

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 86 Cave Springs, AR, 72718


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

PERMIT NO. 4893-WR-2
AFIN NO. 04-01648

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 02/01/2016	TO 02/29/2016

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	*****	7.9	MG/L	ONCE/MONTH	EFFLUENT GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	_____	8.2	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.3	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	_____	15.5	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	_____	6000	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	52.60	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	20.0	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	35.152	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		30.5	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		1.3	.045			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tony Merworth 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
			479 295-3320	02/29/2016	
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 We cleaned the wier in our clarifier which stirred a lot of the solids. we did this the day before the lab pulled the sample. we will investigate and make sure that is the problem.

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: 1602020039

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

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

Report Date : 02/11/16

Sample Date : 02/03/16

Sample Time : 1205

Sample Type : GRAB

Sample From : EFFLUENT DIVERTER BX

Collected By: WDS

Delivery By : WDS

Work Order :

Purchase Order :

Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
02/05	1500	TSB	Ammonia Nitrogen	20.0 mg/L			SM 1997 4500-NH3 F	1.50	96.1 *
02/04	0815	TSB	Kjeldahl Nitrogen Total	52.60 mg/L			SM 1997 4500-NorgB	3.18	100.0 *
02/08	0900	TSB	Nitrate Nitrogen	34.50 mg/L			SM 2000 4500-NO3 E	0.00	100.0 *
02/05	1500	MDR	Nitrite Nitrogen	0.652 mg/L			SM 2000 4500 NO2 B	0.41	91.5
02/03	1205	WDS	pH	6.3 S.U.			SM 2000 4500-H+ B	1.55	N/A *
02/04	0915	TSB	Phosphorous, Total (as P)	7.9 mg/L			EPA 365.3	1.68	104.5 *
02/05	1500	MDR	Solids, Total Suspended	15.5 mg/L	(b)		SM 1997 2540 D	19.35	N/A
02/03	1620	RHB	Coliform, Fecal	6000 /100ml			SM 1997 9222 D	0.00	N/A *
02/03	1200	TSB	BOD, Carbonaceous	8.2 mg/L			SM 2001 5210 B	3.49	99.0 *
02/09	1035	MDR	Solids, % Total by mass	0.036 %			SM 1997 2540 G	0.00	N/A
02/08	1100	TSB	Nitrogen, Plant Available	30.5 mg/L			SM 1997 4500-N		

* QA data shown is from a different sample or standard on the same date.
 (b) Exceeds Permit Limits for Maximum Concentration

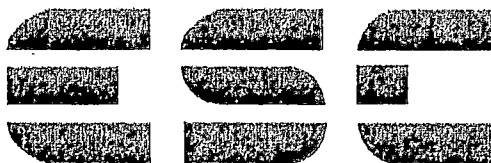
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

Signature

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			Address: PO BOX 5 Cave Springs 72718			Telephone: 479 248-1040			FAX:			ESC Client Number: 2379			Permit/Project #:				
												Purchase Order #:							
												Sampler Name(s): <i>Wade Schmit</i>							
												and Signature(s): <i>Wade Schmit</i>							
Sample Identification			Sample Collection			Sample Containers				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)					
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Effluent Diverter Box	1602020039	2-3-16	12:05	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:		Used?	Intact?								
<i>Wade Schmit</i>		2-3-16	12:25	<i>Richard Brown</i>		2-3-16	12:25	Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>		Were samples properly preserved:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:											
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>		2-3-16	12:25	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units							
						Analyst:	pH:	12:05	WAS	6.3									
						Time:	Temp.:	12:05	WAS	11.1		°C	°F						
						Reading:	DO:												
						Units:	Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___									

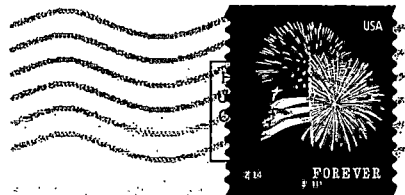
CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

RETURN SERVICE REQUESTED

NORTHWEST AR P&DF
AR 727 2 T
01 MAR 2016 PM



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

7211835317

