

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

**MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION
MONTHLY MONITORING REPORT**

PERMITTEE NAME
city of cave springs

FACILITY NAME (IF DIFFERENT)
plant 2

PERMIT NO.
4893-WR-3

PERMITTEE ADDRESS
po box 36 cave springs ar 72718

FACILITY ADDRESS
498 pebble beach

AFIN NO.
04-01642

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

WASTEWATER EFFLUENT MONITORING PERIOD	
FROM	TO
MM/DD/YYYY 12/1/2017	MM/DD/YYYY 12/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		6.8	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		2.6	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.5	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		7.5	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	*****	195	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	18.8	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH3N) EFFLUENT GROSS VALUE	*****	13.3	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO3N = NO2-N) EFFLUENT GROSS VALUE	*****	44.4	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	59.3	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		3.64	0.081			
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.			TELEPHONE		DATE
steven burgess water/sewer director				479	2954001	12/31/2017
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
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

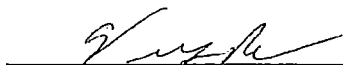
Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1712020055	Sample Date : 12/06/17	Collected By: AEU
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1235	Delivery By : AEU
Customer/Permit No. : 2379 / 4893-WR-2 002	Sample Type : GRAB	Work Order :
Report Date : 12/12/17	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

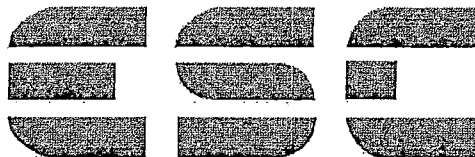
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
12/07	0900	TSB	Ammonia Nitrogen	13.3 mg/L		SM 1997 4500-NH3 F	0.00	96.3 *
12/07	1000	TSB	Total Kjeldahl Nitrogen	18.8 mg/L		02/2014 HACH 10242	3.77	103.1 *
12/11	1400	TSB	Nitrate Nitrogen	44.00 mg/L		01/2013 HACH 10206	0.79	100.3 *
12/07	0815	TSB	Nitrite Nitrogen	0.400 mg/L		06/2017 HACH 10207	5.60	101.4
12/06	1239	AEU	pH	6.5 S.U.		SM 2000 4500-H+ B	0.00	N/A *
12/07	1100	TSB	Phosphorous, Total (as P)	6.8 mg/L		EPA 365.3	3.47	100.0 *
12/08	1000	JCB	Solids, Total Suspended	7.5 mg/L		SM 1997 2540 D	21.69	N/A *
12/06	1440	JCB	Coliform, Fecal	195 /100ml		SM 9222 D 1997	35.90	N/A
12/06	1400	TSB	BOD, Carbonaceous	2.6 mg/L		SM 2001 5210 B	9.90	87.0 *
12/06	1600	JCB	Solids, % Total by mass	0.040 %		SM 1997 2540 G	0.00	N/A
12/11	1520	TSB	Nitrogen, Plant Available	59.3 mg/L		SM 1997 4500-N		
10/06	1239	AEU	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 #:													
Address:		PO BOX 5		Purchase Order #:													
		Cave Springs 72718		Sampler Name(s):		Amber Underwood											
Telephone:		479 248-1040		and Signature(s):													
FAX:																	
ESC Client Number:		2379															
Sample Identification		Sample Collection				Sample Containers				pH(23)	Fecal Coliform(43)	CBOD(70), TSS(28), NO2(19)	NH3(15.A), P(25), TKN(16.A), NO3(18)	PAN(99.99), %Solids(82)			
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
Effluent Diverter Box	1712020055	12/16/17	1235	Grab	Water	Teflon	150 ml	none	1	x							
	I	I	I	Grab	Water	whirlpak	300 ml	none/ice	1		x						
	I	I	I	Grab	Water	Plastic	1 qt	none/ice	1			x		x			
	I	I	I	Grab	Water	Plastic	8 oz	H ₂ SO ₄ , pH <2	1				x				
Relinquished By: (Signature and Printed Name)		Date		Time		Received By: (Signature and Printed Name)		Date		Time		Custody Seal		Used?		Intact?	
		12/16/17		1320				12-6-17		1320		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>			
Relinquished By: (Signature and Printed Name)		Date		Time		Received By: (Signature and Printed Name)		Date		Time		Turnaround:		Yes <input checked="" type="checkbox"/>		No <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 <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
Comments:		FLOW DATA				Field Test		Time		Analyst		Result		Result		Units	
		Analyst:				pH:		1239		AFU		6.5		6.4			
		Time:				Temp.:		I		I		6.0		6.0		°F	
		Reading:				DO:											
		Units:				Debris:											
Cool all samples to 6 degrees C.								Chlorinated? Yes No				This Document is Page 1 of 1					

CAVE SPRINGS WATER DEPARTMENT

P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

RETURN SERVICE REQUESTED



ADEQ

Enforcement Section/Water Div.

5301 Northshore Drive

North Little Rock, AR 72118

7211895317

