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

PERMITTEE NAME City of Cave Springs PERMITTEE ADDRESS PO Box 5

Cave Springs AR 72718

FACILITY NAME (IF DIFFERENT)

City of Cave Springs WWTS

FACILITY ADDRESS

The Creeks Golf Course

1499 S Main St Cave Springs AR 72718

PERMIT NO. 4893-WR-2

AFIN NO. 04-01642

WASTEWATER EFFLUENT MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
2/1/2018		2/28/2018						

PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting				
Carbonaceous Biochemical Oxygen Dem	and (CBODs)	15	3.7	mg/l						
Total Suspended Solids (TSS)		15	4.4	mg/l						
Fecal Coliform Bacteria (FCB)	10,000		2,200	colonies/100ml						
pH		6.0 - 9.0 7.3		s.u.						
Total Phosphorus (TP) Total Kjeldahl Nitrogen (TKN) Ammonia Nitrogen (NH3-N) Nitrate Nitrogen (NO3 - N) Nitrite Nitrogen (NO2-N)		REPORT	PORT 6.3 mg/l							
		REPORT	17.3	mg/l		Prior to the 15th of the following month				
		REPORT	16.4	mg/l	GRAB SAMPLE ONCE A MONTH					
		REPORT	31.25	mg/l						
		REPORT	0.549	mg/i						
Total Solids	lids		0.042	Percentage (%)						
Plant Available Nitrogen (PAN) Flow Monthly Total Flow Daily Maximum		REPORT	48.5	mg/l						
		REPORT	1.935209	MGD						
		REPORT 0.28345 MGD								
(1										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ken Gregory	SUBMITTED HERI	RENALTY OF LAW THAT I HAVE PERSONAL EIN; AND BASED ON MY INQUIRY OF THOSE RMATION, I BELIEVE THE SUBMITTED INFOR	SPONSIBLE FOR	Hornest Ligary	Telephone	Date				
TYPED OR PRINTED		ERE ARE SIGNIFICANT PENALTIES FOR SUE POSSIBILITY OF FINE AND IN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(479) 530- 5926	2/13/2018					

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: 1802020073

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

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

Report Date : 02/19/18

Sample Date : 02/07/18

Sample Time : 1117 Sample Type : GRAB

Sample From : EFFLUENT DIVERTER BX

Collected By: AEU Delivery By : AEU

Work Order : Purchase Order :

		Laboratory An	alysis		i	Quality 1	Assurance
Analysis				٠		Precision	Accuracy
<u>Date Time By</u>	Parameter	Result	Notes	Quantity	Method	% RPD	% Recovery
02/08 1000 TSB	Ammonia Nitrogen	16.4	mg/L		SM 1997 4500-NH3 F	0.00	105.3 *
02/08 0800 TSB	Total Kjeldahl Nitrogen	17.3	mg/L		02/2014 HACH 10242	0.00	96.4 *
	Nitrate Nitrogen	31.25	mg/L		01/2013 HACH 10206	1.47	99.3 *
02/08 1400 TSB	Nitrite Nitrogen	0.549	mg/L		06/2017 HACH 10207	1.83	96.9 *
02/07 1117 AEU	рН	7.3	s.u.		SM 2000 4500-H+ B	1.71	N/A *
	Phosphorous, Total (as P)	6.3	mg/L		EPA 365.3	2.11	101.8 *
	Solids, Total Suspended	4.4	mg/L		SM 1997 2540 D	4.59	N/A *
02/07 1617 JCB	Coliform, Fecal	2200	/100ml		SM 9222 D 1997	0.00	N/A *
02/07 1400 TSB	BOD, Carbonaceous	3.7	mg/L		SM 2001 5210 B	0.00	108.8 *
	Solids, % Total by mass	0.042	움		SM 1997 2540 G	2.35	N/A
02/13 0845 TSB	Nitrogen, Plant Available	48.5	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

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: 479-750-1170	Fax: 479-750-1172		Ch	IAIN C	JF CU											
Client Information				Project Information						Requested Parameters					ters	
Company Name:	Cave Springs	ngs Plant 2			Permit/Project #:								8			
Address:	ddress: PO BOX 5		Purchase Order#:							03(1						
	72718				1 110			λ		(19)	Ž	32	-			
Telephone:	479 248-1040			Sampler Name(s):		1ber Underwood						(16.4	188			
FAX:				1		7 . /				5	5 8	X	Soli			
				and Signature(s):		1.			1		EL SS	(25),	%	1		
ESC Client Number:	2379				• ,	-					1) (5)	, P.	99		
Sample Ider	ntification		Sample Collection			Sample Containers			23	3 7	Fecal Collform(43) CBOD(70),TSS(28),NO2(19)	NH3(15.A), P(25),TKN(16.A), NO3(18)	PAN(99.99), %Solids(82)			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preservative		# #	֓֞֞֞֞֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֟֟֟֓֓֓֓֓֓֓֓֓֓֓֓֟֟֓֓֓֓֟֝֓֓֓֟֝֓֓֓֟֝֓֓֓֓֓֡֝	E E	NH3	PA		
Effluent Diverter Box	1802020073	2/7/18	1117	Grab	Water	Teflon	150 ml	поле		1)	7					
		7 7.0		Grab	Water	whirlpak	300 ml	none/ice		1		x				
				Grab	Water	Plastic	1 qt	none/ice		1		х		x		
	1		سلر	Grab	Water	Plastic	stic 8 oz H ₂ SO ₄ ,pH		<2	1			x			
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Reilinquished By: (Signature and Printed Name) /Daté Time		Received By: (Signature and Printed Name)				Date	Time		ed? rnarou	und:	<u></u>	Intac	<u>'' L</u>	<u> </u>		
								egular X Special								
Relinquished By: (Signature and Printed Name) Date Timo			Received for Lab By: (Signature and Printed Name)			2.7.15	1 June	Were samples properi			Topeny		rvea: No	\neg		
Comments:			FLOW DATA			Field Test	t Time Analyst		Re	Result Result		iult	Units			
				Analyst: Time:			pH: Temp.:	1118 AEC			7.3 7.2) (C). °F		, <u>E</u>
					Reading:		DO:	1-1-		<u>. 19</u>	4	-\1'C	11	۳		•
					Units:		Debris:									
Cool all samples to 6 degrees C.					•		Chlorinated	? Yes No)	Th	is D	ocum	ent is	Pane	10	of