

Environmental Services Company, Inc.

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Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1407020020
 Customer Name : CAVE SPRINGS, CITY OF
 Customer/Permit No. : 1826 / 4893-WR-2
 Report Date : 07/09/14

Sample Date : 07/02/14
 Sample Time : 1345
 Sample Type : GRAB
 Sample From : EFFLUENT DOSE TANK

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
07/07	1400	TSB	Ammonia Nitrogen	11.2 mg/L			SM 1997 4500-NH3 F	1.46	96.0 *
07/08	0800	TSB	Kjeldahl Nitrogen Total	14.60 mg/L			SM 1997 4500-NorgB	2.39	101.2 *
07/08	0900	TSB	Nitrate Nitrogen	33.10 mg/L			SM 2000 4500-NO3 E	0.00	105.0
07/02	1600	TSB	Nitrite Nitrogen	0.535 mg/L			SM 2000 4500 NO2 B	1.17	97.0 *
07/02	1345	WDS	pH	6.4 S.U.			SM 2000 4500-H+ B	0.00	N/A *
07/03	1300	TSB	Phosphorous, Total (as P)	7.6 mg/L			EPA 365.3	1.77	97.6 *
07/03	1000	KIK	Solids, Total Suspended	32.0 mg/L	(b)		SM 1997 2540 D	5.41	N/A *
07/13	1630	KIK	Coliform, Fecal	164 /100ml			SM 1997 9222 D	0.00	N/A *
07/02	1600	KIK	BOD, Carbonaceous	10.0 mg/L			SM 2001 5210 B	0.00	94.9 *
07/08	1535	KIK	Solids, % Total	0.047 %			SM 1997 2540 G	20.00	N/A *
07/08	0800	TSB	Nitrogen, Plant Available	45.8 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 Brom

Environmental Services Co., Inc.

**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 36
Cave Springs, Ar 72718

FACILITY NAME (IF DIFFERENT)
Plant #1

FACILITY ADDRESS
1499 1/2 S. Main

PERMIT NO.
4873-WP-2

AFIN NO.
04-01642

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

WASTEWATER EFFLUENT MONITORING PERIOD

FROM MM/DD/YYYY 07-01-2014 TO MM/DD/YYYY 07-31-2014

TREATED WASTEWATER EFFLUENT SAMPLING							
PARAMETER	EFFLUENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE		*****	7.6	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		---	10.0	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE		6 to 9	6.4	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		---	32.0	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		---	164	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		*****	14.60	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE		*****	11.2	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE		*****	33.635	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE			45.8	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
			0.632	0.024			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rick Sayre
Water-Sewer Superintendent

TYPED OR PRINTED

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.

Rick A Sayre
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
479-721-7539

DATE
08-01-2014

AREA CODE
NUMBER

MM/DD/YYYY

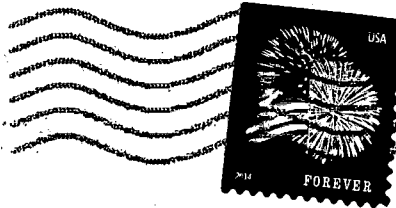
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
TSS-Limits are high this month, we found that the sludge pumps had been Trip or Turned off.

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

NORTHWEST AR P&DF
AR 727 1-T
01 AUG 2014 PM



ADEQ

Enforcement Section/Water Div.

5301 Northshore Dr.

North Little Rock, AR 72118

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