

# Environmental Services Company, Inc.

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Northwest Arkansas Branch  
 1107 Century Avenue  
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Control Number: 1409020026  
 Customer Name : CAVE SPRINGS, CITY OF  
 Customer/Permit No. : 1826 / 4893-WR-2  
 Report Date : 09/11/14

Sample Date : 09/03/14  
 Sample Time : 1320  
 Sample Type : GRAB  
 Sample From : EFFLUENT DOSE TANK

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

### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
09/05	1100	TSB	Ammonia Nitrogen	10.7 mg/L			SM 1997 4500-NH3 F	0.00	101.0 *
09/08	1030	TSB	Kjeldahl Nitrogen Total	15.70 mg/L			SM 1997 4500-NorgB	4.69	92.0 *
09/08	1100	TSB	Nitrate Nitrogen	33.92 mg/L			SM 2000 4500-NO3 E	0.00	96.4 *
09/04	1000	TSB	Nitrite Nitrogen	0.461 mg/L			SM 2000 4500 NO2 B	0.74	95.0 *
09/03	1320	WDS	pH	6.4 S.U.			SM 2000 4500-H+ B	0.00	N/A *
09/05	1400	TSB	Phosphorous, Total (as P)	6.4 mg/L			EPA 365.3	0.00	103.8 *
09/08	1256	RHB	Solids, Total Suspended	23.5 mg/L	(b)		SM 1997 2540 D	21.28	N/A
09/03	1155	WDS	Coliform, Fecal	154 /100ml			SM 1997 9222 D	15.38	N/A *
09/03	1600	KIK	BOD, Carbonaceous	3.0 mg/L			SM 2001 5210 B	8.86	99.2 *
09/09	1550	KIK	Solids, % Total	0.048 %			SM 1997 2540 G	13.33	N/A *
09/09	1313	RHB	Nitrogen, Plant Available	46.6 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.

A11M&L

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

<b>PERMITTEE NAME</b> City of Cave Springs
<b>PERMITTEE ADDRESS</b> P.O. Box 36 Cave Springs, Ar 72718

<b>FACILITY NAME (IF DIFFERENT)</b> Plant #1
<b>FACILITY ADDRESS</b> 1499 1/2 S. Main

<b>PERMIT NO.</b> 4873-WP-L
<b>AFIN NO.</b> 04-01642

ADEQ  
OCT 02 2014

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

WASTEWATER EFFLUENT MONITORING PERIOD	
FROM MM/DD/YYYY	TO MM/DD/YYYY

**RECEIVED**  
SKL @ 8am  
OCT 08 2014

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	EFFLUENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE		*****	6.4	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		---	3.0	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE		6 to 9	6.4	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		---	23.5	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		---	154	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		*****	15.70	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> -N) EFFLUENT GROSS VALUE		*****	10.7	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> -N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE		*****	34.381	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE			46.6	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
			0.75	0.031			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Sayre 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.
TYPED OR PRINTED	

*Rick A Sayre*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
479-721-7539	10-01-2014
AREA CODE	NUMBER
	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)  
*COLS like our TSS is still high, have been in contact with company that installed system, have tried everything they requested to do and it is still high, we are now going to have the slug tanks pumped out.*

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

NORTHWEST AR P&DF

AR 727 2 T

01 OCT 2014 PM



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