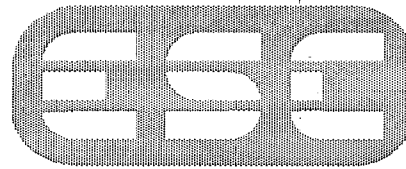


Environmental Services Company, Inc.
 Corporate Office
 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com



Environmental Services Company, Inc.
 Northwest Branch
 1107 Century
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

| Client Information | | | | | | Project Information | | | | | Requested Parameters | | | | | | |
|---|---------------|-------------------|------|---|--------|--------------------------------------|------------|--|---------|--------------------------|---|-------|---|--|--|--|--|
| Company Name: Cave Springs | | | | | | Permit/Project #: | | | | | pH Fecal Coliform CBOD,TSS NH3,P | | | | | | |
| Address: PO BOX 5 | | | | | | Purchase Order #: | | | | | | | | | | | |
| Cave Springs 72718 | | | | | | Sampler Name(s): Kyle Kricorian | | | | | | | | | | | |
| Telephone: 479 248-1040 | | | | | | and Signature(s): <i>[Signature]</i> | | | | | | | | | | | |
| FAX: | | | | | | | | | | | | | | | | | |
| ESC Client Number: 1826 | | | | | | | | | | | | | | | | | |
| Sample Identification | | Sample Collection | | | | Sample Containers | | | | | | | | | | | |
| Identification | ESC Control # | Date | Time | Type | Matrix | Type | Volume | Preservative | # | | | | | | | | |
| Effluent/Dose Tank | 120602038 | 6/8/12 | 1305 | 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 | | | | | |
| | | | | Grab | Water | Plastic | 1 qt | 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>[Signature]</i> | | 6/8/12 | 1600 | <i>[Signature]</i> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received By: (Signature and Printed Name) | | Date | Time | Turnaround: | | Regular | Special | | | | | | |
| | | | | | | | | | | <input type="checkbox"/> | <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: | | Yes | No | | | | | | |
| | | | | <i>[Signature]</i> | | 6/8/12 | 1600 | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Comments: | | | | | | FLOW DATA | Field Test | Time | Analyst | Result | Result | Units | | | | | |
| Fecal Set up in lab. | | | | | | Analyst: | pH: | 1305 | KGK | 4.63 | | | | | | | |
| | | | | | | Time: | Temp.: | | | | | °C °F | | | | | |
| | | | | | | Reading: | DO: | | | | | | | | | | |
| | | | | | | Units: | Debris: | | | | | | | | | | |
| Cool all samples to 6 degrees C. | | | | | | Chlorinated? Yes No | | | | | This Document is Page ___ of ___ | | | | | | |

Environmental Services Company, Inc.

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

Control Number: 1206020138
 Customer Name : CAVE SPRINGS, CITY OF
 Customer/Permit No. : 1826 / 4893-WR-1
 Report Date : 06/15/12

Sample Date : 06/08/12
 Sample Time : 1305
 Sample Type : GRAB
 Sample From : EFFLUENT/DOSE TANK

Collected By: KIK
 Delivery By : KIK
 Work Order :
 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> |
| 06/14 | 1100 | KIK | Ammonia Nitrogen | 8.2 mg/L | | SM 18th 4500-NH3 H | 7.41 | 92.0 |
| 06/08 | 1305 | KIK | pH | 4.0 S.U. | (b) | SM 18th 4500-H+ B | 0.00 | N/A * |
| 06/14 | 1335 | MNM | Phosphorous, Total (as P) | 6.3 mg/L | | EPA 365.3 | 1.10 | 99.2 * |
| 06/13 | 1600 | MNM | Solids, Total Suspended | 12.0 mg/L | | SM 18th 2540D | 4.88 | N/A * |
| 06/08 | 1630 | KIK | Coliform, Fecal | < 2 /100ml | | SM 18th 9222D | 0.00 | N/A * |
| 06/08 | 1600 | SJI | BOD, Carbonaceous | 2.0 mg/L | | SM 18th 5210B | 37.76 | 100.0 * |

* QA data shown is from a different sample or standard on the same date.
 (b) Under Minimum Permit Limits

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 Broom
 Environmental Services Co., Inc.

Environmental Services Co.
1107 Century
Springdale, AR 72762

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

PERMITTEE NAME
City of Cave Springs

FACILITY NAME (IF DIFFERENT)
Plant # 1

PERMIT NO.
4893-WR-1

PERMITTEE ADDRESS
PO Box 5
Cave Springs, AR 72718

FACILITY ADDRESS
1499 1/2 S. MAIN

AFIN NO.
04-01642

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

WASTEWATER EFFLUENT MONITORING PERIOD
FROM 06-01-2012 TO 06-30-2012

| TREATED WASTEWATER EFFLUENT SAMPLING | | | | | | |
|--|--------------------|--------------------|-----------|-----------|-----------------------|-------------|
| PARAMETER | PERMIT REQUIREMENT | SAMPLE MEASUREMENT | | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
| PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE | ***** | 6.3 | | MG/L | ONCE/ MONTH | GRAB |
| CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE | 15 | 2.0 | | MG/L | ONCE/ MONTH | GRAB |
| PH EFFLUENT GROSS VALUE | 6 to 9 | 4.0 | | S.U. | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE | 15 | 12.0 | | MG/L | ONCE/ MONTH | GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE | ***** | 8.2 | | MG/L | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE | 10,000 | 2 | | N/100 ML. | ONCE/ MONTH | GRAB |
| FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE | ***** | MONTHLY TOTAL | DAILY MAX | MGD | ONCE/ MONTH | TOTAL FLOW |
| | | 0.2663 | 0.092 | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rick A. Sauge
Water Superintendent

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM AWARE OF 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
Rick A. Sauge

TELEPHONE
479 721-7539
DATE
07-15-2012

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
The pH is a little low this month, we have added a product called pH UP to the sewer plant, this should bring the pH back up.

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

NORTHWEST AR PROOF

AR 72718

AR JUL 2017



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

7211885317

