

**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
12/1/2020		12/31/2020

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 (CBOD5)	30	7.9	9.5	MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	6.3	11.5	MG/L		
FECAL COLIFORM BACTERIA (FCB)	10,000	>9678.4	34.0	COLONIES/100ml		
pH	6.0 - 9.0	7.3	7.1	s.u		
TOTAL PHOSPHOROUS (TP)	Report	5.57	7.41	MG/L	Once per Quarter / Grab	
TOTAL KJELDAHL NITROGEN (TKN)	Report			MG/L		
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report			MG/L		
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report			MG/L		
PLANT AVAILABLE NITROGEN (PAN)	Report			MG/L		
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD		
		4,352,871	163,452			

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	1/15/2021
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

		Dec-20			DAILY MAXIMUM FLOW TOTAL		163,452
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum	
Leach Field 1	0.55	gpd/ft2	26,000	gpd	Daily	6026	
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			8108	
Zone 6	0.2		7,723			4741	
Zone 7	0.2		10,910			7668	
Zone 8	0.3		7,081			4414	
Zone 9	0.4		18,291			12193	
Zone 10	0.3		9,450			6792	
Zone 11	0.2		4,110			2289	
Zone 12	0.4		7,522			3433	
Zone 13	0.25		5,717			2616	
Zone 14	0.15		6,097			3106	
Zone 15	0.2		8,378			4741	
Zone 16	0.4		9,427			4904	
Zone 17	0.23		3,694			1635	
Zone 19	0.35		13,778			7846	
Zone 20	0.2		5,766			2616	
Zone 21	0.4		17,040			9808	
Zone 22	0.5		28,113			20658	
Zone 23	0.25		15,640			8663	
Zone 24	0.25		9,547			4904	
Zone 25	0.2		4,436			2779	
Zone 26	0.3		9,334			4741	
Zone 27	0.31		16,511			9808	
Zone 28	0.31		13,018			8010	
Zone 29	0.2		3,923			1798	
Zone 30	0.55		10,116			6539	
Zone 31	0.3		5,714			2616	

157426

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: 2012020009
 Customer Name : CAVE SPRINGS UTILITY, PLANT 1
 Customer/Permit No. : 1826 / 4893-WR-2
 Report Date : 12/09/20

Sample Date : 12/02/20
 Sample Time : 1227
 Sample Type : GRAB
 Sample From : EFFLUENT

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

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
12/02	1230	HNS	pH	7.3	S.U.		SM 2011 4500-H+ B	0.00	N/A
12/09	0930	TWM	Phosphorous, Total (as P)	5.57	mg/L		EPA 365.3	0.87	107.8 *
12/04	1045	HNS	Solids, Total Suspended	6.3	mg/L		SM 2011 2540 D	0.00	N/A *
12/02	1645	HNS	Fecal Coliform (MPN/100mL)	> 9678.4	/100ml		06/2012 Colilert18	0.00	N/A *
12/03	0730	TWM	BOD, Carbonaceous	7.9	mg/L		SM 2001 5210 B	0.00	83.8 *

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

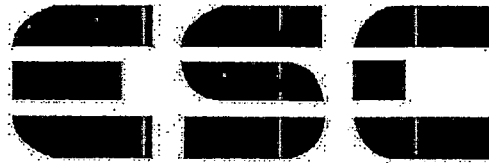
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

