

**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
2/1/2021		2/28/2021

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	< 2.0	< 2.0	MG/L	Once per Month / Grab		
TOTAL SUSPENDED SOLIDS (TSS)	45	12.3	9.4	MG/L			
FECAL COLIFORM BACTERIA (FCB)	10,000	< 4.0	< 4.0	COLONIES/100ml			
pH	6.0 - 9.0	6.6	6.8	s.u			
TOTAL PHOSPHOROUS (TP)	Report	6.6	6.48	MG/L			
TOTAL KJELDAHL NITROGEN (TKN)	Report			MG/L	Once per Quarter / Grab		
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			
		3,477,410	145,164				
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	530-5926	3/10/2021	
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)							

TABLE II

DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS

		Feb-21			DAILY MAXIMUM FLOW TOTAL		145,164	
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum		
Leach Field 1	0.55	gpd/ft2	26,000	gpd	Daily	11613		
Zone 1	0.42		19,524					
Zone 2	0.45		19,309					
Zone 3	0.4		16,424					<i>zones not being used</i>
Zone 4	0.46		10,811					
Zone 5	0.2		13,059					8710
Zone 6	0.2		7,723					2904
Zone 7	0.2		10,910					6092
Zone 8	0.3		7,081					3920
Zone 9	0.4		18,291					11613
Zone 10	0.3		9,450					4355
Zone 11	0.2		4,110					2032
Zone 12	0.4		7,522					3049
Zone 13	0.25		5,717					2323
Zone 14	0.15		6,097					2758
Zone 15	0.2		8,378					4210
Zone 16	0.4		9,427					4355
Zone 17	0.23		3,694					1451
Zone 19	0.35		13,778					7259
Zone 20	0.2		5,766					2323
Zone 21	0.4		17,040					8710
Zone 22	0.5		28,113					13065
Zone 23	0.25		15,640					7694
Zone 24	0.25		9,547					4355
Zone 25	0.2		4,436					2468
Zone 26	0.3		9,334					4210
Zone 27	0.31		16,511					8709
Zone 28	0.31		13,018					7114
Zone 29	0.2		3,923					1597
Zone 30	0.55		10,116					5952
Zone 31	0.3		5,714					2323

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: 2102020009
 Customer Name : CAVE SPRINGS UTILITY, PLANT 1
 Customer/Permit No. : 1826 / 4893-WR-2
 Report Date : 02/10/21

Sample Date : 02/03/21
 Sample Time : 1540
 Sample Type : GRAB
 Sample From : EFFLUENT

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

Laboratory Analysis

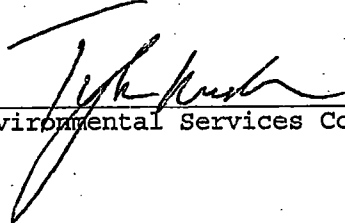
Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
02/03	1543	HNS	pH	6.6	S.U.		SM 2011 4500-H+ B	0.00	N/A
02/08	1500	TWM	Phosphorous, Total (as P)	6.60	mg/L		EPA 365.3	0.66	107.0 *
02/05	1000	HNS	Solids, Total Suspended	12.3	mg/L		SM 2011 2540 D	2.67	N/A *
02/03	1700	HNS	Fecal Coliform (MPN/100mL)	< 4.0	/100mL		06/2012 Colilert18	0.00	N/A *
02/04	0730	TWM	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	36.73	93.5 *

* 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 _____

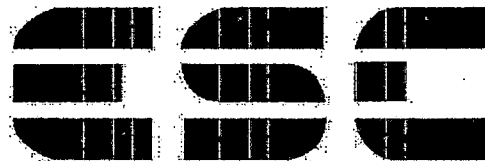
Environmental Services Co., Inc.



