

# 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: 1303020034  
 Customer Name : CAVE SPRINGS, CITY OF  
 Customer/Permit No. : 1826 / 4893-WR-2  
 Report Date : 04/03/13

Sample Date : 03/22/13  
 Sample Time : 1350  
 Sample Type : GRAB  
 Sample From : EFFLUENT/DOSE TANK

Collected By: KLK  
 Delivery By : KLK  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/27	0800	MNM	Ammonia Nitrogen	10.3 mg/L			SM 18th 4500-NH3 H	4.60	95.2 *
03/28	0830	TSB	Kjeldahl Nitrogen Total	15.70 mg/L			SM 18th 4500-NorgB	0.00	104.6
04/02	1115	MNM	Nitrate Nitrogen	61.34 mg/L			SM 18th 4500-NO3 E	2.30	97.7 *
04/02	1115	MNM	Nitrite Nitrogen	< 0.050 mg/L			SM 18th 4500 NO2 B	14.14	86.8
03/22	1350	KIK	pH	6.3 S.U.			SM 18th 4500-H+ B	0.00	N/A *
03/28	1000	TSB	Phosphorous, Total (as P)	3.7 mg/L			EPA 365.3	0.00	103.0
03/26	1030	TSB	Solids, Total Suspended	< 2.0 mg/L			SM 18th 2540D	0.00	N/A *
03/22	1650	KIK	Coliform, Fecal	26 /100ml			SM 18th 9222D	0.00	N/A *
03/22	1630	SJI	BOD, Carbonaceous	< 2.0 mg/L			SM 18th 5210B	13.33	90.0 *
04/01	1000	VLP	Solids, % Total	0.044 %			SM 18th 2540G	0.00	N/A
04/03	1010	MNM	Nitrogen, Plant Available	73.3 mg/L			SM 18th 4500-NH3E		

\* 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.

**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 34 Cave Springs AR 72718</i>

FACILITY NAME (IF DIFFERENT) <i>plant #1</i>
FACILITY ADDRESS <i>1499 1/2 S. MAIN</i>

PERMIT NO. <i>4893-WL-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 <i>03-01-2013</i>	TO <i>03-31-2013</i>

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	EFFLUENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE		*****	<i>3.7</i>	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		---	<i>2.0</i>	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE		6 to 9	<i>6.3</i>	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		---	<i>2.0</i>	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		---	<i>26</i>	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		*****	<i>15.70</i>	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> -N) EFFLUENT GROSS VALUE		*****	<i>10.3</i>	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> -N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE		*****	<i>61.39</i>	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE			<i>73.3</i>	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
			<i>10.350</i>	<i>0.0114</i>			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Rick A. Sayre Water/Sewer Superintendent</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>Rick A. Sayre</i>	TELEPHONE	DATE	
			<i>479-721-7539</i>	<i>04-09-2013</i>	
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

City of Cave Springs  
P.O. Box 36  
Cave Springs, AR 72718

NORTHWEST AR PSDF  
AR 727 1 L  
09 APR 2013 PM



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

721185317

