

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION  
NO DISCHARGE 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</b>
CAVE SPRINGS WASTEWATER TREATMENT PLANT
<b>FACILITY ADDRESS</b>
The Creeks Golf Course 1499 S Main St Cave Springs AR 72718

<b>PERMIT NO.</b>
4893-WR-3
<b>AFIN NO.</b>
04-01642

<b>MONITORING PERIOD</b>		
MM/DD/YYYY	TO	MM/DD/YYYY
2/1/2019		2/28/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS						
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	< 2		MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	9		MG/L		
FECAL COLIFORM BACTERIA (FCB)	10,000	< 4		COLONIES/100ml		
pH	6.0 - 9.0	7		s.u		
TOTAL PHOSPHOROUS (TP)	Report	6.81		MG/L	Once per Quarter / Grab	
TOTAL KJELDAHL NITROGEN (TKN)	Report	No Report		MG/L		
NITROGEN AMMONIA NITROGEN (NH <sub>3</sub> -N)	Report	No Report		MG/L		
NITRITE NITROGEN (NO <sub>2</sub> -N) + NITRATE NITROGEN (NO <sub>3</sub> -N)	Report	No Report		MG/L		
PLANT AVAILABLE NITROGEN (PAN)	Report	No Report		MG/L		
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD		
		2,370,234	105,171			
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
Kathy Bartlett				479	790-3813	3/4/2019
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**

						<b>DAILY MAXIMUM FLOW TOTAL</b>		<b>105,171</b>
<b>Zone ID</b>	<b>Limit</b>	<b>Units</b>	<b>Maximum Volume Limit</b>	<b>Units</b>	<b>Monitoring</b>	<b>Reported Maximum</b>		
Leach Field 1	0.55		26,000			7573		
<b>Zone 1</b>	0.42		19,524			<i>zones not being used</i>		
<b>Zone 2</b>	0.45		19,309					
<b>Zone 3</b>	0.4		16,424					
<b>Zone 4</b>	0.46		10,811					
Zone 5	0.2		13,059			3892		
Zone 6	0.2		7,723			2314		
Zone 7	0.2		10,910			3156		
Zone 8	0.3		7,081			2104		
Zone 9	0.4		18,291			5364		
Zone 10	0.3		9,450			2735		
Zone 11	0.2		4,110			1263		
Zone 12	0.4		7,522			2209		
Zone 13	0.25		5,717			1683		
Zone 14	0.15		6,097			1788		
Zone 15	0.2	gpd/ft <sup>2</sup>	8,378	gpd	Daily	2525		
Zone 16	0.4		9,427			2735		
Zone 17	0.23		3,694			1052		
Zone 19	0.35		13,778			3997		
Zone 20	0.2		5,766			1683		
Zone 21	0.4		17,040			5049		
Zone 22	0.5		28,113			8204		
Zone 23	0.25		15,640			4523		
Zone 24	0.25		9,547			2840		
Zone 25	0.2		4,436			1263		
Zone 26	0.3		9,334			2735		
Zone 27	0.31		16,511			4838		
Zone 28	0.31		13,018			3787		
Zone 29	0.2		3,923			1157		
Zone 30	0.55		10,116			2945		
Zone 31	0.3		5,714			1683		

# 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: 1902020042  
 Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2  
 Customer/Permit No. : 2379 / 4893-WR-3 002  
 Report Date : 02/11/19

Sample Date : 02/06/19  
 Sample Time : 1555  
 Sample Type : GRAB  
 Sample From : EFFLUENT DIVERTER BX

Collected By: JEW  
 Delivery By : JEW  
 Work Order :  
 Purchase Order :

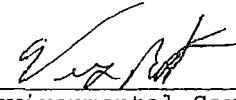
### Laboratory Analysis

<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>
								<u>% RPD</u>	<u>% Recovery</u>
02/06	1555	JEW	pH	7.0	S.U.		SM 2000 4500-H+ B	0.00	N/A *
02/07	0900	TSB	Phosphorous, Total (as P)	6.810	mg/L		EPA 365.3	0.58	110.0 *
02/08	845	AKA	Solids, Total Suspended	9.0	mg/L		SM 2011 2540 D	4.88	N/A *
02/06	1700	TSB	Fecal Coliform (MPN/100mL)	< 4.0	/100ml		06/2012 Colilert18	0.00	0.0 *
02/06	1400	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	19.95	89.0 *
02/11		ESC	Sample Collection/Travel		1 each				

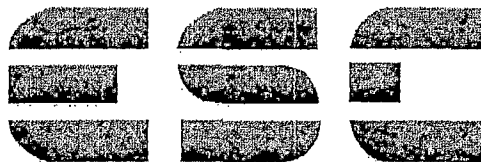
\* QA data shown is from a different sample or standard on the same date.

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 Cave Springs 72718				Purchase Order #:															
Telephone:		479 248-1040				Sampler Name(s): <i>James W. Hse</i>															
FAX:						and Signature(s):															
ESC Client Number:		2379																			
Sample Identification			Sample Collection			Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Effluent Diverter Box	1902020042	2-6-19	1555	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	H <sub>2</sub> SO <sub>4</sub> , pH <2	1				X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:													
<i>James W. Hse</i>		2-6-19	1645	<i>James W. Hse</i>				Used? <input type="checkbox"/> Intact? <input type="checkbox"/>													
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:													
								Regular <input type="checkbox"/> Special <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:													
				<i>James W. Hse</i>		2-6-19	1645	Yes <input type="checkbox"/> No <input type="checkbox"/>													
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
						Analyst:	pH:	1555	JW	7.0	7.0										
						Time:	Temp.:	1555	JW	13.2	13.3	°C °F									
						Reading:	DO:														
						Units:	Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___											