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

N 25	FACILITY NAME
CA	/E SPRINGS WASTEWATER TREATMENT PLANT
1 . J. 4	FACILITY ADDRESS
	The Creeks Golf Course
ŀ	1499 S Main St Cave Springs AR 72718

PERMIT NO.
4893-WR-3
AFIN NO.
04-01642

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MON	ITORING PI	ERIOD									
MM/DD/YYYY	ТО	MM/DD/YYYY									
6/1/2020		6/30/2020									

		DEDAME LIBERT	SAMPLE MEA	SUREMENT	UNITS	FREQUENCY OF		SAMPLE TYPE			
PARAMET	ER	PERMIT LIMIT	Plant 1	Plant 2	UNITS	<u> </u>	SAMPLETIFL				
CARBONACEOUS BIOCHEMICAL OXYG	GEN DEMAND (CBOD5)	30	< 2.0	3.9	MG/L						
TOTAL SUSPENDED SOLIDS (TSS)		45	< 7.1	16.4	MG/L						
FECAL COLIFORM BACTERIA (FCB)		10,000	< 5.0	1538.0	COLONIES/100ml	Once per Month / Grab					
pH		6.0 - 9.0	6.4	6.9	s.u						
TOTAL PHOSPHOROUS (TP)		Report	9.67	8.39	MG/L]					
TOTAL KJELDAHL NITROGEN (TKN)		Report			MG/L		-				
NITROGEN AMMONIA NITROGEN (NH :	- N)	Report			MG/L	Once per Quarter / Grab					
NITRITE NITROGEN (NO 3 - N) + NITRA	TE NITROGEN (NO 2 - N)	Report	· · · · · · · · · · · · · · · · · · ·				Office per Qua	itel / Glab			
PLANT AVAILABLE NITROGEN (PAN)		Report		MG/L							
TOTAL FLOW			MONTHLY TOTAL	DAILY MAX	GPD						
IOTAL PLOW			3,033,945	146,938	GFD						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		AW THAT I HAVE PERSONALLY EXA				TELEPHON		DATE			
	THOSE INDIVIDUALS IMMEDIA	ITTED HEREIN; AND BASED ON M ATELY RESPONSIBLE FOR OB	TAINING THE	must	Ltt	479	530-5926	7/15/2020			
Kathy Bartlett		INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SIGNATURE OF PRINCIPAL									
TYPED OR PRINTED	EXECUTIVE OFFICER OR AREA CODE			NUMBER	MM/DD/YYYY						
COMMENTS AND EXPLANATION O	F VIOLATIONS (Reference al	attachments here)									
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TABLE II DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS Jun-20 DAILY MAXIMUM FLOW TOTAL 146,938 Reported Maximum Limit Units **Maximum Volume Limit** Units Monitoring Zone ID 26,000 10580 Leach Field 1 0.55 19,524 0.42 Zone 1 19,309 Zone 2 0.45 zones not being used 0.4 16,424 Zone 3 0.46 10,811 Zone 4 13,059 5437 Zone 5 0.2 7,723 3233 0.2 Zone 6 4409 10,910 Zone 7 0.2 2939 0.3 7,081 Zone 8 18,291 7494 Zone 9 0.4 3821 Zone 10 0.3 9,450 1764 0.2 4,110 Zone 11 7,522 3086 Zone 12 0.4 2352 Zone 13 0.25 5,717 2498 0.15 6,097 Zone 14 Zone 15 0.2 gpd/ft2 8,378 gpd Daily 3527 3821 9,427 Zone 16 0.4 0.23 3,694 1470 Zone 17 13,778 5584 Zone 19 0.35 5,766 2352 0.2 Zone 20 7054 0.4 17,040 Zone 21 11462 Zone 22 0.5 28,113 Zone 23 0.25 15,640 6319 3968 0.25 9,547 Zone 24 4,436 1764 0.2 Zone 25 3821 Zone 26 0.3 9,334 Zone 27 0.31 16,511 6760 5290 Zone 28 0.31 13,018

1617

4115

2352

3,923

10,116

5,714

Zone 29

Zone 30

Zone 31

0.2

0.55

0.3

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: 2006020017 Customer Name : CAVE SPRINGS UTILITY, PLANT 1

Customer/Permit No.: 1826 / 4893-WR-2

Report Date : 06/15/20

Sample Date : 06/03/20 Sample Time: 1045 Sample Type : GRAB

Sample From : PLANT 1

Collected By: JTL Delivery By : JTL

Work Order: Purchase Order :

	Quality A	assurance			
Analysis				Precision	Accuracy
Date Time By	Parameter	Result Notes Qua	antity Method	% RPD	<pre>% Recovery</pre>
06/03 1104 JTL	рН	6.4 S.U.	SM 2011 4500-H+ B	0.00	N/A *
06/11 1400 TSB	Phosphorous, Total (as P)	9.67 mg/L	EPA 365.3	0.93	110.0 *
06/08 1500 TSB	Solids, Total Suspended	< 7.1 mg/L	SM 2011 2540 D	3.02	N/A *
•	Fecal Coliform (MPN/100mL	< 5.0 /100ml	06/2012 Colilert18	0.00	N/A *
06/03 1500 TSB	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	6.64	92.0 *

* 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

Phone: 479-750-1170	Fax: 4/9-/50-11/2		O.			310	DI													
Client Information				Project Information							Requested Parameters									
Company Name:	Cave Springs	Plant 1 Permit/Project #:																		
Address:			Purchase Order #:										,		İ					
	72718	} '					1	·									ļ			
Telephone:	479 248-1040			Sampler N	lame(s):	~ Juston) 1 E	Lee				3.15	(28)			.				
FAX:				7	lame(s):		(4	SS	_o			İ			
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ESC Client Number:	1826]		-						능	(70), TSS	Phosphorus						
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Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	T		#) Hd	Fecal Coliform (43.IF)	CBOD	占		ł				
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Effluent/Dose Tar		1		Grab	Water	Plastic	1/2 gal	None/C		1		H	х					_		
Effluent/Dose Tanl		1	 	Grab	Water		† <u>-</u>	 					<u> </u>	~	-	\dashv	\dashv			
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Justin le //	e e	Ce-3-20	1412					<u> </u>			Used1	? [Intact	.?				
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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: 2006020018

Customer Name : CAVE SPRINGS UTILITY, PLANT 2

Customer/Permit No. : 2379 / 4893-WR-3 002 Report Date : 06/09/20

Sample Date : 06/03/20 Sample Time: 1120

Sample Type : GRAB

Sample From : PLANT 2

Collected By: JTL Delivery By : JTL

Work Order : Purchase Order :

	Quality A	Assurance				
Analysis	·				Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	<u>Method</u>	% RPD	% Recovery
06/03 1125 JTL	pH .	6.9 S.T.		SM 2011 4500-H+ B	0.00	N/A *
06/08 1300 TSB	Phosphorous, Total (as P)	8.39 mg/L		EPA 365.3	0.89	110.0 *
06/08 1500 TSB	Solids, Total Suspended	16.4 mg/L	•	SM 2011 2540 D	3.02	N/A *
06/03 1630 TSB	Fecal Coliform (MPN/100mL	1538.0 /100ml		06/2012 Colilert18	0.00	N/A *
06/03 1500 TSB	BOD, Carbonaceous	3.9 mg/L		SM 2001 5210 B	6.64	92.0 *

* 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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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					1					Requested Parameters								
Cave Springs	Plant 2		Permit/Pro	mit/Project #:					\neg								_					
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NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

ADEQ WATER DIVISION/PERMITS BRANCH 5301 Northshore Drive N Little Rock, AR 72118-5317



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