

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 #2
FACILITY ADDRESS 498 Pebble Beach dr.

PERMIT NO. 4893-WR-2
AFIN NO. 04-01642

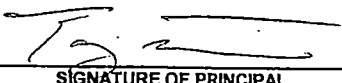
MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM.

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2016	TO 10/31/2016

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	*****	7.9	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	---	2.8	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.5	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	---	13.0	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	---	2800	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	23.52	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ -N) EFFLUENT GROSS VALUE	*****	16.5	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ -N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	46.8	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		65.4	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		1.96	.15			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tony Merworth Water/Sewer Superintendent	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	11/03/2016
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: 1610020059	Sample Date : 10/05/16	Collected By: AU
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1367	Delivery By : AU
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 10/13/16	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

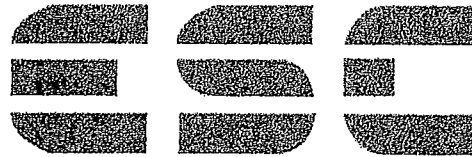
<u>Laboratory Analysis</u>						<u>Quality Assurance</u>		
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>				<u>% RPD</u>	<u>% Recovery</u>
10/06	1115	TSB	Ammonia Nitrogen	16.5 mg/L		SM 1997 4500-NH3 F	0.00	100.0 *
10/11	1315	TSB	Kjeldahl Nitrogen Total	23.52 mg/L		SM 1997 4500-NorgB	1.57	101.0 *
10/07	0945	CLS	Nitrate Nitrogen	45.73 mg/L		SM 2000 4500-NO3 E	0.00	102.8 *
10/07	0930	CLS	Nitrite Nitrogen	1.070 mg/L		SM 2000 4500 NO2 B	1.59	101.3 *
10/05	1315	AEU	pH	6.5 S.U.		SM 2000 4500-H+ B	0.00	N/A *
10/06	1000	TSB	Phosphorous, Total (as P)	7.9 mg/L		EPA 365.3	1.27	99.7 *
10/07	1650	CLS	Solids, Total Suspended	13.0 mg/L		SM 1997 2540 D	0.00	N/A *
10/05	1700	CLS	Coliform, Fecal	2800 /100ml		SM 9222 D 1997	28.57	N/A *
10/05	1400	TSB	BOD, Carbonaceous	2.8 mg/L		SM 2001 5210 B	27.75	103.4 *
10/10	0820	CLS	Solids, % Total by mass	0.049 %		SM 1997 2540 G	0.98	N/A *
10/11	1630	TSB	Nitrogen, Plant Available	65.4 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 Richard Broom
 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):		Amber Underwood															
Telephone:		479 248-1040		and Signature(s):																	
FAX:																					
ESC Client Number: 2379																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Effluent Diverter Box	1010020034	10/3/16	11:05A	Grab	Water	Teflon	150 ml	none	1	X											
	L	L	L	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 ₂ SO ₄ , pH <2	1				X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:													
		10/5/16	11:05					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:													
						10-5-16	1615	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>											
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units									
				Analyst:		pH:		1315	ABU	6.3	6.3	°C									
				Time:		Temp.:		1	F	24.3	24.3	°F									
				Reading:		DO:															
				Units:		Debris:															
Cool all samples to 6 degrees C.								Chlorinated? Yes No				This Document is Page 1 of 1									

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

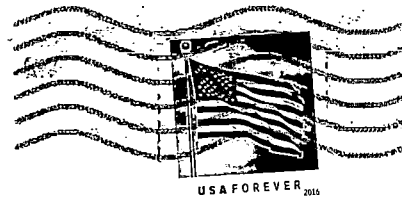
CAVE SPRINGS, ARKANSAS 72718

RETURN SERVICE REQUESTED

NORTHWEST AR P&DF

AR 727 2 T

04 NOV 2016 PM



ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118

7211835317

