

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

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

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

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

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 11/01/2015	TO 11/30/2015

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	7.1	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	_____	4.8	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.3	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	_____	6.0	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	_____	2	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	15.70	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> N) EFFLUENT GROSS VALUE	*****	12.2	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE	*****	50.396	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		63.6	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		1.54	.16			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tony Merworth Water/sewer	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]*  
**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**

TELEPHONE		DATE
479	295-3013	12/01/2015
AREA CODE	NUMBER	MM/DD/YYYY

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: 1511020027	Sample Date : 11/06/15	Collected By: WDS
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 0950	Delivery By : WDS
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 11/13/15	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

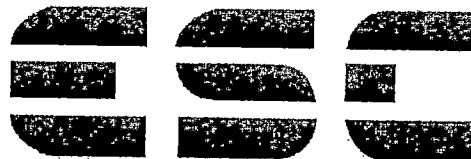
Laboratory Analysis						Quality Assurance				
Analysis	Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
	11/09	1030	TSB	Ammonia Nitrogen	12.2 mg/L			SM 1997 4500-NH3 F	1.16	104.8 *
	11/12	0830	TSB	Kjeldahl Nitrogen Total	15.70 mg/L			SM 1997 4500-NorgB	3.12	98.8
	11/10	0945	TSB	Nitrate Nitrogen	49.80 mg/L			SM 2000 4500-NO3 E	0.82	103.3 *
	11/07	0900	TSB	Nitrite Nitrogen	0.596 mg/L			SM 2000 4500 NO2 B	3.28	95.0 *
	11/06	0950	WDS	pH	6.3 S.U.			SM 2000 4500-H+ B	0.00	N/A *
	11/10	1300	TSB	Phosphorous, Total (as P)	7.1 mg/L			EPA 365.3	1.94	104.4 *
	11/09	1530	TSB	Solids, Total Suspended	6.0 mg/L			SM 1997 2540 D	33.33	N/A
	11/06	1110	WDS	Coliform, Fecal	< 2 /100ml			SM 1997 9222 D	0.00	N/A *
	11/06	1200	RHB	BOD, Carbonaceous	4.8 mg/L			SM 2001 5210 B	1.29	91.8 *
	11/09	1300	TSB	Solids, % Total by mass	0.030 %			SM 1997 2540 G	6.06	N/A *
	11/13	1025	TSB	Nitrogen, Plant Available	63.6 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				Purchase Order #:														
Cave Springs 72718				Sampler Name(s): Wade Smith														
Telephone: 479 248-1040				and Signature(s): [Signature]														
FAX:																		
ESC Client Number: 2379																		
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	1511020027	11-6-15	9:50	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 <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:								
[Signature]		11-6-15	10:35	[Signature]						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:								
				[Signature]				11-6-15	10:35	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units						
				Analyst:		pH:		9:50	WDS	6.3								
				Time:		Temp.:		9:50	WDS	19.4		°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**

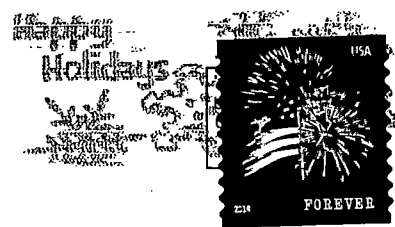
P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

**RETURN SERVICE REQUESTED**

NW ARKANSAS AR 727

01 DEC 2015 PM 2 T



ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118