

**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
5/1/2019		5/31/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS						
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	< 2.5		MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	10.5		MG/L		
FECAL COLIFORM BACTERIA (FCB)	10,000	300		COLONIES/100ml		
pH	6.0 - 9.0	6.4		s.u		
TOTAL PHOSPHOROUS (TP)	Report	6.2		MG/L	Once per Quarter / Grab	
TOTAL KJELDAHL NITROGEN (TKN)	Report	No Report		MG/L		
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report	No Report		MG/L		
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report	No Report		MG/L		
PLANT AVAILABLE NITROGEN (PAN)	Report	No Report		MG/L		
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD		
		3,702,583	175,296			
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	6/10/2019
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)						

TABLE II

DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS

May-19		DAILY MAXIMUM FLOW TOTAL				175,296
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum
Leach Field 1	0.55	gpd/ft ²	26,000	gpd	Daily	12622
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			6486
Zone 6	0.2		7,723			3857
Zone 7	0.2		10,910			5259
Zone 8	0.3		7,081			3506
Zone 9	0.4		18,291			8941
Zone 10	0.3		9,450			4558
Zone 11	0.2		4,110			2104
Zone 12	0.4		7,522			3682
Zone 13	0.25		5,717			2805
Zone 14	0.15		6,097			2981
Zone 15	0.2		8,378			4208
Zone 16	0.4		9,427			4558
Zone 17	0.23		3,694			1753
Zone 19	0.35		13,778			6662
Zone 20	0.2		5,766			2805
Zone 21	0.4		17,040			8415
Zone 22	0.5		28,113			13674
Zone 23	0.25		15,640			7538
Zone 24	0.25		9,547			4733
Zone 25	0.2		4,436			2104
Zone 26	0.3		9,334			4558
Zone 27	0.31		16,511			8064
Zone 28	0.31		13,018			6311
Zone 29	0.2		3,923			1929
Zone 30	0.55		10,116			4909
Zone 31	0.3		5,714			2805

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: 1905020009
 Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2
 Customer/Permit No. : 2379 / 4893-WR-3 002
 Report Date : 05/13/19

Sample Date : 05/03/19
 Sample Time : 1010
 Sample Type : GRAB
 Sample From : EFFLUENT DIVERTER BX

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

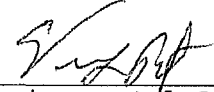
Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
05/03	1010	JEW	pH	6.4	S.U.		SM 2000 4500-H+ B	1.55	N/A
05/08	1010	AKA	Phosphorous, Total (as P)	6.200	mg/L		EPA 365.3	0.00	108.0
05/09	1115	TSB	Solids, Total Suspended	10.5	mg/L		SM-2011-2540-D	5.24	N/A *
05/03	1630	TSB	Fecal Coliform (MPN/100mL)	300.0	/100ml		06/2012 Colilert18	3.92	0.0
05/03	1600	TSB	BOD, Carbonaceous	< 2.5	mg/L		SM 2001 5210 B	0.60	94.0 *

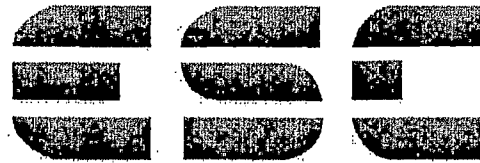
* QA data shown is from a different sample or standard on the same date.

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

Client Information				Project Information						Requested Parameters							
Company Name: Cave Springs Plant 2				Permit/Project #:						pH(23)	Fecal Coliform(43.1F)	CBOD(70), TSS(28)	Total P (25)				
Address: PO BOX 5				Purchase Order #:													
Cave Springs 72718				Sampler Name(s): James Wilts James Wilts													
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	1905020009	5-3-19	10/0	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					
				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 Wilts James Wilts</i>		5-3-19	1115							<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 Brooks James Brooks</i>		5-3-19	1115			<input type="checkbox"/>	<input type="checkbox"/>						
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units							
				Analyst:	pH:	1010	<i>JB</i>	6.4	6.5								
				Time:	Temp.:	1010	<i>JB</i>	20.8	20.8	°C							
				Reading:	DO:												
				Units:	Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___								