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

PERMITTEE NAME (IF DIFFERENT)							RMIT NO.			
City of Cave Springs	VWTS		4	893-WR-2						
PERMITTEE ADDRESS	. 4		FACILITY ADDRE	ss			AFIN NO.			
PO Box 5		urse			04-01642					
Cave Springs AR 72718										
	WASTEWATER EFFLUENT MONITORING PERIOD									
		MM/DD/YYYY	MM/DD/YYYY							
		9/1/2018	9/30/2018]						
REATED WASTEWATER EFFLUEN	T SAMPLING	6					4			
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Repo	rting			
arbonaceous Biochemical Oxygen Den	nand (CBOD5)	15	< 2.2	mg/l						
Total Suspended Solids (TSS) Fecal Coliform Bacteria (FCB) pH Total Phosphorus (TP) Total Kjeldahl Nitrogen (TKN) Ammonia Nitrogen (NH3-N) Nitrate Nitrogen (NO3 - N)		15	2.6	mg/l						
		10,000	<1	colonies/100ml						
		6.0 - 9.0	7.4	s.u.		Prior to the 15th of the following month				
		REPORT	7.8	mg/l						
		REPORT	21	mg/l						
		REPORT	14.4		GRAB SAMPLE ONCE A MONTH					
		REPORT	43.8	mg/l		ļ				
Nitrite Nitrogen (NO2-N)		REPORT	< 0.015	mg/l						
otal Solids		REPORT	0.036	Percentage (%)						
Plant Available Nitrogen (PAN)		REPORT	60.2	mg/l						
low Monthly Total		REPORT	2.638853 MGD							
low Daily Maximum		REPORT	0.099892	MGD						
·										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		PENALTY OF LAW THAT I HAVE PERS IN; AND BASED ON MY INQUIRY OF TH		W A	Telephone	Date				
Ken Gregory	OBTAINING THE INFOR	MATION, I BELIEVE THE SUBMITTED I	SIGNATION SE PRINCIPAL							
TYPED OF PRINTER	AWARE THAT THE	SIGNATIONE OF PRINCIPAL EXECUTIVE OFFICER OR	= 1 (4/9) 530- 1							
TYPED OR PRINTED		POSSIBILITY OF FINE A	ND IMPRISONMENT,		AUTHORIZED AGENT	1 2970				

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: 1809020032

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

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

Report Date : 09/13/18

Sample Date : 09/05/18

Sample Time : 1230 Sample Type : GRAB

Sample From : EFFLUENT DIVERTER BX

Collected By: NR Delivery By : NR Work Order :

Purchase Order :

	Quality Assurance						
Analysis						Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result	Notes _	Quantity	<u> Method</u>	% RPD	% Recovery
09/06 1000 TSB	Ammonia as N, (HACH 10205)	14.4 mg/L			SM 2011 4500-NH3 F	0.60	98.2 *
09/13 0830 TSB	Total Kjeldahl Nitrogen	21.0 mg/L			02/2014 HACH 10242	5.99	102.6
09/06 1145 TSB	Nitrate Nitrogen	43.80 mg/L			01/2013 HACH 10206	0.17	102.2 *
09/06 1200 TSB	Nitrite Nitrogen	< 0.015 mg/L			06/2017 HACH 10207	7.21	107.0
09/06 1232 NTR	рН	7.4 S.U.			SM 2000 4500-H+ B	Ì	
09/06 0830 TSB	Phosphorous, Total (as P)	7.8 mg/L			EPA 365.3	1.89	108.0 *
09/11 1100 TSB	Solids, Total Suspended	2.6 mg/L			SM 1997 2540 D	4.65	N/A *
09/05 1650 VLP	Fecal Coliform	< 1.0 /100ml			06/2012 Colilert18	0.00	0.0 *
09/05 1400 TSB	BOD, Carbonaceous	< 2.2 mg/L			SM 2001 5210 B	3.89	101.3 *
09/10 1535 TSB	Solids, % Total by mass	0.036 %			SM 1997 2540 G	2.74	N/A *
08/13 1300 TSB	Nitrogen, Plant Available	60.2 mg/L			SM 1997 4500-N		,
09/05 1230 NTR	Sample Collection/Travel	1 each					

* 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.

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

CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 479-750-1172		CF	IAIN C)F CU	<u> </u>)Y									
Client Information				Project Information							Requested Parameter					ters
Company Name:	Cave Springs Plant 2			Permit/Project #:									8)			
Address:	PO BOX 5	BOX 5			Purchase Order #:								33(1			
	72718]								(19)	ž	7			
Cave Springs 72718 Telephone: 479 248-1040			Sampler Name(s):		ed Ricason				Œ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	16.A	15(8	ŀ			
FAX:				1 ' '						43.	83	XX	%Solids(82)			
1700.		····		and Signature(s):		Ned Rycisan Ned Ryo -				-	Ē		1,(5		- }	
ESC Client Number:	2379		· · · · · · · · · · · · · · · · · · ·	and Oigna	urc(o).		JU TIM	70-		\dashv	15	E	P(2)	66		
			Sample	Collection			Sample Containers				5 S	18	5.A)	99		
Identification		Date	·		Madaire	Tuna				╗	Fecal Coliform(43.1F)	CBOD(70),TSS(28),NO2(19)	NH3(15.A), P(25),TKN(16.A), NO3(18)	PAN(99.99),		
		+	Time	Туре	Matrix	Туре	Volume		ative		-	10	Z	<u>a</u>		_
Effluent Diverter Box	1809020032	9-5-18	1230	Grab	Water	Teflon	150 ml	поле		1 1	K		-			
		 		Grab	Water	whirlpak	300 ml	none/ice		1	X		ļ			
		 		Grab	Water	Plastic	0.5 gai	none/ice		1		X	<u> </u>	X	\rightarrow	
	1	1_1_		Grab	Water	Plastic	8 oz	H₂SO₄,pH	<2	1	_ _	4_	X			
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Relinquished By; (Signature and Printe	ed Name)	Date	Time	Received By: (Signature and Printed Name) Date Time				- 1	Custody Seals:							
Relinquished By: (Signature and Printed Name) Date Time		Time	Received By: (Signature and Printed Name)				Date Time			Used? // Intact? Turnaround:						
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Relignuished By-Signature and Printed Name) Date Time 7-5-17 1300		Received for Lab By: (Signature and Printed (Name)		9/~//X	Time / 3 bc		re samples properly preserved: Yes No									
Comments:					Field Test		Analyst		sult	Res	ult			!		
							pH:	1232	WR.		7-4	7.				
					Time: Reading:		Temp.: DO:	1232	NR	- 3	0.2	39	4-	ල		F
					The state of the s		Debris:			士						
Cool all samples to 6 degrees C.							Chlorinated	? Yes N	0	Ti	is Do	cume	nt is	Page		of