

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 #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 07/01/2016	TO 07/31/2016

TREATED WASTEWATER EFFLUENT SAMPLING							
PARAMETER		PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	EFFLUENT	*****	8.5	MGL	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		_____	11.6	MGL	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE		6 to 9	6.5	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		_____	36.0	MGL	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		_____	340	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		*****	22.40	MGL	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ -N) EFFLUENT GROSS VALUE		*****	16.7	MGL	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ -N + NO ₂ -N) EFFLUENT GROSS VALUE		*****	42.6	MGL	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE			61.0	MGL	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
			1.80	205			

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
			749 295-3013	08/01/2016
TYPED OR PRINTED			AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 Switched clarifiers prior to lab pulling sample. we are cleaning clarifiers and splitter boxes. should take care of TSS issues.

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: 1607020055	Sample Date : 07/07/16	Collected By: CLS
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1338	Delivery By : CLS
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 07/27/16	Sample From : EFFLUENT DIVERTER BX	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>
07/14	0900	TSB	Ammonia Nitrogen	16.7 mg/L		SM 1997 4500-NH3 F	0.00	98.4 *
07/20	0930	TSB	Kjeldahl Nitrogen Total	22.40 mg/L		SM 1997 4500-NorgB	1.44	99.5 *
07/12	1000	TSB	Nitrate Nitrogen	42.42 mg/L		SM 2000 4500-NO3 E	0.41	100.1 *
07/08	1330	TSB	Nitrite Nitrogen	0.180 mg/L		SM 2000 4500 NO2 B	2.05	98.3
07/07	1338	CLS	pH	6.5 S.U.		SM 2000 4500-H+ B	0.00	N/A
07/11	1400	TSB	Phosphorous, Total (as P)	8.5 mg/L		EPA 365.3	1.48	103.5 *
07/13	0800	AEU	Solids, Total Suspended	36.0 mg/L	(b)	SM 1997 2540 D	0.00	N/A *
07/07	1630	RHB	Coliform, Fecal	340 /100ml		SM 9222 D 1997	0.00	N/A *
07/08	1400	TSB	BOD, Carbonaceous	11.6 mg/L		SM 2001 5210 B	1.46	97.8 *
07/12	1120	AEU	Solids, % Total by mass	0.044 %		SM 1997 2540 G	2.30	N/A
07/21	1155	TSB	Nitrogen, Plant Available	61.0 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		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):		Chris Strange											
Telephone:		479 248-1040		and Signature(s):													
FAX:																	
ESC Client Number:		2379															
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
Effluent Diverter Box	1607020055	7-7-16	1338	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:									
		7-7-16	1330					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:									
						7-7-16	1630	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>							
Comments:		FLOW DATA				Field Test	Time	Analyst	Result	Result	Units						
						Analyst:	pH:	1338	CLP	6.51	6.51						
						Time:	Temp.:	1	1	79.0	79.0	(C) °F					
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.							Chlorinated? Yes No			This Document is Page () of ()							

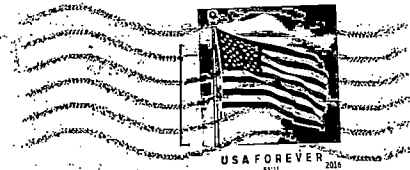
CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

RETURN SERVICE REQUESTED

NORTHWEST ARKANSAS
AR 727 2 L
02 AUG 2015 PM



ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118

7211855917

