# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION NO DISCHARGE MONTHLY MONITORING REPORT

	PERMITTEE NAME	.7
	CITY OF CAVE SPRINGS	
1 F2	PERMITTEE ADDRESS	
	PO Box 5	
	Cave Springs AR 72718	

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FACILITY NAME	
CAVE SPR	INGS WASTEWATER TREAT	MENT PLANT
	FACILITY ADDRESS	
	The Creeks Golf Course	

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

	1499 S Main	St Cave Springs	AR 72718
	MO	NITORING PER	IOD
MM/	DD/YYYY	TO	MM/DD/YYYY
11	/1/2019		11/30/2019

Plant 1 Plant 2 ANALYSIS  ARABONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5) 30 <2.0 3.4 MG/L  OTAL SUSPENDED SOLIDS (TSS) 45 6.2 4.7 MG/L  ECAL COLIFORM BACTERIA (FCB) 10,000 74 1565 COLONIES/100ml  H 6.0 - 9.0 5.4 6.8 s.u  OTAL PHOSPHOROUS (TP) Report 0.61 1.77 MG/L  OTAL KJELDAHL NITROGEN (TKN) Report MG/L  IITRITE NITROGEN (ND 3 - N ) + NITRATE NITROGEN (NO 2 - N) Report MG/L  LANT AVAILABLE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N) Report MG/L  NAME/TILE PRINCIPAL EXECUTIVE OFFICER NO SIGNATURE OF PRINCIPAL  Kathy Bartlett COMPLETE I AM AVARE THAT I HERE ARE SIGNIFICANT PENALTIES FOR SIGNATURE OF PRINCIPAL  KATHY BARTLET COMPLETE I AM AVARE THAT I HERE ARE SIGNIFICANT PENALTIES FOR SIGNATURE OF PRINCIPAL  KECCUTIVE OFFICER OR  SIGNATURE OF PRINCIPAL  SIGNATURE OF PRINCIPAL  KECCUTIVE OFFICER OR  SIGNATURE OF PRINCIPAL  TELEPHONE DATE  479 530-5926 12/16/2019	PARAMET	EP	PERMIT LIMIT	SAMPLE MEA	ASUREMENT	UNITS	FREQUENCY OF	SAMPLE TYPE		
OTAL SUSPENDED SOLIDS (TSS)  45 6.2 4.7 MG/L  10,000 74 1565 COLONIES/100ml  A 1565 COLONIE	- AIVAINE I	L1\	T EIGHT EIGHT	Plant 1	Plant 2		ANALYSIS			
TYPED OR PRINTED  10,000  74  1565  COLONIES/100ml Once per Month / Greb Once per Month	CARBONACEOUS BIOCHEMICAL OXY	SEN DEMAND (CBODS)	30	< 2.0	3.4	MG/L				
H 6.0 - 9.0 5.4 6.8 s.u  OTAL PHOSPHOROUS (TP) Report 0.61 1.77 MG/L  OTAL KJELDAHL NITROGEN (TKN) Report MG/L  ITROGEN AMMONIA NITROGEN (NH 3 - N) Report MG/L  ITRITE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N) Report MG/L  ILANT AVAILABLE NITROGEN (PAN) Report MG/L  OTAL FLOW AMERITITE PRINCIPAL EXECUTIVE OFFICER NO MG/L  NAME/ITITLE PRINCIPAL EXECUTIVE OFFICER NO MG/L  Kathy Bartlett Complete I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTION, I BELIEVE THE SUBMITTION IS TRUE, ACCUPATE, AND INFORMATION, I BELIEVE THE SUBMITTION IS TRUE, ACCUPATE, AND INFORMATION, I BELIEVE THE SUBMITTION IS TRUE, ACCUPATE, AND AND AMMONDATION IS TRUE, ACCUPATE, AND INFORMATION, I BELIEVE THE SUBMITTION IS TRUE, ACCUPATE, AND SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AND AMMONDATIVE OFFI	OTAL SUSPENDED SOLIDS (TSS)		45	6.2	4.7	MG/L				
COTAL PHOSPHOROUS (TP)  Report  Report	PH P		10,000	74	1565	COLONIES/100ml	Once per Month / Grab			
OTAL KJELDAHL NITROGEN (TKN)  Report  MG/L  NITRITE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N )  Report  MG/L  NITRITE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N )  Report  MG/L  ABAD  ABAD  ABAD  MG/L  MG/L  MG/L  MG/L  MG/L  MG/L  ABAD  ABAD  ABAD  NUMBER  MM/DD/YYYY			6.0 - 9.0	5.4	6.8	s.u				
ITRITE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N )  Report  Report  MG/L  MG/L  NAME/ITRITE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N )  Report  MG/L  MONTHLY TOTAL  MONT	TOTAL PHOSPHOROUS (TP)		Report	0.61	1.77	MG/L				
ITRITE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N )  Report  MG/L  MONTHLY TOTAL  DAILY MAX  GPD  Once per Quarter / Grab  Once per Quarter / Grab  Once per Quarter / Grab  AGA  MG/L  MONTHLY TOTAL  DAILY MAX  GPD  Once per Quarter / Grab  AGA  MG/L  MONTHLY TOTAL  DAILY MAX  GPD  TELEPHONE  DATE  WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION IS TRUE, ACCURATE, AND 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.	TOTAL KJELDAHL NITROGEN (TKN)		Report			MG/L				
Report   MG/L	NITROGEN AMMONIA NITROGEN (NH :	- N)	Report			MG/L	Once per Quarter / Grab			
MONTHLY TOTAL DAILY MAX  3.858717 0.306878  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 SUBMITTED OF FINE AND SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND MATCHING FILE OFFICER OR AUTHORIZED AGENT  MONTHLY TOTAL DAILY MAX  3.858717 0.306878  TELEPHONE DATE  479 530-5926 12/16/2019  EXECUTIVE OFFICER OR AUTHORIZED AGENT  AREA CODE NUMBER MM//DD/YYYY	NITRITE NITROGEN (NO 3 - N ) + NITRA	TE NITROGEN (NO2 - N)	Report			MG/L	Once per Q	darter / Grab		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  NOT USE 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  NAME/TITLE PRINCIPAL SUBMITTED INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  TYPED OR PRINTED  O.306878  TELEPHONE  DATE  479  530-5926  12/16/2019  EXECUTIVE OFFICER OR AUTHORIZED AGENT  AREA CODE NUMBER MM/DD/YYYY	PLANT AVAILABLE NITROGEN (PAN)		Report	·		MG/L				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	OTAL FLOW			MONTHLY TOTAL	DAILY MAX	GBD				
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.  WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THE INFORMATION OF THE INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  AREA CODE NUMBER MM//DD/YYYY	TOTAL FLOW			3.858717	0.306878	] GFD				
Kathy Bartlett  COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SIGNATURE OF PRINCIPAL SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  AUTHORIZED AGENT  AND  AREA CODE  MM/DD/YYYY	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			MINED AND AM	2 hois at 1	n	TELEPHONE	DATE		
Kathy Bartlett COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SIGNATURE OF PRINCIPAL  SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  SIGNATURE OF PRINCIPAL  EXECUTIVE OFFICER OR  AUTHORIZED AGENT  AUTHORIZED AGENT  MM/DD/YYYY		THOSE INDIVIDUALS IMMEDIA	ATELY RESPONSIBLE FOR OBT	TAINING THE	Urm	2111	479 530-5926	12/16/2019		
TYPED OR PRINTED SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND EXECUTIVE OFFICER OR AREA NUMBER MM/DD/YYYY AUTHORIZED AGENT CODE NUMBER MM/DD/YYYY	Kathy Bartlett				SIGNATURE O	FPRINCIPAL				
	····	SUBMITTING FALSE INFORMATION						MM/DD/YYYY		
	COMMENTS AND EXPLANATION O	.] *** . * * * * * * * * * * * * * * * *	l attachments here )				<u> </u>	<del>-                                    </del>		
	Total and a sound in a superioral in a	p. e e e e e e e e e e e e e e e e e			•					
Vet areas seen on drip field. In the process of checking all electronic zone valves and replacing as needed.										

