	1		x									
				Grab	Water	Plastic	0.5 gal	none/ice	1			x		x						
				Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH <2	1				x							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
John Byrd		8/3/18	1130	Tamer Borzko		8/3/18	1130	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:												
								Yes <input checked="" type="checkbox"/>				No <input type="checkbox"/>								
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units								
				Analyst:		pH:		-1100	SCB	6.5	6.5	°F								
				Time:		Temp.:				27.1	27.1									
				Reading:		DO:														
				Units:		Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1										