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: 1309020026 Customer Name : CAVE SPRINGS, CITY OF Customer/Permit No.: 1826 / 4893-WR-2 Sample Date : 09/04/13 Sample Time : 1200 Sample Type : GRAB

Collected By: WDS Delivery By : WDS Work Order :

Report Date : 09/13/13

Sample From : EFFLUENT DOSE TANK

Purchase Order :

	Quality Assurance				
Analysis	•		·	Precision	Accuracy
Date Time By	Parameter	Result Notes Q	uantity Method	% RPD	% Recover
09/06 1230 TSB	Ammonia Nitrogen	6.1 mg/L	SM 18th 4500-NH3 H	1.46	87.0
09/05 1400 TSB	Kjeldahl Nitrogen Total	9.00 mg/L	SM 18th 4500-NorgB	2.52	111.0
09/12 0900 MNM	Nitrate Nitrogen	38.61 mg/L	SM 18th 4500-NO3 E	2.67	93.8
09/06 1530 KIK	Nitrite Nitrogen	0.046 mg/L	SM 18th 4500 NO2 B	1.77	103.9
09/04 1200 WDS	Нд	6.0 S.U.	SM 18th 4500-H+ B	1.83	N/A
09/05 0100 TSB	Phosphorous, Total (as P)	6.0 mg/L	EPA 365.3	2.15	102.0
09/06 1315 KIK	Solids, Total Suspended,	4.0 mg/L	SM 18th 2540D	0.00	N/A
09/04 1400 MNM	Coliform, Fecal	< 2 /100ml	SM 18th 9222D	0.00	N/A
09/04 1330 KIK	BOD, Carbonaceous	< 2.0 mg/L	SM 18th 5210B	18.18	103.5
09/10 1535 KIK	Solids, % Total	0.046 %	SM 18th 2540G	18.18	N/A
09/13 0620 MNM	Nitrogen, Plant Available	45.6 mg/L	SM 18th 4500-NH3E	•	

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

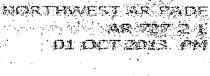
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^{*} OA data shown is from a different sample or standard on the same date.

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

PERMITTEENAME	· · · · · · · · · · · FACILITY	NAME (IF DIFFERENT)		PERMIT NO.	1					
City of lave springs	plant #1			4883-WR-Z						
PERMITTEE ADDRESS	FACILITY ADDRESS		1	AZAWAFIN NO.	İ					
P.O. BOX34 Cave Spings AL 77718	14991/28	. MAIN	1	04-01642						
MAKE ADDITIONAL COPIES OF THIS FORM FOR		EFFLUENT MONITORING PERIOD.								
FUTURE USE. SUBMIT LAB ANALYSES WITH THIS	MM/DD/YYYY	MM/DD/YYY	Y							
FORM.		TO 09-36-20	13							
TO AN AND AND AND AND AND AND AND AND AND										
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE					
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	****	60	, MG/L	ONCE/ MONTH	GRAB					
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		70	MG/L	ONCE/ MONTH	GRAB					
PH EFFLUENT GROSS VALUE	6 to 9	6.0	S.U.	ONCE/ MONTH	GRAB					
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		4.0	MG/L	ONCE/ MONTH	GRAB					
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		2	N/100 ML	ONCE/ MONTH	GRAB					
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	9.0	MG/L	ONCE/ MONTH	GRAB					
NITROGEN, AMMONIA TOTAL (AS NH₃N) EFFLUENT GROSS VALUE	*****	leil	MG/L	ONCE/ MONTH	GRAB					
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	38,564	MG/L	ONCE/ MONTH	GRAB					
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		45,6	MG/L	ONCE/ MONTH	GRAB					
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		MONTHLY TOTAL DAILY MAX 0,462 0,044	MGD	ONCE/ MONTH	TOTAL FLOW					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER CERTIFY UNDER PENALTY OF LAW THAT	I HAVE PERSONALLY EXAMINED AN	D AM WITH THE		TELEPHONE	DATE					
RICK A. Source Information submitted Herein, and Immediately responsible for obtain water Supermenda from the formation is true, accurate, and compensations for submitting earlier penalties for submitting earlier information.	ING THE INFORMATION, I BELIEVE TO DISTRIBUTE A SHEET OF THE PROPERTY OF THE PR	THE SUBMITTED JULY A	Sagre		10-01-2013					
TYPED OR PRINTED PENALTIES FOR SUBMITTING FALSE INFO	ATION, INCLUDING THE POSSIBILITY OF FINE AND EXECUTIVE OF			AREA						
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all a	ttachments horo	AUTHORIZ	ED AGENT	CODE NUMBER	MM/DD/YYYY					
f										

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



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