TABLE II

DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS

			Nov-19		DAILY	MAXIMUM FLOW TOTAL	306,878
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum	
Leach Field 1	0.55		26,000	]		22096	
Zone 1	0.42	1 [	19,524	]	<b>!</b> [		
Zone 2	0.45	1 [	19,309			zones not being used	
Zone 3	0.4	] [	16,424	] .		Zones not being used	
Zone 4	0.46	] [	10,811			10 mm	
Zone 5	0.2	] [	13,059	_}		11355	
Zone 6	0.2	] [	7,723	]		6752	
Zone 7	0.2	] [	10,910			9207	
Zone 8	0.3	1 [	7,081			6138	
Zone 9	0.4	] [	18,291			15651	
Zone 10	0.3	1 [	9,450	]		7979	
Zone 11	0.2	1 [	4,110	]	1	3683	
Zone 12	0.4	1 [	7,522	]	1	6445	
Zone 13	0.25	1 [	5,717	]		4911	
Zone 14	0.15	1 [	6,097			5217	
Zone 15	0.2	gpd/ft2	8,378	gpd	Daily	7366	
Zone 16	0.4	1 [	9,427		1	7979	
Zone 17	0.23	1 [	3,694		l i	3069	
Zone 19	0.35	1 [	13,778			11662	
Zone 20	0.2	] [	5,766	]		4911	
Zone 21	0.4	] [	17,040		ļ	14731	
Zone 22	0.5	1 [	28,113		1	23937	
Zone 23	0.25	1 [	15,640		1	13196	
Zone 24	0.25	1 [	9,547			8286	
Zone 25	0.2	1 [	4,436	]		3683	
Zone 26	0.3	1 [	9,334	]		7979	
Zone 27	0.31	7 [	16,511	]		14117	
Zone 28	0.31	7 T	13,018		1	11048	
Zone 29	0.2	7 [	3,923		1	3376	
Zone 30	0.55	1 [	10,116			8593	
Zone 31	0.3	7 [	5,714			4911	

