

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

**PERMITTEE NAME**  
*City of Cave Springs*

**PERMITTEE ADDRESS**  
*P.O. Box 36  
 Cave Springs, AR 72718*

**FACILITY NAME (IF DIFFERENT)**  
*Plant #1*

**FACILITY ADDRESS**  
*1494 1/2 S. MAIN*

**PERMIT NO.**  
*4893-WR-2*

**AFIN NO.**  
*04-01642*

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM.

**WASTEWATER EFFLUENT MONITORING PERIOD**

FROM *11-01-2012* TO *11-30-2012*

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	<i>6.3</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>7.7</i>	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	_____	<i>8.0</i>	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	_____	<i>2500</i>	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	<i>6.16</i>	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> N) EFFLUENT GROSS VALUE	*****	<i>5.6</i>	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE	*****	<i>34.667</i>	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		<i>40.4</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>0.3249</i>	<i>0.013</i>			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Rock Sayre  
 Water/Sewer Superintendent*

TYPED OR PRINTED

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.

*Paul A Sayre*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
*479 721-7539*

DATE  
*12-03-2012*

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: 1211020001

Customer Name : CAVE SPRINGS, CITY OF

Customer/Permit No. : 1826 / 4893-WR-2

Report Date : 11/09/12

Sample Date : 11/01/12

Sample Time : 1400

Sample Type : GRAB

Sample From : EFFLUENT/DOSE TANK

Collected By: KIK

Delivery By : KIK

Work Order :


Purchase Order :

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
11/06	1315	MNM	Ammonia Nitrogen	5.6 mg/L			SM 18th 4500-NH3 H	1.20	99.1 *
11/08	0800	KIK	Kjeldahl Nitrogen Total	6.16 mg/L			SM 18th 4500-NorgB	10.07	90.4 *
11/01	0845	MNM	Nitrate Nitrogen	34.61 mg/L			SM 18th 4500-NO3 E	1.83	98.2 *
11/01	1000	MNM	Nitrite Nitrogen	0.057 mg/L			SM 18th 4500 NO2 B	0.00	100.6
11/01	1400	KIK	pH	7.7 S.U.			SM 18th 4500-H+ B	0.00	N/A
11/05	0815	MNM	Phosphorous, Total (as P)	6.3 mg/L			EPA 365.3	2.53	98.4 *
11/05	1230	SJI	Solids, Total Suspended	8.0 mg/L			SM 18th 2540D	0.00	N/A *
11/01	1625	KIK	Coliform, Fecal	2500 /100ml			SM 18th 9222D	0.00	N/A *
11/02	1300	SJI	BOD, Carbonaceous	< 2.0 mg/L			SM 18th 5210B	14.83	106.5 *
11/07	0830	KIK	Solids, % Total	0.055 %			SM 18th 2540G	14.55	N/A
11/08	1630	RHB	Nitrogen, Plant Available	40.4 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



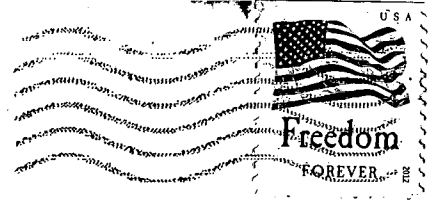
Environmental Services Co., Inc.

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

NORTHWEST AR. PSDP  
-AR 727 2 T  
03 DEC 2012 PM



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

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