

**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 36 Cave Springs, AR, 72718</i>

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


PERMIT NO. <i>4893-WR-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	MM/DD/YYYY
FROM <i>10-01-2015</i>	TO <i>10-31-2015</i>

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	<i>7.0</i>	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	_____	<i>5.0</i>	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	<i>6.5</i>	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	_____	<i>16.0</i>	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	_____	<i>4</i>	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	<i>20.20</i>	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> -N) EFFLUENT GROSS VALUE	*****	<i>13.8</i>	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> -N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE	*****	<i>45.02</i>	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		<i>60.7</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>1.19</i>	<i>.045</i>			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Tony Merworth 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 	TELEPHONE		DATE
			479	295-3013	11/02/2015
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) *we are exceeding the limits on TSS, we are adjusting aeration and fixing sludge pump.*

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	#											
Effluent Diverter Box	1510020068	10-7-15	11:40	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?									
[Signature] Wade Smith		10-7-15	12:40	[Signature]						<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									
				[Signature]						<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									
				[Signature]		10-7-15	12:40			<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Comments:				FLOW DATA		Field Test:	Time	Analyst	Result	Result	Units									
				Analyst:		pH:	11:40	WOS	6.5											
				Time:		Temp.:	11:40	WIS	23.7		°C °F									
				Reading:		DO:														
				Units:		Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___										

# 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: 1510020068  
 Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2  
 Customer/Permit No. : 2379 / 4893-WR-2 002  
 Report Date : 10/14/15

Sample Date : 10/07/15  
 Sample Time : 1140  
 Sample Type : GRAB  
 Sample From : EFFLUENT DIVERTER BX

Collected By: WDS  
 Delivery By : WDS  
 Work Order :  
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>				<u>% RPD</u>	<u>% Recovery</u>
10/08	1500	TSB	Ammonia Nitrogen	13.8 mg/L		SM 1997 4500-NH3 F	3.77	102.3 *
10/12	0845	TSB	Kjeldahl Nitrogen Total	20.20 mg/L		SM 1997 4500-NorgB	1.34	99.6 *
10/09	1100	TSB	Nitrate Nitrogen	41.60 mg/L		SM 2000 4500-NO3 E	0.91	103.1 *
10/08	1600	TSB	Nitrite Nitrogen	3.420 mg/L		SM 2000 4500 NO2 B	3.06	102.6
10/07	1140	WDS	pH	6.5 S.U.		SM 2000 4500-H+ B	0.00	N/A *
10/08	1315	TSB	Phosphorous, Total (as P)	7.0 mg/L		EPA 365.3	2.78	103.0 *
10/12	1600	KIK	Solids, Total Suspended	16.0 mg/L	(b)	SM 1997 2540 D	0.00	N/A *
10/07	1600	TSB	Coliform, Fecal	< 4 /100ml		SM 1997 9222 D	0.00	N/A *
10/07	0800	KIK	BOD, Carbonaceous	5.0 mg/L		SM 2001 5210 B	7.83	88.9 *
10/13	1310	KIK	Solids, % Total by mass	0.046 %		SM 1997 2540 G	15.38	N/A *
10/12	1630	TSB	Nitrogen, Plant Available	60.7 mg/L		SM 1997 4500-N		

\* QA data shown is from a different sample or standard on the same date.  
 (b) Exceeds Permit Limits for Maximum Concentration

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.

**CAVE SPRINGS WATER DEPARTMENT**

P.O. Box 5

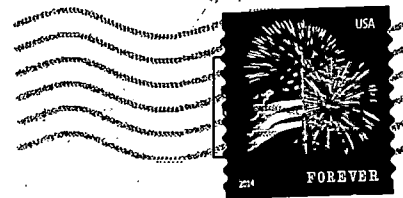
CAVE SPRINGS, ARKANSAS 72718

**RETURN SERVICE REQUESTED**

NORTHWEST AR. P&DF

AR 727 2 T

02 NOV 2015 PM



ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118

7211835317

