

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

<b>PERMITTEE NAME</b>
City of Cave Springs
<b>PERMITTEE ADDRESS</b>
PO Box 5 Cave Springs AR 72718

<b>FACILITY NAME (IF DIFFERENT)</b>
City of Cave Springs WWTS
<b>FACILITY ADDRESS</b>
The Creeks Golf Course 1499 S Main St Cave Springs AR 72718


<b>PERMIT NO.</b>
4893-WR-2

<b>AFIN NO.</b>
04-01642

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
12/1/2018	12/31/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Carbonaceous Biochemical Oxygen Demand (CBOD <sub>5</sub> )	15	4	mg/l	GRAB SAMPLE ONCE A MONTH	Prior to the 15th of the following month
Total Suspended Solids (TSS)	15	6	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	131	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	6.44	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	35	mg/l		
Ammonia Nitrogen (NH <sub>3</sub> -N)	REPORT	22.8	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N)	REPORT	25.5	mg/l		
Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT	6.48	mg/l		
Total Solids	REPORT	0.037	Percentage (%)		
Plant Available Nitrogen (PAN)	REPORT	58.4	mg/l		
Flow Monthly Total	REPORT	2.857976	MGD		
Flow Daily Maximum	REPORT	0.288887	MGD		

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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	Telephone	Date
			(479) 530-5926	1/3/2019
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

# 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: 1812020040	Sample Date : 12/11/18	Collected By: JEW
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1215	Delivery By : JEW
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 12/20/18	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

### Laboratory Analysis

### Quality Assurance

<u>Analysis</u>			<u>Laboratory 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>
								<u>% RPD</u>	<u>% Recovery</u>
12/12	1500	TSB	Ammonia as N, (HACH 10205)	22.80 mg/L			SM 2011 4500-NH3 F	4.24	103.6
12/18	0830	TSB	Total Kjeldahl Nitrogen	35.0 mg/L			02/2014 HACH 10242	0.00	95.0 *
12/17	1510	TSB	Nitrate Nitrogen	25.50 mg/L			01/2013 HACH 10206	0.75	98.2 *
12/12	1400	TSB	Nitrite Nitrogen	6.480 mg/L			06/2017 HACH 10207	4.13	106.4 *
12/11	1215	JEW	pH	7.2 S.U.			SM 2000 4500-H+ B	0.00	N/A *
12/13	1400	TSB	Phosphorous, Total (as P)	6.440 mg/L			EPA 365.3	4.44	98.0 *
12/13	1035	TSB	Solids, Total Suspended	6.0 mg/L			SM 2011 2540 D	2.50	N/A *
12/11	1637	VLP	Fecal Coliform (MPN/100mL)	130.8 /100ml			06/2012 Colilert18	0.00	0.0 *
12/12	1400	TSB	BOD, Carbonaceous	4.0 mg/L			SM 2001 5210 B	0.78	114.0 *
12/17	1630	TSB	Solids, % Total by mass	0.037 %			SM 1997 2540 G	5.26	N/A
12/20	0800	TSB	Nitrogen, Plant Available	58.4 mg/L			SM 1997 4500-N		
12/12		EBC	Sample Collection/Travel	1 each					

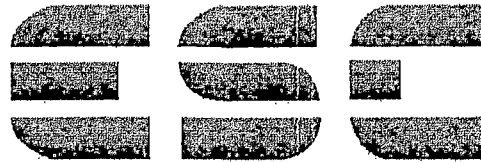
\* QA data shown is from a different sample or standard on the same date.

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.

Signature \_\_\_\_\_

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

Phone: 479-750-1170 Fax: 479-750-1172

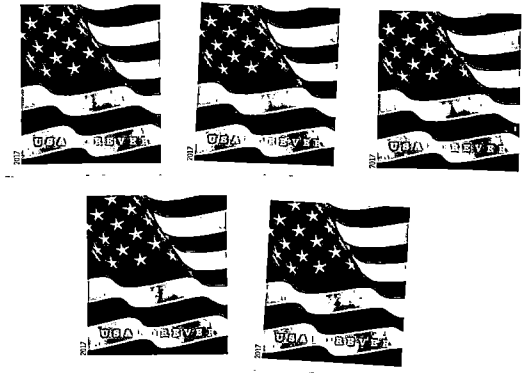
### CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters										
Company Name: Cave Springs Plant 2				Permit/Project #:						pH(23)	Fecal Coliform(43.1F)	CBOD(70), TSS(28), NO2(19)	NH3(15.A), P(25), TKN(16.A), NO3(18)	PAN(99.99), %Solids(82)						
Address: PO BOX 5				Purchase Order #:																
Cave Springs 72718				Sampler Name(s): James With James Wittse																
Telephone: 479 248-1040				and Signature(s):																
FAX:																				
ESC Client Number: 2379																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Effluent Diverter Box	1812620040	12-11-18	1215	Grab	Water	Teflon	150 ml	none	1	X										
				Grab	Water	whirlpak	300 ml	none/ice	1		X									
				Grab	Water	Plastic	0.5 gal	none/ice	1			X		X						
				Grab	Water	Plastic	8 oz	H2SO4, pH <2	1				X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?									
James With James Wittse		12-11-18	1620							<input type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special									
										<input type="checkbox"/>	<input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No									
				James With James Wittse		12-11-18	1620			<input type="checkbox"/>	<input type="checkbox"/>									
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units								
				Analyst:		pH:		1215	JEW	7.2	7.2									
				Time:		Temp.:		1215	JEW	19.5	14.6	(°C)		°F						
				Reading:		DO:														
				Units:		Debris:														
Cool all samples to 6 degrees C.								Chlorinated? Yes No				This Document is Page ___ of ___								

P.O.  
Fayetteville

BC: 72118532801 DUZ326N009194-00470

UNABLE TO FORWARD/FOR REVIEW  
731 7E N C0001/09/19  
\*\*R015\*\*



ADEQ Water Division  
Permits Branch  
5301 Northshore Dr  
N Little Rock, AR 72118-5317