#### 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: 1911020012

Customer Name : CAVE SPRINGS, CITY OF OUTFALL 2

Customer/Permit No. : 2379 / 4893-WR-3 002

Report Date : 11/12/19

Sample Date : 11/06/19 Sample Time : 1350

Sample Type : GRAB

Sample From : EFF. DIVERTER BOX

Collected By: JEW

Delivery By : JEW

Work Order : Purchase Order :

		Laboratory Analysis				Quality A	
Analysis						Precision	Accuracy
Date Time By	Parameter	Result	Notes	Quantity	Method	% RPD	% Recovery
11/06 1400 JEW	рН	6.8 S.U.			SM 2011 4500-H+ B		
11/07 0830 TSB	Phosphorous, Total (as P)	1.77 mg/L			EPA 365.3	3.04	109.0 *
11/08 1500 TSB	Solids, Total Suspended	4.7 mg/L			SM 2011 2540 D	6.27	N/A *
11/06 1630 TM	Fecal Coliform (MPN/100mL	1565.0 /100ml	1		06/2012 Colilert18	0.00	0.0 *
11/06 1630 TSB	BOD, Carbonaceous	3.4 mg/L			SM 2001 5210 B	0.46	94.2

\* 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.

3,858717

#### 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

## **CHAIN OF CUSTODY**

Phone: 479-750-1170	Fax: 479-750-1172		CH	HAIN C	of Cu	STOI	ΣY										
	Client Information				Pro	oject Info	ormation				Rec	seur	ted	Para	ame	eters	,
Company Name:	Cave Springs	Plant 2		Permit/Pro	ject#:												
Address:	PO BOX 5			Purchase	Order#:						ļ						
	Cave Springs	72718	<u> </u>	İ	,		/ . 1		3 7								
Telephone:	479 248-1040		_	Sampler N	lame(s): (	Lann	With	James (	Wilts	-	E						
FAX:					1					7	(43.	783					
			-	and Signa	ture(s):					7	Ę	SS(					
ESC Client Number:	2379	******		1			<del></del>	<del></del>		7		D, (0	(22)		1		
Sample Ide	ntification		Sample	Collection			Sample (	Containers	3	[23 [23]	Fecal Coliform(43.1F)	CBOD(70),TSS(28)	<u>~</u>				
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva		# 3	Fec	188	Total				
Effluent Diverter Box	1911020012	11-6-19	1350	Grab	Water	Teflon	150 ml	none		1 X							
		1	1	Grab	Water	whirlpak	100 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>		1	X						
				Grab	Water	Plastic	1/2 gal	none/ice		1		Х	Г				
				Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pH	<2	1			x				
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Relinquished By: (Signature and Printe	d Name) Res Wiltse	Dale 11-6-19	1620	Received By: (Sig	gnature and Printed	d Name)		Date	Time	Cus	stody S	eals:	 1	Intac			
Relinquished By: (Signature and Printe	K-3 WOLLOW	Date	Time	Received By: (Sig	Received By: (Signature and Printed Name)			Date	Time		naroun	id:		intac	<u></u>		
Relinquished By: (Signature and Printe	d Namel		Time	<u>þ</u>	5(0)(C-1	<del>and a</del>	<del> </del>	5			gular	X		Spec prese			
	d Nelle)	Date	rime (	Moul	By: (Signature and	nendo	rolk	Date //-6-/9	Time 1620	>	Yes	X	openy		No		
Comments:					FLOW D	ATA	Field Test		Analyst			Res			Units		
				····	Analyst: Time:		pH: Temp.:	1400	Ge la		18 1.4	14.		(C)		°F	
<del></del>	·		<del> </del>		Reading:		DO:	1/1	77.00		<u></u>	1 7	7			<del>-</del>	-
					Units:		Debris:										
	Cool all samples to 6 de	egrees C.					Chlorinated	? Yes N	o	Thi	is Do	cume	ent is	Page	э <u>/</u>	of _/	

