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

PERMITTEE NAME City of Caule Derings PERMITTEE ADDRESS P.U. Box 36 P.O. Box 36 P.O. Box 36	Pian-	NAME (IF DIFFERENT) HHZ ILITY ADDRESS Ble Beach Dr.		PERMIT NO. 1893-WR-2 AFIN NO. 04-01642								
MAKE ADDITIONAL COPIES OF THIS FORM FOR WASTEWATER EFFLUENT MONITORING PERIOD												
FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM. FROM	MM/DD/YYY 11/01/2016	TO 11/30/2016										
TREATED WASTEWATER EFFLUENT SAMPLING												
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE							
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	****	7,4	MG/L	ONCE/ MONTH	GRAB							
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		6.8	MG/L	ONCE/ MONTH	GRAB							
PH EFFLUENT GROSS VALUE	6 to 9	6.4	S.U.	ONCE/ MONTH	GRAB							
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		15.0	MG/L	ONCE/ MONTH	GRAB							
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		2400	N/100 ML	ONCE/ MONTH	GRAB							
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	****	22.40	MG/L	ONCE/ MONTH	GRAB							
NITROGEN, AMMONIA TOTAL (AS NH₃N) EFFLUENT GROSS VALUE	*****	17.1	MG/L	ONCE/ MONTH	GRAB							
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	46.293	MG/L	ONCE/ MONTH	GRAB							
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		65.0	MG/L	ONCE/ MONTH	GRAB							
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT INFORMATION SUBMITTED HEREIN; AND I	•	i i		TELEPHONE	DATE							
imater / Sewer intervent information is true, accurate, and con	479 295-3013	12/01/2016										
TYPED OR PRINTED PENALTIES FOR SUBMITTING FALSE INFORMITTING FALSE INF	FFICER OR D AGENT	AREA NUMBER	MM/DD/YYYY									
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)												

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

CHAIN OF CUSTODY

Company Name: Cave Springs Plant 2 Address: PO BOX 5 Cave Springs 72718 Telephone: 479 248-1040 FAX: and Signature(s): Sample Identification Sample Collection Sample Containers Identification ESC Control # Date Time Type Matrix Type Volume Preservative # H Grab Water Plastic 1qt none/lice 1 x x x x Care Springs 72718 Effluent Diverter Box Matrix Type Grab Water Plastic 1qt none/lice 1 x x x x x Care Springs 72718 FAX: Cave Springs 72718 Sample Name(s): Sample Containers Sample Containers Sample Containers Type Volume Preservative # H Grab Water Plastic 1qt none/lice 1 x x x x x x x x x x x x x x x x x x	ters	me	ara	ed f	uest	Regi	ī							AIN U			ax: 479-750-1172		
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Effluent Diverter Box	 			Z	0	<u> </u>		#	ative	Preserva		Туре	Matrix	Type		Date			
Grab Water whirlpak 300 ml none/ice 1 X X X Grab Water Plastic 1 qt none/ice 1 X X X Grab Water Plastic 8 oz H ₂ SO ₄ ,pH <2 1 X X One of Printed Name	\vdash						X	1				Teflon	Water	Grab	1155	11/2/10	10011111		
Grab Water Plastic 1 qt Intolence 1 X X Grab Water Plastic 8 oz H ₂ SO ₄ ,pH <2 1 X X Date Plastic 8 oz H ₂ SO ₄ ,pH <2 1 Date Time Custody Seals:						X	├	1-				whirlpak	Water	Grab	1				
Grab Water Plastic 8 02 11/204,pm 2			X		X			1			1 qt	Plastic	Water	Grab					
Date Time Received By: (Signature and Printed Value)	++			X	-	-	<u> </u>	1	<2	H₂SO₄,pH	8 oz	Plastic	Water	Grab	-				
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		erved: No	pres	roperi	ples p		Wer	Date Time 11-2-16 1530		ng)	Received for Lab By; (Signature and Printed Name)		Time	Time Date Time					
	its	Unit	Γ	ult	Res		Res				BROWN Field Test	Richard Brown RICHARD B		Relinquished By: (Signature and Printed Name) Date Time					
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Oblesis ted 2 Yes No. This Document is Page	of 1	je	Pag	ent is	cum	s Do	Th		No	d? Yes I			Tollino.		Cool all samples to 6 degrees C.				

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: 1611020030

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

Customer/Permit No. : 2379 / 4893-WR-2 002

11/08 1645 TTB Nitrogen, Plant Available

Report Date : 11/10/16

Sample Date : 11/02/16

Sample Time: 1155 Sample Type : GRAB

Sample From : EFFLUENT DIVERTER BX

Collected By: AU Delivery By : AU

Work Order : Purchase Order :

		z 1 Ampilyrgig		i	Quality I	Assurance
		<u> Laboratory Analysis</u>		İ	Precision	Accuracy
Analysis		Result Notes	Quantity	Method	% RPD	% Recovery
Date Time By	<u>Parameter</u>	Result Notes _	<u> </u>	SM 1997 4500-NH3 F	0.00	102.7 *
11/03 0900 TSB	Ammonia Nitrogen	— · ·		SM 1997 4500-NorgB		100.2 *
11/08 0800 TSB	Kjeldahl Nitrogen Total	22.40 mg/L		SM 2000 4500-NO3 E		99.4 *
11/03 1100 TSB	Nitrate Nitrogen	45.83 mg/L		SM 2000 4500 NO2 B		95.3 *
11/03 0830 TSB	Nitrite Nitrogen	0.463 mg/L			0.00	N/A *
11/02 1155 AEU	рн	· · · · · · · · · · · · · · · · · · ·			2.35	103.4 *
11/03 1000 TSB	Phosphorous, Total (as P)				3.48	N/A *
	Solids, Total Suspended				17.39	N/A *
	Coliform, Fecal				7.82	95.3 *
11/02 1030 TSB	BOD, Carbonaceous				5.26	N/A *
11/04 1400 JCB	Solids, % Total by mass				I	
11/02 1155 AEU 11/03 1000 TSB 11/08 0830 JCB 11/02 1630 JCB 11/02 1030 TSB 11/04 1400 JCB	pH Phosphorous, Total (as P) Solids, Total Suspended Coliform, Fecal	0.463 mg/L 6.4 S.U. 7.4 mg/L 15.0 mg/L 2400 /100ml 6.8 mg/L 0.049 %		SM 2000 4500-H+ B EPA 365.3 SM 1997 2540 D SM 9222 D 1997 SM 2001 5210 B SM 1997 2540 G SM 1997 4500-N	0.00 2.35 3.48 17.39 7.82	103.4 * N/A * N/A * 95.3 *

65.0 mg/L

* 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.

CAVE SPRINGS WATER DEPARTMENT P.O. Box 5 Cave Springs, Arkansas 72718 RETURN SERVICE REQUESTED

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