

**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
1/1/2019		1/31/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS							
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD ₅)	30	< 2		MG/L	Once per Month / Grab		
TOTAL SUSPENDED SOLIDS (TSS)	45	8.4		MG/L			
FECAL COLIFORM BACTERIA (FCB)	10,000	4		COLONIES/100ml			
pH	6.0 - 9.0	6.8		s.u			
TOTAL PHOSPHOROUS (TP)	Report	6.06		MG/L			
TOTAL KJELDAHL NITROGEN (TKN)	Report	26		MG/L	Once per Quarter / Grab		
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report	12.6		MG/L			
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report	30.148		MG/L			
PLANT AVAILABLE NITROGEN (PAN)	Report	46.6		MG/L			
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD			
		3,177,121	218,131				
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	
<i>Kathy Bartlett</i>				479	790-3813	1/8/2019	
TYPED OR PRINTED				AREA CODE	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)							

Kenneth Rogers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TABLE II

DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS

					DAILY MAXIMUM FLOW TOTAL		218,131
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum	
Leach Field 1	0.55	gpd/ft2	26,000	gpd	Daily	15706	
Zone 1	0.42		19,524			zones not being used	
Zone 2	0.45		19,309				
Zone 3	0.4		16,424				
Zone 4	0.46		10,811				
Zone 5	0.2		13,059			8071	
Zone 6	0.2		7,723			4799	
Zone 7	0.2		10,910			6544	
Zone 8	0.3		7,081			4363	
Zone 9	0.4		18,291			11125	
Zone 10	0.3		9,450			5672	
Zone 11	0.2		4,110			2618	
Zone 12	0.4		7,522			4581	
Zone 13	0.25		5,717			3491	
Zone 14	0.15		6,097			3709	
Zone 15	0.2		8,378			5236	
Zone 16	0.4		9,427			5672	
Zone 17	0.23		3,694			2182	
Zone 19	0.35		13,778			8289	
Zone 20	0.2		5,766			3491	
Zone 21	0.4		17,040			10471	
Zone 22	0.5		28,113			17015	
Zone 23	0.25		15,640			9380	
Zone 24	0.25		9,547			5890	
Zone 25	0.2		4,436			2618	
Zone 26	0.3		9,334			5672	
Zone 27	0.31		16,511			10035	
Zone 28	0.31		13,018			7853	
Zone 29	0.2		3,923			2400	
Zone 30	0.55		10,116			6108	
Zone 31	0.3		5,714			3491	

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: 1901020056	Sample Date : 01/03/19	Collected By: JEW
Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2	Sample Time : 1400	Delivery By : JEW
Customer/Permit No. : 2379 / 4893-WR-3 002	Sample Type : GRAB	Work Order :
Report Date : 01/11/19	Sample From : EFFLUENT DIVERTER BX	Purchase Order :

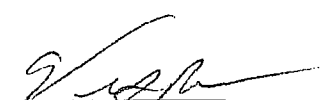
Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
01/03	1030	TSB	Ammonia as N, (HACH 10205)	12.60 mg/L			SM 2011 4500-NH3 F	0.93	102.4 *
01/07	0930	TSB	Total Kjeldahl Nitrogen	25.5 mg/L			02/2014 HACH 10242	0.00	110.0 *
01/07	1500	TSB	Nitrate Nitrogen	30.00 mg/L			01/2013 HACH 10206	2.15	100.2 *
01/04	0900	TSB	Nitrite Nitrogen	0.148 mg/L			08/1993 EPA 353.2	0.79	99.8 *
01/03	1400	JEW	pH	6.8 S.U.			SM 2000 4500-H+ B	0.00	N/A *
01/08	1000	TSB	Phosphorous, Total (as P)	6.060 mg/L			EPA 365.3	0.00	111.0 *
01/10	1500	TSB	Solids, Total Suspended	8.4 mg/L			SM 2011 2540 D	3.77	N/A *
01/03	1700	TSB	Fecal Coliform (MPN/100mL)	4.0 /100mL			06/2012 Colilert18	0.00	0.0 *
01/03	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	89.0 *
01/07	0938	TSB	Solids, % Total by mass	0.038 %			SM 1997 2540 G	5.13	N/A
01/07	1615	TSB	Nitrogen, Plant Available	46.6 mg/L			SM 1997 4500-N		
01/04		ESC	Sample Collection/Travel	1 each					

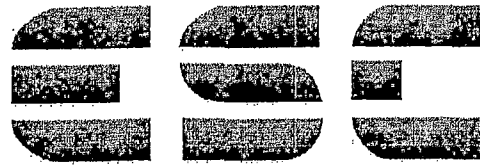
* QA data shown is from a different sample or standard on the same date.

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				Purchase Order #:																				
Cave Springs 72718				Sampler Name(s): <i>James Willett James Willett</i>																				
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	1901020056	01-03-19	1400	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 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>James Willett James Willett</i>		1-3-19	1500								<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												
				<i>James Willett James Willett</i>			1-3-19	1500			<input type="checkbox"/>	<input type="checkbox"/>												
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units												
				Analyst:		pH:		1400	<i>JW</i>	6.8	6.8													
				Time:		Temp.:		1400	<i>JW</i>	11.4	11.4	(C)	°F											
				Reading:		DO:																		
				Units:		Debris:																		
Cool all samples to 6 degrees C.									Chlorinated? Yes No			This Document is Page ___ of ___												