

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

PERMITTEE NAME
CITY OF CAVE SPRINGS
PERMITTEE ADDRESS
PO Box 5 Cave Springs AR 72718

FACILITY NAME
CAVE SPRINGS WASTEWATER TREATMENT PLANT
FACILITY ADDRESS
The Creeks Golf Course 1499 S Main St Cave Springs AR 72718

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

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
8/1/2020		8/31/2020


EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS							
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		Plant 1	Plant 2				
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD ₅)	30	< 2.0	3.5	MG/L	Once per Month / Grab		
TOTAL SUSPENDED SOLIDS (TSS)	45	3.4	18	MG/L			
FECAL COLIFORM BACTERIA (FCB)	10,000	< 4.0	201.6	COLONIES/100ml			
pH	6.0 - 9.0	7.2	6	s.u			
TOTAL PHOSPHOROUS (TP)	Report	8.32	8.93	MG/L			
TOTAL KJELDAHL NITROGEN (TKN)	Report	80.00	25.20	MG/L	Once per Quarter / Grab		
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report	64.00	13.3	MG/L			
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report	10.3	46.4	MG/L			
PLANT AVAILABLE NITROGEN (PAN)	Report	79.1	63.3	MG/L			
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD			
		3,973,056	252,894				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Kathy Bartlett				479	530-5926	9/16/2020	
TYPED OR PRINTED				AREA CODE	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)							

TABLE II

DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS

		Aug-20		DAILY MAXIMUM FLOW TOTAL		202,748
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum
Leach Field 1	0.55	gpd/ft2	26,000	gpd	Daily	19740
Zone 1	0.42		19,524			<i>zones not being used</i>
Zone 2	0.45		19,309			
Zone 3	0.4		16,424			
Zone 4	0.46		10,811			
Zone 5	0.2		13,059			10138
Zone 6	0.2		7,723			5880
Zone 7	0.2		10,910			8110
Zone 8	0.3		7,081			5475
Zone 9	0.4		18,291			12193
Zone 10	0.3		9,450			6083
Zone 11	0.2		4,110			2839
Zone 12	0.4		7,522			4258
Zone 13	0.25		5,717			3244
Zone 14	0.15		6,097			3853
Zone 15	0.2		8,378			5880
Zone 16	0.4		9,427			6083
Zone 17	0.23		3,694			2028
Zone 19	0.35		13,778			9732
Zone 20	0.2		5,766			3244
Zone 21	0.4		17,040			12165
Zone 22	0.5		28,113			19962
Zone 23	0.25		15,640			10746
Zone 24	0.25		9,547			6083
Zone 25	0.2		4,436			3447
Zone 26	0.3		9,334			5880
Zone 27	0.31		16,511			12165
Zone 28	0.31		13,018			9935
Zone 29	0.2		3,923			2231
Zone 30	0.55		10,116			8110
Zone 31	0.3		5,714			3244

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: 2008020008
 Customer Name : CAVE SPRINGS UTILITY, PLANT 1
 Customer/Permit No. : 1826 / 4893-WR-2
 Report Date : 08/11/20

Sample Date : 08/05/20
 Sample Time : 1315
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: HNS
 Delivery By : HNS
 Work Order :
 Purchase Order :


Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								% RPD	% Recovery
08/05	1320	HNS	pH	7.2	S.U.		SM 2011 4500-H+ B	0.00	N/A *
08/10	0930	HNS	Phosphorous, Total (as P)	8.32	mg/L		EPA 365.3	0.51	104.0 *
08/07	1100	TWM	Solids, Total Suspended	3.4	mg/L		SM 2011 2540 D	0.00	N/A *
08/05	1630	TWM	Fecal Coliform (MPN/100mL)	< 4.0	/100mL		06/2012 Colilert18	0.00	N/A *
08/06	0930	TWM	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	0.00	86.8 *

* 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.

KMM

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Control Number: 2008020009	Sample Date : 08/05/20	Collected By: HNS
Customer Name : CAVE SPRINGS UTILITY, PLANT 2	Sample Time : 1335	Delivery By : HNS
Customer/Permit No. : 2379 / 4893-WR-3 002	Sample Type : GRAB	Work Order :
Report Date : 08/13/20	Sample From : EFFLUENT	Purchase Order :

Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								% RPD	% Recovery
08/05	1338	HNS	pH	6.0	S.U.		SM 2011 4500-H+ B	0.00	N/A *
08/10	0930	HNS	Phosphorous, Total (as P)	8.93	mg/L		EPA 365.3	0.51	104.0 *
08/07	1100	TWM	Solids, Total Suspended	18.0	mg/L		SM 2011 2540 D	0.00	N/A *
08/05	1630	TWM	Fecal Coliform (MPN/100mL)	201.6	/100ml		06/2012 Colilert18	0.00	N/A *
08/06	0930	TWM	BOD, Carbonaceous	3.5	mg/L		SM 2001 5210 B	0.00	86.8 *

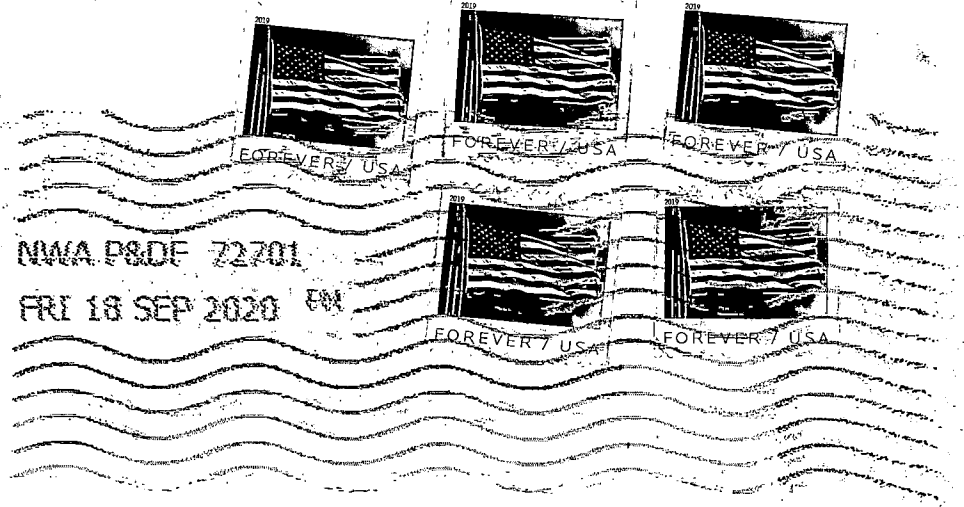
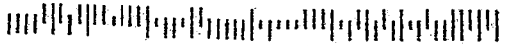
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Signature _____


 Environmental Services Co., Inc.

KNM



 **NWA Utility Services Inc**
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
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N Little Rock, AR 72118-5317