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Kristin Mullins

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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		Sampler Name(s):		Hayden Smith														
Telephone:		479 248-1040		and Signature(s):		[Signature]														
FAX:																				
ESC Client Number:		1826																		
Sample Identification		Sample Collection				Sample Containers				pH (23)	Fecal Coliform (43.IF)	CBOD (70), TSS (28)	T-Phosphorus							
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Effluent/Dose Tank	2102020009	2-3-21	1540	Grab	Water	Glass	250 ml	None	0											
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Sterile	125 ml	Na ₂ S ₂ O ₃ /Cool	1											
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Plastic	1/2 gal	None/Cool	1											
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Plastic	8 oz	H ₂ SO ₄ , pH <2	1											
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"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular <input checked="" 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:		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>									
Comments:		FLOW DATA				Field Test	Time	Analyst	Result	Result	Units									
						Analyst:	pH:	1543	HNS	6.6	6.0									
						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												

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Northwest Arkansas Branch
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Control Number: 2102020010
 Customer Name : CAVE SPRINGS UTILITY, PLANT 2
 Customer/Permit No. : 2379 / 4893-WR-3 002
 Report Date : 02/09/21

Sample Date : 02/03/21
 Sample Time : 1600
 Sample Type : GRAB
 Sample From : EFFLUENT

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

Laboratory Analysis

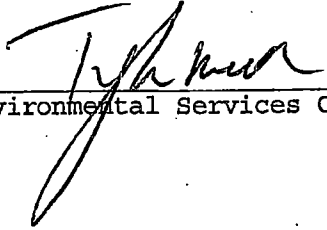
Analysis			Parameter	Result	Notes	Quantity	Method
Date	Time	By					
02/03	1603	HNS	pH	6.8 S.U.			SM 2011 4500-H+ B
02/08	1500	TWM	Phosphorous, Total (as P)	6.48 mg/L			EPA 365.3
02/05	1000	HNS	Solids, Total Suspended	9.4 mg/L			SM 2011 2540 D
02/03	1700	HNS	Fecal Coliform (MPN/100mL)	< 4.0 /100ml			06/2012 Colilert18
02/04	0730	TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B

Quality Assurance	
Precision	Accuracy
% RPD	% Recovery
0.00	N/A *
0.66	107.0 *
2.67	N/A *
0.00	N/A *
36.73	93.5 *

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

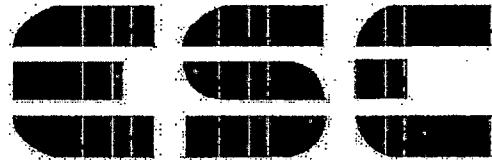
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

Signature _____


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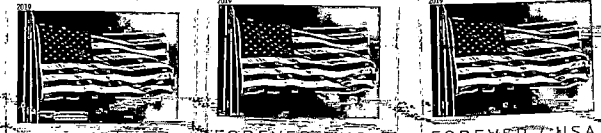
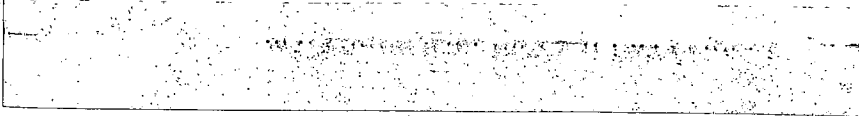
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CHAIN OF CUSTODY

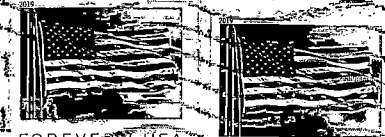
Client Information						Project Information					Requested Parameters									
Company Name: Cave Springs Plant 2						Permit/Project #:					pH(23)	Fecal Coliform(43.IF)	CBOD(70), TSS(28)	Total P (25)						
Address: PO BOX 5						Purchase Order #:														
Cave Springs 72718						Sampler Name(s): Hayden Smith														
Telephone: 479 248-1040						and Signature(s): <i>Hayden Smith</i>														
FAX:																				
ESC Client Number: 2379																				
Sample Identification		Sample Collection				Sample Containers				pH(23)	Fecal Coliform(43.IF)	CBOD(70), TSS(28)	Total P (25)							
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Effluent Diverter Box	2102020010	2-3-21	1600	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?	<input checked="" type="checkbox"/> N	Intact?	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	<input checked="" type="checkbox"/> X	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:		Yes	<input checked="" type="checkbox"/> X	No	<input type="checkbox"/>						
Comments:		FLOW DATA		Field Test		Time	Analyst	Result	Result	Units										
		Analyst:		pH:		1603	HNS	6.8	7.0											
		Time:		Temp.:							°C		°F							
		Reading:		DO:																
		Units:		Debris:																
HNS		Cool all samples to 6 degrees C.					Chlorinated? Yes No		This Document is Page of 1											




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NWA PSDF 72701

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 **NWA Utility Services Inc**
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