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

	PER	MITTEE	NAME	-10	
City	01- C	ave	Sprin	195	
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Cave S					
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		SPECIAL SECTION	الله الله			RES	5		
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PERMITING: 4893-WR-2 AFININO 04-01642

FORM. FROM	09/01/8016	TO 09/30/20					
	STREATIED WASTEWAT	erefeluentsampling					
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) EFFLUENT BROSS VALUE	****	7.2	MG/L	ONCE/ MONTH	GRAB		
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE		5.5	MG/L	ONCE/ MONTH	GRAB		
H FFLUENT GROSS VALUE	6 to 9	6.5	S.U.	ONCE/ MONTH	GRAB		
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE		14.4	MG/L	ONCE/ MONTH	GRAB		
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE		2200	N/100 ML	ONCE/ MONTH	GRAB		
ITROGEN, TOTAL KJELDAHL (AS TKN) FFLUENT GROSS VALUE	****	21.28	MG/L	ONCE/ MONTH	GRAB		
ITROGEN, AMMONIA TOTAL (AS NH₃N) FFLUENT GROSS VALUE	*****	17.0	MG/L	ONCE/ MONTH	GRAB		
ITROGEN, NITRATE + NITRITE (AS NO3N + NO2-N) FFLUENT GROSS VALUE	****	49.601 MG/L		ONCE/ MONTH	GRAB		
ANT AVAILABLE NITROGEN (AS PAN) ALCULATED VALUE		67.9	MG/L	ONCE/ MONTH	GRAB		
OW, THRU CONDUIT OR TREATMENT UNIT	*****	MONTHLY TOTAL DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT		D AM WITH THE		TELÉPHONE	DATE		
information submitted herein; and immediately responsible for obtaining the following submitted herein; and contact of	IG THE INFORMATION, I BELIEVE T MPLETE. I AM AWARE THAT THERE A	THE SUBMITTED ARE SIGNATURE OF SIGNATURE OF		479 295-3013			
TYPED OR PRINTED PENALTIES FOR SUBMITTING FALSE INFORMATION IMPRISONMENT.		Y OF FINE AND EXECUTIVE OF AUTHORIZE		AREA NUMBER	MM/DD/YYYY		
OMMENTS AND EXPLANATION OF VIOLATIONS (Reference all att	achments here)		COLIT	CODE			

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: 1609020053

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

Customer/Permit No. : 2379 / 4893-WR-2 002

Report Date : 09/14/16

Sample Date : 09/07/16

Sample Time : 1120

Sample Type : GRAB

Sample From : EFFLUENT DIVERTER BX

Collected By: AU Delivery By : AU

Work Order:

Purchase Order :

		Laboratory Analysis			Quality 1	<u>Assurance</u>
Analysis				•	Precision	Accuracy
Date Time By	Parameter	Result Notes	Quantity	Method	% RPD	% Recovery
09/09 1130 CLS	Ammonia Nitrogen	17.0 mg/L		SM 1997 4500-NH3 F	0.00	96.9 *
09/12 0830 AEU	Kjeldahl Nitrogen Total	21.28 mg/L	•	SM 1997 4500-NorgB	1.57	99.4 *
09/07 1500 CLS	Nitrate Nitrogen	48.89 mg/L		SM 2000 4500-NO3 E	0.00	97.9 *
09/07 1545 CLS	Nitrite Nitrogen	0.711 mg/L		SM 2000 4500 NO2 B	6.32	104.9 *
09/07 1122 AEU	рН	6.5 S.U.		SM 2000 4500-H+ B	0.00	N/A *
09/09 1420 CLS	Phosphorous, Total (as P)	7.2 mg/L		EPA 365.3	1.55	99.3 *
09/09 1030 JCB	Solids, Total Suspended	14.4 mg/L		SM 1997 2540 D	4.88	N/A *
09/07 1630 AEU	Coliform, Fecal	2200 /100ml		SM 9222 D 1997	0.00	N/A *
09/07 1400 RHB	BOD, Carbonaceous	5.5 mg/L		SM 2001 5210 B	3.60	101.3 *
09/08 0800 JCB	Solids, % Total by mass	0.047 %		SM 1997 2540 G	16.39	N/A *
09/13 0915 TSB	Nitrogen, Plant Available	67.9 mg/L		SM 1997 4500-N	•	

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.

 $[\]ast$ QA data shown is from a different sample or standard on the same date.

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170

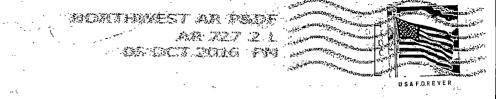
Corporate Office, Little Rock, Arkansas 501-221-2565

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information					Project Information							Requested Parameters							
Company Name	e:	Cave Springs Plant 2				Permit/Project#:									8				
Address:	PO BOX 5			Purchase Order #:									03(
	72718	72718			1 .	-11.	0.0	/	0			2(19	(A)	82)					
Telephone:	Cave Springs 72718 479 248-1040			Sampler Name(s): Ama Madaile					<			Š.	(16.)	ids(
FAX:									,		(43	28)	TKN	Soli					
_			and Signature(s):		7/						orn I	38	(25),	, %					
ESC Client Nun	nber:	2379			1	Cara Caral							Fecal Coliform(43)	CBOD(70),TSS(28),NO2(19)	NH3(15.A), P(25),TKN(16.A), NO3(18)	PAN(99.99), %Solids(82)			
····		tification	Sample Collection		Collection	Sample		Containers			23)	<u>8</u>	000	(15.)	6)				
Identificati	-	ESC Control #	Date	Time	Туре	Matrix	Type	Volume	Preserva	ative	#	pH(23)	Fec	CBC	NH3	PAI		<u> </u>	
Effluent Diver		11/1902000	9/1/16	1120	Grab	Water	Teflon	150 ml	попе		1	х							
		1609020053	11-11-1	11/2	Grab	Water	whirlpak	300 ml	none/ice		1		х						
		140.0000			Grab	Water	Plastic	1 qt	none/ice		1,			х		х			
			1		Grab	Water	Plastic	8 oz	H₂SO₄,pH	<2	1				х				
					Gius	112.5	. , ,		2 - 4)										_
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Relinquished-By: (Signature and Pfinted Name) Date Time 1545 Relinquished By: (Signature and Printed Name) Date Time			Time	Received By: (Signature and Printed Name) Date Time							Custody Seals:								
SWAD Indowed			1 9/7/10	1545	Received By: (Signature and Printed Name) D			Date	Time		Used		Ш		Intac	:17			
Refinquished By: (Sighature and Printed Name) Date Time			IIIIG	Received by. (5)	ignature and Frince	Date Into			Turnaround: Regular X			1	Special						
Relinquished By: (Signature and Printed Name) Date Time			Received for Lab By: (Signature and Printed Name) Herral	9/7/K	154	ا ج	1	'n	les pr	operly			_				
Comments:					Allen 1	FLOW D	John D	Field Test	Time	Analys			Yes X Result Result				No Units		
Confidence.						Analyst:		pH:	liaa			_	105 1050				_		
						Time:		Temp.:	1197	1		2	7.0	27	3	°C)		°F	
						Reading:		DO:								_			
						Units:		Debris:	L	<u> </u>					لب				
Cool all samples to 6 degrees C.							Chlorinated	Chlorinated? Yes No			This Document is Page of								

CAVE SPRINGS WATER DEPARTMENT P.O. Box 5 CAVE SPRINGS, ARKANSAS 72718 RETURN SERVICE REQUESTED



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