

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

<b>PERMITTEE NAME</b>
City of Cave Springs
<b>PERMITTEE ADDRESS</b>
PO Box 5 Cave Springs AR 72718

<b>FACILITY NAME (IF DIFFERENT)</b>
City of Cave Springs WWTS
<b>FACILITY ADDRESS</b>
The Creeks Golf Course 1499 S Main St Cave Springs AR 72718


<b>PERMIT NO.</b>
4893-WR-2

<b>AFIN NO.</b>
04-01642

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>		
MM/DD/YYYY		MM/DD/YYYY
3/1/2018		3/31/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Carbonaceous Biochemical Oxygen Demand (CBODs)	15	< 2	mg/l	GRAB SAMPLE ONCE A MONTH	Prior to the 15th of the following month
Total Suspended Solids (TSS)	15	4.2	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	46	colonies/100ml		
pH	6.0 - 9.0	6.6	s.u.		
Total Phosphorus (TP)	REPORT	5.8	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	14.3	mg/l		
Ammonia Nitrogen (NH <sub>3</sub> -N)	REPORT	12.4	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N)	REPORT	34.09	mg/l		
Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT	0.31	mg/l		
Total Solids	REPORT	0.043	Percentage (%)		
Plant Available Nitrogen (PAN)	REPORT	47.4	mg/l		
Flow Monthly Total	REPORT	2.789111	MGD		
Flow Daily Maximum	REPORT	0.272262	MGD		

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

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

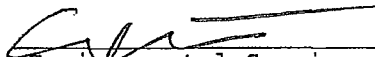
Control Number: 1803020070	Sample Date : 03/07/18	Collected By: AEU
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1101	Delivery By : AEU
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 03/15/18	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

### Laboratory Analysis

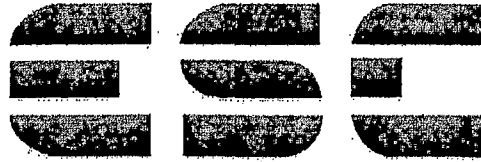
Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/08	0900	TSB	Ammonia Nitrogen	12.4 mg/L			SM 1997 4500-NH3 F	0.00	103.4 *
03/15	0830	TSB	Total Kjeldahl Nitrogen	14.3 mg/L			02/2014 HACH 10242	2.30	101.1 *
03/14	1000	AEU	Nitrate Nitrogen	34.09 mg/L			01/2013 HACH 10206	0.00	94.0 *
03/08	1050	TSB	Nitrite Nitrogen	0.310 mg/L			06/2017 HACH 10207	1.34	96.5 *
03/07	1103	AEU	pH	6.6 S.U.			SM 2000 4500-H+ B	1.74	N/A *
03/12	1430	TSB	Phosphorous, Total (as P)	5.8 mg/L			EPA 365.3	2.02	103.8 *
03/13	1608	AEU	Solids, Total Suspended	4.2 mg/L			SM 1997 2540 D	3.55	N/A *
03/07	1730	CLS	Coliform, Fecal	46 /100ml			SM 9222 D 1997	0.00	N/A *
03/07	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	2.25	90.0 *
03/13	1310	AEU	Solids, % Total by mass	0.043 %			SM 1997 2540 G	2.30	N/A
03/15	1550	TSB	Nitrogen, Plant Available	47.4 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   
 Environmental Services Co., Inc.

Environmental Services Company, Inc.  
 Northwest Arkansas  
 1107 Century Street  
 Springdale, Arkansas 72762  
 website: [www.esclabs.com](http://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): <i>Amber Underwood</i>														
Telephone: 479 248-1040				and Signature(s): <i>[Signature]</i>														
FAX:																		
ESC Client Number: 2379																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
Effluent Diverter Box	15030300570	3/7/18	1101	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:		Used?	Intact?						
<i>[Signature]</i>		3/7/18	1239	<i>[Signature]</i>							<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	Special						
				<i>[Signature]</i>							<input checked="" 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>			3/7-18	1239			<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units								
Sample(s) Received On ICE				Analyst:	pH:	1103	AEL	6.6	6.6									
Temp: 5.5°C				Time:	Temp.:	L	L	11.3	11.3	°C								
				Reading:	DO:													
				Units:	Debris:													
Cool all samples to 6 degrees C.							Chlorinated? Yes No			This Document is Page 1 of 1								