

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

PERMITTEE NAME <i>City of Cave Springs</i>
PERMITTEE ADDRESS <i>P.O. Box 36 Cave Springs, AR, 72718</i>

FACILITY NAME (IF DIFFERENT) <i>Plant #2</i>
FACILITY ADDRESS <i>498 Pebble Beach</i>

PERMIT NO. <i>4893-WR-2</i>
AFIN NO. <i>04-01642</i>

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 <i>03/01/2016</i>	TO <i>03/31/2016</i>

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	<i>6.8</i>	MG/L	ONCE/MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	_____	<i>8.2</i>	MG/L	ONCE/MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	<i>6.7</i>	S.U.	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	_____	<i>7.0</i>	MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	_____	<i>2800</i>	N/100 ML	ONCE/MONTH	GRAB
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	<i>21.30</i>	MG/L	ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	<i>18.0</i>	MG/L	ONCE/MONTH	GRAB
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	<i>37.298</i>	MG/L	ONCE/MONTH	GRAB
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		<i>56.3</i>	MG/L	ONCE/MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	MGD	ONCE/MONTH	TOTAL FLOW
		<i>1.36</i>			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Tony Merworth</i>	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 <i>Tony Merworth</i>	TELEPHONE	DATE
			<i>479</i>	<i>295-3013</i>
TYPED OR PRINTED			AREA CODE	NUMBER

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: 1603020013	Sample Date : 03/02/16	Collected By: WDS
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1150	Delivery By : WDS
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 03/09/16	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

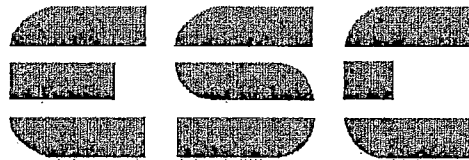
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
03/04	1500	TSB	Ammonia Nitrogen	18.0 mg/L		SM 1997 4500-NH3 F	1.17	100.1 *
03/07	1330	TSB	Kjeldahl Nitrogen Total	21.30 mg/L		SM 1997 4500-NorgB	0.00	98.6 *
03/04	1430	TSB	Nitrate Nitrogen	36.76 mg/L		SM 2000 4500-NO3 E	0.00	100.0 *
03/04	1300	TSB	Nitrite Nitrogen	0.538 mg/L		SM 2000 4500 NO2 B	1.83	99.3 *
03/02	1150	WDS	pH	6.7 S.U.		SM 2000 4500-H+ B	0.00	N/A *
03/04	1400	TSB	Phosphorous, Total (as P)	6.8 mg/L		EPA 365.3	1.80	103.8 *
03/04	1130	CLS	Solids, Total Suspended	7.0 mg/L		SM 1997 2540 D	6.90	N/A *
03/02	1645	RHB	Coliform, Fecal	2800 /100ml		SM 1997 9222 D	0.00	N/A *
03/07	1400	TSB	BOD, Carbonaceous	8.2 mg/L		SM 2001 5210 B	19.62	87.0 *
03/04	1455	CLS	Solids, % Total by mass	0.040 %		SM 1997 2540 G	12.90	N/A *
03/08	1545	TSB	Nitrogen, Plant Available	56.3 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 Cave Springs 72718			Purchase Order #:									
Telephone:		479 248-1040			Sampler Name(s):									
FAX:					and Signature(s):									
ESC Client Number: 2379					Signature: <i>Wade Schmitt</i>									
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	1603020013	3-2-16	11:50	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:					
<i>Wade Schmitt</i>		3-2-16	12:40						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>Richard Brown</i>			3-2-16	12:40	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Comments:					FLOW DATA		Field Test	Time	Analyst	Result	Result	Units		
					Analyst:		pH:	11:50	WPS	6.7				
					Time:		Temp.:	11:50	WPS	13.6	°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

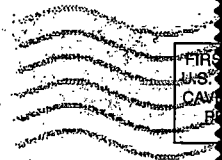
CAVE SPRINGS, ARKANSAS 72718

RETURN SERVICE REQUESTED

NORTHWEST AR P&DF

AR 727 1 L

04 APR 2015 PM



ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118

72118+5317

