## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION NO DISCHARGE MONTHLY MONITORING REPORT

Ja	PERMITTEE NAME	7
	CITY OF CAVE SPRINGS	
16.	PERMITTEE ADDRESS	13
	PO Box 5	
	Cave Springs AR 72718	

	7										
			FA	CILIT	TY N	AME					
CAVE	SPRIN	IGS	WAS	STEV	VATE	RT	REA	TME	NT	PL/	ANT
* *	<i>3</i>		FAC	ILITY	'AD	DRE	SS	14.7			, i
		Т	he C	reeks	s Gol	f Co	urse				
	1499	s N	lain S	St Ca	ve S	pring	s AF	R 727	18		

,,	PERMIT NO.	15
	4893-WR-3	
3 .	AFIN NO.	
	04-01642	

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MM/DD/YYYY		TC	)		MM/DD/YYYY	
4/1/2019					4/30/2019	

	EFFL	JENT LIMITS, MONITORING, A	ND REPORTING F	REQUIREMENT	S ,	÷.	6.5	() () () () () () () () () () () () () (		
PARAMET	ER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
CARBONACEOUS BIOCHEMICAL OXYG	GEN DEMAND (CBOD5)	30	< 2	.6	MG/L					
TOTAL SUSPENDED SOLIDS (TSS)		45	4.1	1	MG/L	Once per Month / Grab				
FECAL COLIFORM BACTERIA (FCB)		10,000	< '	1	COLONIES/100ml					
рН	6.0 - 9.0	6.7	7	s.u	1					
TOTAL PHOSPHOROUS (TP)		Report	7.5	57	MG/L	1				
TOTAL KJELDAHL NITROGEN (TKN)		Report	18	3	MG/L					
NITROGEN AMMONIA NITROGEN (NH 3	- N)	Report	17.	.6	MG/L	Once per Quarter / Grab				
NITRITE NITROGEN (NO 3 - N ) + NITRA	TE NITROGEN (NO 2 - N )	Report	38.	.4	MG/L					
PLANT AVAILABLE NITROGEN (PAN)		Report	56.1		MG/L					
TOTAL FLOW			MONTHLY TOTAL 3.058467 MG	DAILY MAX 0.259799 MGD	GPD					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		AW THAT I HAVE PERSONALLY EXAM		1 1	<i>'</i> 2	TELEPHONE		DATE		
Kathy Bartlett	THOSE INDIVIDUALS IMMEDIA INFORMATION, I BELIEVE THE SU	TTED HEREIN; AND BASED ON MY NTELY RESPONSIBLE FOR OBT/ BMITTED INFORMATION IS TRUE, ACC AT THERE ARE SIGNIFICANT PEN	CURATE, AND	signature of		479	790-3813	5/2/2019		
TYPED OR PRINTED	SUBMITTING FALSE INFORMATION IMPRISONMENT.	FFICER OR D AGENT	AREA CODE	NUMBER	MM/DD/YYYY					
COMMENTS AND EXPLANATION O	F VIOLATIONS (Reference all	attachments here)								
		•								

			TABLE I	i		- <del></del>		
	DRIP ZO	ONES LOAD	DING RATE LIMITS, MONITOR	ING AND	REPORTING	REQUIREMENTS		
	·	·	DAILY	DAILY MAXIMUM FLOW TOTAL				
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum		
Leach Field 1	0.55		26,000			18706	-	
Zone 1	0.42	] [	19,524		I ,			
Zone 2	0.45		19,309	]	1	zones not being used		
Zone 3	0.4	] [	16,424			zones not being used		
Zone 4	0.46		10,811					
Zone 5	0.2		13,059			9613		
Zone 6	0.2	] [	7,723	]		5716		
Zone 7	0.2		10,910			7794	ĺ	
Zone 8	0.3	] [	7,081			5196		
Zone 9	0.4	] [	18,291	]	[	13250		
Zone 10	0.3		9,450	]	ŀ	6755		
Zone 11	0.2	] [	4,110	]	ł – – –	3118		
Zone 12	0.4	] [	7,522	]	ŀ	5456		
Zone 13	0.25	] [	5,717			4157		
Zone 14	0.15	] [	6,097		[	4417	,	
Zone 15	0.2	gpd/ft2	8,378	gpd	Daily	6236		
Zone 16	0.4	] [	9,427	7	1	6755		
Zone 17	0.23	] [	3,694	7	I	2598		
Zone 19	0.35	1 [	13,778	7	I .	9873		
Zone 20	0.2	] [	5,766	7	I	4157		
Zone 21	0.4	] [	17,040		I	12471		
Zone 22	0.5	] [	28,113	7	Ī	20265		
Zone 23	0.25	7 [	15,640			11172		
Zone 24	0.25	] [	9,547			7015		
Zone 25	0.2	] [	4,436			3118		
Zone 26	0.3		9,334			6755		
Zone 27	0.31	] [	16,511		1	11951		
Zone 28	0.31		13,018			9353		
Zone 29	0.2	] [	3,923	7		2858		
Zone 30	0.55	] [	10,116			7275		
Zone 31	0.3	1 [	5,714	7	Ι Γ	4157		

