

**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

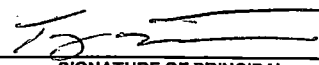
PERMIT NO. 4893-WR-2
AFIN NO. 04-01642

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

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2016	TO 01/31/2016

TREATED WASTEWATER EFFLUENT SAMPLING							
PARAMETER		PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	EFFLUENT	*****	6.3	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		_____	7.8	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE		6 to 9	6.2	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		_____	9.5	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		_____	2450	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		*****	33.60	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ -N) EFFLUENT GROSS VALUE		*****	11.3	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ -N + NO ₂ -N) EFFLUENT GROSS VALUE		*****	34.107	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE			52.1	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
			1.22	043			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Water/Sewer Superintendent Tony Mcworth	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	02/01/2016
AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
N/A

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: 1601020037	Sample Date : 01/12/16	Collected By: WDS
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1250	Delivery By : WDS
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 01/20/16	Sample From : EFF. DIVERTER BOX	Purchase Order :

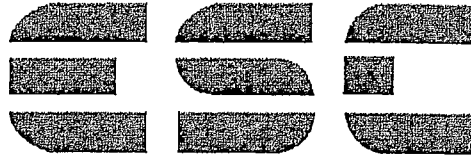
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
01/13	0900	TSB	Ammonia Nitrogen	11.3 mg/L		SM 1997 4500-NH3 F	1.14	102.3 *
01/18	1400	TSB	Kjeldahl Nitrogen Total	33.60 mg/L		SM 1997 4500-NorgB	0.99	102.1 *
01/18	1100	TSB	Nitrate Nitrogen	33.88 mg/L		SM 2000 4500-NO3 E	1.14	103.7 *
01/14	1530	TSB	Nitrite Nitrogen	0.227 mg/L		SM 2000 4500 NO2 B	0.67	100.7 *
01/12	1250	WDS	pH	6.2 S.U.		SM 2000 4500-H+ B	0.00	N/A *
01/18	0900	TTB	Phosphorous, Total (as P)	6.3 mg/L		EPA 365.3	0.00	103.2 *
01/15	1005	RHB	Solids, Total Suspended	9.5 mg/L		SM 1997 2540 D	10.91	N/A *
01/12	1450	TSB	Coliform, Fecal	2450 /100ml		SM 1997 9222 D	0.00	N/A *
01/13	1200	TSB	BOD, Carbonaceous	7.8 mg/L		SM 2001 5210 B	6.15	85.6 *
01/13	1255	MDR	Solids, % Total by mass	0.034 %		SM 1997 2540 G	5.88	N/A
01/19	1330	TSB	Nitrogen, Plant Available	52.1 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 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):		Wade Schmitt																			
Telephone:		479 248-1040		and Signature(s):		[Signature]																			
FAX:																									
ESC Client Number:		2379																							
Sample Identification		Sample Collection				Sample Containers																			
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#																
Effluent Diverter Box	1601020037	1-12-16	12:50	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:													
[Signature]		1-12-16		12:55		[Signature]		1-12-16		15:55		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:													
						Richard Brown RICHARD BROWN		1-12-16		15:55		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units													
						Analyst:	pH:	12:50	WOS	6.2															
						Time:	Temp.:	12:50	WOS	12.3		(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 PSDP

AR 727 2 L

02 FEB 2016 PM



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

72118+5317