4352871
 143452

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 Northwest Arkansas
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 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 1		Permit/Project #:						pH (23)	Fecal Coliform (43.IF)	CBOD (70), TSS (28)	T-Phosphorus						
Address:		PO BOX 5		Purchase Order #:															
		Cave Springs 72718																	
Telephone:		479 248-1040		Sampler Name(s):		Hayden Smith													
FAX:				and Signature(s):		<i>Hayden Smith</i>													
ESC Client Number:		1826																	
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Effluent/Dose Tank	2012020009	12-2-20	1227	Grab	Water	Glass	250 ml	None	0	X									
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Sterile	125 ml	Na ₂ S ₂ O ₃ /Cool	1		X								
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Plastic	1/2 gal	None/Cool	1			X							
Effluent/Dose Tank	↓	↓	↓	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 Seals:		Used? <input checked="" type="checkbox"/>		Intact? <input type="checkbox"/>							
<i>HNS</i>				<i>Hayden Smith</i>		12-2-20	1227	Tumaround:		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	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>							
<i>Hayden Smith</i>		12-2-20	1615	<i>Tyler Weech</i>		12/2/20	1615												
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units								
				Analyst:		pH:	1230	HNS	7.3	7.3	°C °F								
				Time:		Temp.:													
				Reading:		DO:													
				Units:		Debris:													
Cool all samples to 6 degrees C.				Chlorinated? Yes No		This Document is Page 1 of 1													

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Control Number: 2012020010	Sample Date : 12/02/20	Collected By: HNS
Customer Name : CAVE SPRINGS UTILITY, PLANT 2	Sample Time : 1240	Delivery By : HNS
Customer/Permit No. : 2379 / 4893-WR-3 002	Sample Type : GRAB	Work Order :
Report Date : 12/09/20	Sample From : EFFLUENT	Purchase Order :

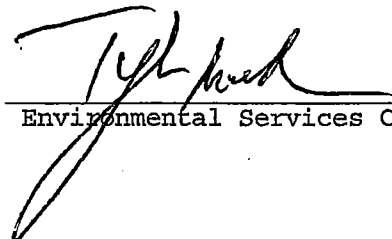
Laboratory Analysis

<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>
								<u>% RPD</u>	<u>% Recovery</u>
12/02	1245	HNS	pH	7.1 S.U.			SM 2011 4500-H+ B	0.00	N/A *
12/09	0930	TWM	Phosphorous, Total (as P)	7.41 mg/L			EPA 365.3	0.87	107.8 *
12/04	1045	HNS	Solids, Total Suspended	11.5 mg/L			SM 2011 2540 D	0.00	N/A *
12/02	1645	HNS	Fecal Coliform (MPN/100mL)	34.0 /100ml			06/2012 Colilert18	0.00	N/A *
12/03	0730	TWM	BOD, Carbonaceous	9.5 mg/L			SM 2001 5210 B	0.00	83.8 *

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

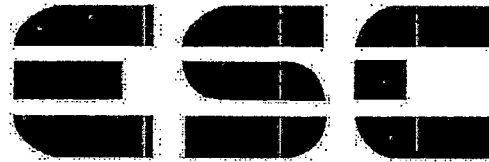
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

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CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters										
Company Name: Cave Springs Plant 2				Permit/Project #:						pH(23)	Fecal Coliform(43.IF)	CBOD(70), TSS(28)	Total P (25)							
Address: PO BOX 5				Purchase Order #:																
Cave Springs 72718				Sampler Name(s): Hayden Smith																
Telephone: 479 248-1040				and Signature(s): <i>Hayden Smith</i>																
FAX:																				
ESC Client Number: 2379																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Effluent Diverter Box	2012020010	12-2-20	1240	Grab	Water	Teflon	150 ml	none	0	X										
Effluent Diverter Box	↓	↓	↓	Grab	Water	Sterile	100 ml	Na ₂ S ₂ O ₃	1		X									
Effluent Diverter Box	↓	↓	↓	Grab	Water	Plastic	1/2 gal	none/ice	1			X								
Effluent Diverter Box	↓	↓	↓	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 Seals:		Used?	Intact?									
<i>HNS Hayden Smith</i>				<i>HNS Hayden Smith</i>		12-2-20	1240			<input checked="" 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 checked="" 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									
<i>Hayden Smith</i>		12-2-20	12:15	<i>Hayden Smith</i>		12/2/20	12:15			<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units									
				Analyst:		pH:	1245	HNS	7.1	7.2										
				Time:		Temp.:					°C °F									
				Reading:		DO:														
				Units:		Debris:														
HNS Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1											