## 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: 1904020032 Customer Name: CAVE SPRINGS, CITY OF OUTFALL 2 Customer/Permit No.: 2379 / 4893-WR-3 002 Sample Date : 04/03/19 Sample Time : 1208 Sample Type : GRAB Collected By: NTR Delivery By : NTR Work Order :

Report Date : 04/09/19

Sample from : EFFLUENT DIVERTER BX

Purchase Order :

	Quality P	<u>Assurance</u>				
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	% RPD	% Recovery
04/03 1310 AKA	Ammonia as N, (HACH 10205)	17.60 mg/L		SM 2011 4500-NH3 F	0.00	101.8 *
04/08 0925 AKA	Total Kjeldahl Nitrogen	17.9 mg/L		02/2014 HACH 10242	6.25	98.4 *
04/03 1212 NTR	рН	6.7 S.U.		SM 2000 4500-H+ B	0.00	N/A *
04/03 1515 AKA	Phosphorous, Total (as P)	7.570 mg/L		EPA 365.3	0.65	108.0 *
04/05 1500 AKA	Solids, Total Suspended	4.1 mg/L		SM 2011 2540 D	0.78	N/A *
04/03 1654 TSB	Fecal Coliform (MPN/100mL	< 1.0 /100ml		06/2012 Colilert18	0.00	0.0 *
04/03 1400 TSB	BOD, Carbonaceous	< 2.6 mg/L		SM 2001 5210 B	4.67	95.4 *
04/04 0930 AKA	Nitrate + Nitrite	38.40 mg/L		01/2013 HACH 10206	0.73	102.6 *
04/08 1350 AKA	Nitrogen, Plant Available	56.1 mg/T		SM 1997 4500-N		

\* 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.

Signature

Environmental Services Co., Inc.

## 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

> > 1 )

## **CHAIN OF CUSTODY**

Client Information				Project Information							Red	ues	ted	Par	ame	eters	;	
Company Name:	Cave Springs	Plant 2		Permit/Pro	ject #:													
Address:	PO BOX 5	Purchas			Order#:										Ē	'	. 1	:
	Cave Springs	72718	•											2	2 (9			
Telephone:	479 248-1040			Sampler N	lame(s):	Ì	Ned T	RIENSON	^			Œ.		16.4	9		1	
FAX:				1 '	` ,			7	<u> </u>			43.	8	ΣŽ	34			
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ESC Client Number:	2379			and Olgina	ture(s).		· ray	- Park				Fecal Coliform(43.IF)	CBOD(70),TSS(28)	NH3(15.A), P(25),TKN(16.A)	PAN(99.99), NO3+NO2 (91)			ĺ
Sample Ide		l	Comple	Collection	·····	Т	Cample	Containor			€	ပ္	2	5.A)	99			
		ļ <u>.</u>	1	γ	T	<del> </del>	<del></del>	Containers		,,	pH(23)	8	lg B	13(1	AN (			
Identification	ESC Control #	Date	Time	Type	Matrix	Туре	Volume	Preserva	ative	#		Ш	0	Į <u>z</u>	Δ.		<b> </b>	
Effluent Diverter Box	1904020032	4.379	1203	Grab	Water	Teflon	150 ml	none		1	X	<del> </del>	<del> </del>	<b>_</b>	<u> </u>		<u>                                     </u>	
				Grab	Water	whirlpak	300 ml	none/ice		1	L_	X	<u> </u>	<u> </u>	<u> </u>			
				Grab	Water	Plastic	0.5 gal	none/ice		1	L	<u> </u>	X		<u> </u>			
·				Grab	Water	Plastic	8 oz	H₂SO₄,pH	<2	1				x	x			
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Relinquished By: (Signature and Prin	led Name)	Date	Time	Received By: (Si	gnature and Printed	d Name)		Date	Tin	18	Cust	ody Se	eals:		<u></u>		Ш	
							<u> </u>				Used	17	N	1_	Inta	ct?		L
Relinquished By: (Signature and Prin	ted Name)	Date	Time (	Received By: (Si	gnature and Printed	d Name)		Dale	Tin		Turna Regu	around	d:	7	Spe	olal		i
Relinglished By: (Gisnature and Prin	ted Name)	Date	Time	Received for Lab	By: (Signature and	Printed Name	e) [	Date	Tim		_		ples p				<u>'</u>	
COUNTY NEX RULY - 14-3-19 1330 V				Month	WAD TOMO	DWY)	10160	4.3.19	133		_	Yes	X	<u>L</u>	<del>,</del>	No		L
Comments: /	———— <u>U</u>				FLOW DA	AIA	Field Test pH:	Time	Analyst NN		Res	uit 1			Unit	<u> </u>		
			<del></del>		Time:	<del></del>	Temp.:	12/2	N N	1/2	15	<del>; 4</del>	13	1,4	(C)	· U.	°F	
					Reading:		DO:	, , ,										
	0 1 " 1			<u></u>	Units:		Debris:	<u> </u>	<u></u>		<del></del>							
Cool all samples to 6 degrees C.							Chlorinated	l? Yes N	0		Linis	3 DOG	cume	ent is	Pag	<u>je T</u>	of 1	_

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