


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

<b>PERMITTEE NAME</b>	<b>FACILITY NAME (IF DIFFERENT)</b>	<b>PERMIT NO.</b>
City of Cave Springs	City of Cave Springs WWTS	4893-WR-2
<b>PERMITTEE ADDRESS</b>	<b>FACILITY ADDRESS</b>	<b>AFIN NO.</b>
PO Box 5 Cave Springs AR 72718	The Creeks Golf Course 1499 S Main St Cave Springs AR 72718	04-01642

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
6/1/2018		6/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Carbonaceous Biochemical Oxygen Demand (CBOD <sub>5</sub> )	15	5.2	mg/l	GRAB SAMPLE ONCE A MONTH	Prior to the 15th of the following month
Total Suspended Solids (TSS)	15	10.3	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	300	colonies/100ml		
pH	6.0 - 9.0	6.9	s.u.		
Total Phosphorus (TP)	REPORT	8.9	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	13.5	mg/l		
Ammonia Nitrogen (NH <sub>3</sub> -N)	REPORT	12.9	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> - N)	REPORT	41.6	mg/l		
Nitrite Nitrogen (NO <sub>2</sub> - N)	REPORT	0.385	mg/l		
Total Solids	REPORT	0.04	Percentage (%)		
Plant Available Nitrogen (PAN)	REPORT	55.1	mg/l		
Flow Monthly Total	REPORT	2.326009	MGD		
Flow Daily Maximum	REPORT	0.091733	MGD		

<small>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</small>	<small>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.</small>		<small>Telephone</small>	<small>Date</small>
<b>Ken Gregory</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(479) 530-5926	6/30/2018
<small>TYPED OR PRINTED</small>				

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: 1806020045	Sample Date : 06/06/18	Collected By: JCB
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1215	Delivery By : JCB
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 06/12/18	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

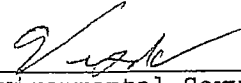
### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
06/07	0830	TSB	Ammonia Nitrogen	12.9 mg/L			SM 1997 4500-NH3 F	0.00	98.6 *
06/12	1000	TSB	Total Kjeldahl Nitrogen	13.5 mg/L			02/2014 HACH 10242	6.45	15.0
06/11	1500	TSB	Nitrate Nitrogen	41.60 mg/L			01/2013 HACH 10206	0.00	100.2 *
06/06	1400	TSB	Nitrite Nitrogen	0.385 mg/L			06/2017 HACH 10207	4.00	101.0 *
06/06	1215	JCB	pH	6.9 S.U.			SM 2000 4500-H+ B	1.74	N/A *
06/12	0800	TSB	Phosphorous, Total (as P)	8.9 mg/L			EPA 365.3	1.71	109.0 *
06/08	1500	JCB	Solids, Total Suspended	10.3 mg/L			SM 1997 2540 D	11.24	N/A *
06/06	1500	JCB	Coliform, Fecal	300 /100ml			SM 9222 D 1997	0.00	N/A *
06/06	1400	TSB	BOD, Carbonaceous	5.2 mg/L			SM 2001 5210 B	10.22	112.0 *
06/08	1200	JCB	Solids, % Total by mass	0.040 %			SM 1997 2540 G	22.95	N/A *
06/12	1600	TSB	Nitrogen, Plant Available	55.1 mg/L			SM 1997 4500-N		
06/06	1215	JCB	Sample Collection/Travel	1 each					

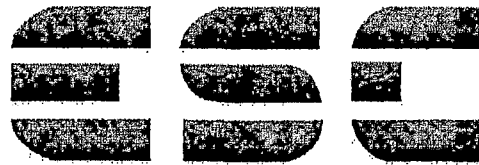
\* QA data shown is from a different sample or standard on the same date.

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

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): John Byrd														
Telephone: 479 248-1040				and Signature(s): <i>John Byrd</i>														
FAX:																		
ESC Client Number: 2379																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	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)				
Effluent Diverter Box	1806020045	6/6/18	1215	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 <sub>2</sub> SO <sub>4</sub> , pH <2	1				X					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:								
<i>John Byrd</i> John Byrd		6/6/18	1245	<i>James Brooks</i> James Brooks						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:								
				<i>James Brooks</i> James Brooks				6/6/18	1245	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units						
						Analyst:	pH:	1215	JCB	6.9	6.9							
						Time:	Temp.:			30.1	30.1	°F						
						Reading:	DO:											
						Units:	Debris:											
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1									