#### 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: 1911020011

Customer Name : CAVE SPRINGS UTILITY, OUTFALL 1

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

Report Date : 11/12/19

Sample Date : 11/06/19

Sample Time : 1420 Sample Type : GRAB

Sample From : EFFLUENT DOSE TANK

Collected By: JEW

Delivery By : JEW Work Order :

Purchase Order:

	<u>:</u>	Laboratory Analysis				Quality 1	Assurance
Analysis						Precision	Accuracy
Date Time By	Parameter	Result N	lotes _	Quantity	Method	% RPD	% Recovery
11/06 1420 JEW	рн	5.4 S.U.	(b)		SM 2011 4500-H+ B		
11/07 0830 TSB	Phosphorous, Total (as P)	0.61 mg/L			EPA 365.3	3.04	109.0 *
11/08 1500 TSB	Solids, Total Suspended	6.2 mg/L			SM 2011 2540 D	6.27	N/A *
11/06 1630 TM	Fecal Coliform (MPN/100mL	74.0 /100ml			06/2012 Colilert18	0.00	0.0 *
11/06 1630 TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.46	94.2 *

(b) Under Minimum Permit Limits

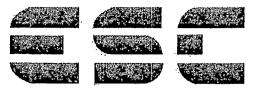
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

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

#### 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

## **CHAIN OF CUSTODY**

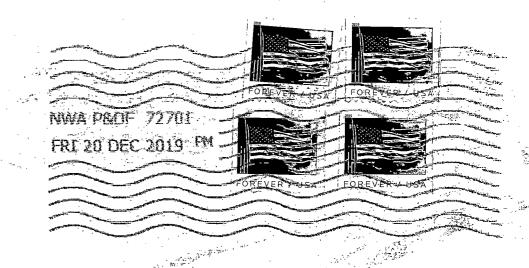
Phone: 479-750-1170	Fax: 479-750-1172		Ch	IAIN C	OF CU	STO	AIN OF CUSTODY									
	Client Information				Pr	oject Inf	formation	1			Requested			Parar	nete	ers
Company Name:	Cave Springs	Plant 1		Permit/Pro	oject #:											
Address:	PO BOX 5			Purchase	Order #:					1						
	Cave Springs	72718		1		1				1	E.	6				
Telephone:	479 248-1040	· M		Sampler N	lame(s): (	Com or	Y.J. Ot.	Lames	Willso	`	<u></u>	(28)				
FAX:				1		good Calab	e wo Loss	17.100		1	2	TSS	S			
	······································		· · · · · · · · · · · · · · · · · · ·	and Signa						1	l o	,	20			
ESC Client Number:	1826				taro(o).			** ** ,			Fecal Coliform (43.IF)	(70),	Phosphorus		1	
Sample Ide	entification		Sample	Collection			Sample (	Containers		(23)	<u>8</u>	员	ğ			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	<del></del>	ive #	Ξ	Fec	СВОО				
Effluent/Dose Tank	1911020011	11-6-19	1420	Grab	Water	Glass	250 ml	None	0	х						
				Grab	Water	Sterile	100 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> /C	ool 1		Х					
				Grab	Water	Plastic	1/2 gal	None/Cod				Х	П		$\top$	
				Grab	Water	Plastic	8 oz	H₂SO₄,pH ←	<2 1				Х			
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Relinquished By: (Signature and Prin	ed Name) emes Wiltse	Date 11-6-19	1620	Received By: (Si	nature and Printe	d Name)	<u> </u>	Date	Time	Custo Used	dy Se	ais: , 八기		Intonto		_
Relinquished By: (Signature and Print	ed Namé)	Date	Time	Received By: (Si	nature and Printe	d Name)		Date	Time		round		<u> </u>	Intact?		
Relinquished By: (Signature and Print	eri Namo)	Date	Time )	Bassiusi (a) Lth	Piu (Planelure an	rna Eul	T	D-I-		Regu		$\times$		Special		]
	ou reality	Data	111119	Received for Lab	00% TUM	exp	200 10	11-6-19	1620	vvere	Yes	S pro	peny	preserve No	•	<b>기</b>
Comments:					FLOW DA		Field Test			Resu		Resu		. Ur	ilts	
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	·			······································	Reading:		DO:	1120	ME-de-	17.	<del>^</del>	1-T3	4-4	<u>~</u>		
		<del></del>			Units:		Debris:									
	Cool all samples to 6 de	grees C.	·		<del> </del>		Chlorinated	? Yes No		This	Doc	umer	nt is	Page _/	of	$\mathcal{I}$

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## NWA UTILITY SERVICES, INC

PO Box 9299 Fayetteville, AR 72703



APEQ Water PIYI3100 Permits Branch 5301 Northshore Pr N.21+12 Rock, AR 72118