

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: 1410020017
 Customer Name : CAVE SPRINGS, CITY OF
 Customer/Permit No. : 1826 / 4893-WR-2
 Report Date : 10/07/14

Sample Date : 10/01/14
 Sample Time : 1050
 Sample Type : GRAB
 Sample From : EFFLUENT DOSE TANK

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

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
10/03	1300	TSB	Ammonia Nitrogen	8.6 mg/L			SM 1997 4500-NH3 F	0.00	102.0 *
10/06	0830	TSB	Kjeldahl Nitrogen Total	11.20 mg/L			SM 1997 4500-NorgB	2.85	99.0 *
10/02	1030	TSB	Nitrate Nitrogen	38.20 mg/L			SM 2000 4500-NO3 E	0.00	94.4 *
10/01	1430	TSB	Nitrite Nitrogen	0.368 mg/L			SM 2000 4500 NO2 B	1.00	104.0
10/01	1050	WDS	pH	6.1 S.U.			SM 2000 4500-H+ B	0.00	N/A *
10/02	1000	TSB	Phosphorous, Total (as P)	6.7 mg/L			EPA 365.3	0.00	94.0 *
10/03	1500	KIK	Solids, Total Suspended	26.0 mg/L	(b)		SM 1997 2540 D	0.00	N/A *
10/01	1430	KIK	Coliform, Fecal	800 /100ml			SM 1997 9222 D	0.00	N/A *
10/01	1330	KIK	BOD, Carbonaceous	6.0 mg/L			SM 2001 5210 B	0.00	87.9 *
10/06	1700	KIK	Solids, % Total	0.048 %			SM 1997 2540 G	4.17	N/A
10/07	1130	TSB	Nitrogen, Plant Available	47.9 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.

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 1499 1/2 S. Main

PERMIT NO. 4873-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 10-01-2014	TO 10-31-2014

RECEIVED
 SKR @ 10am
 NOV 10 2014

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	*****	6.7	MG/L	ONCE/MONTH	EFFLUENT GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	-----	6.0	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.1	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	-----	26.0	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	-----	800	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	11.20	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ -N) EFFLUENT GROSS VALUE	*****	8.6	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ -N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	38.568	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		47.9	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		0.90	0.056			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Sayre Water-Sewer Superintendent	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 <i>Rick A Sayre</i>	TELEPHONE		DATE
			479-721-7539	11-03-2014	
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

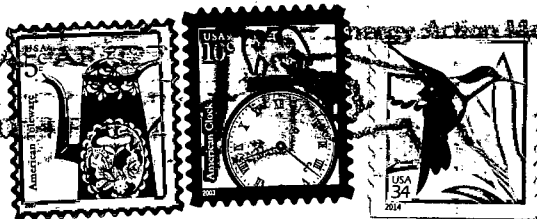
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 TSS High - When they installed plant they ran flush return line into dose tank. We are going to remove flush line from dose tank to the sludge tank, then have dose tank pumped out.

WZ

City of Cave Springs
P.O. Box 36
Cave Springs, AR 72718

NW ARKANSAS

04 NOV 2014



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

7211885317

