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

MONITORING PERIOD

MM/DD/YYYY

11/1/2020

	PERMITTEE NAME	- 11, N. J
	CITY OF CAVE SPRINGS	3
(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

TO

MM/DD/YYYY

11/31/2020

4	PERMIT NO.
	4893-WR-3
1,500	AFIN NO.
	04-01642

Plant 2	CARBONACEOUS BIOCHEMICAL OXYGEN			Plant 1		UNITS	<u>-</u>	SAMPLE TYPE			
TOTAL SUSPENDED SOLIDS (TSS) 45 3.7 43 MG/L PECAL COLIFORM BACTERIA (FCB) 10,000 2419.6 7.4 COLONIES/100ml 0nce per Month / Grab Once	TOTAL SUSPENDED SOLIDS (TSS)	N DEMAND (CBODS)	30	-00							
FECAL COLIFORM BACTERIA (FCB) 10,000 2419.6 7.4 COLONIES/100ml Once per Month / Grab	<u></u>			\ \frac{2.0}{2.0}	< 2.0	MG/L					
TOTAL PHOSPHOROUS (TP) Report Report S.13 6.77 MG/L TOTAL KJELDAHL NITROGEN (TKN) Report MG/L NITROGEN AMMONIA NITROGEN (NH 3 - N) Report MG/L NITRITE NITROGEN (NO 3 - N) + NITRATE NITROGEN (NO 2 - N) Report MG/L Once per Quarter / Grab Once per Quarter	ECAL COLIFORM BACTERIA (FCB)		45	3.7	MG/L	7					
TOTAL PHOSPHOROUS (TP) Report Report Feport Report MG/L Once per Quarter / Grab Once per Quart			10,000	2419.6	7.4	COLONIES/100ml	Once per Mor	nth / Grab			
TOTAL KJELDAHL NITROGEN (TKN) Report NITROGEN AMMONIA NITROGEN (Nh 3 - N) Report NITRITE NITROGEN (NO 3 - N) + NITRATE NITROGEN (NO 2 - N) Report MG/L Once per Quarter / Grab Once per Qu	Н		6.0 - 9.0	7.2	6.6	s.u					
NITROGEN AMMONIA NITROGEN (NH 3 - N) Report MG/L NITRITE NITROGEN (NO 3 - N) + NITRATE NITROGEN (NO 2 - N) Report MG/L PLANT AVAILABLE NITROGEN (PAN) Report MG/L TOTAL FLOW MONTHLY TOTAL DAILY MAX 4,227,944 163,645 GPD NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR TYPETO OR PRINTED SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND EXECUTIVE OFFICER OR AREA NUMBER MMCDOXXXXIII	OTAL PHOSPHOROUS (TP)		Report	5,13	6.77	MG/L					
NITRITE NITROGEN (NO 3 - N) + NITRATE NITROGEN (NO 2 - N) Report MG/L MG/L TOTAL FLOW NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett Typen or printing false information, i Believe the Submitted information, including the Possibility of Fine and Submitting false information, including the Possibility of Fine and Submitted Possibi	OTAL KJELDAHL NITROGEN (TKN)		Report			MG/L					
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TOTAL FLOW 4,227,944 163,645 GPD A4,227,944 163,645 GPD A4,227,944 163,645 GPD TELEPHONE DATE TOTAL FLOW 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 TYPED OR PRINTED SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND AREA NUMBER MANUSCANO MANUSCANO AREA NUMBER MANUSCANO M	LANT AVAILABLE NITROGEN (PAN)		Report			MG/L					
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 SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND EXECUTIVE OFFICER OR 4,227,944 163,645 TELEPHONE TELEP	OTAL ELOIM			MONTHLY TOTAL							
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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 SIGNATURE OF PRINCIPAL SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND EXECUTIVE OFFICER OR AREA NUMBER MANUFACTURE.				*	TELEPHONE	DATE					
TYPED OR PRINTED SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND EXECUTIVE OFFICER OR AREA NUMBER MANDENANCE	TH INI	IOSE INDIVIDUALS IMMEDIA FORMATION, I BELIEVE THE SU	479 530-5926	12/14/2020							
	TYPED OF PRINTED	PRINTED SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND EXECUTIVE OFFICER OR									
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)			attachments here)	· · · · · · · · · · · · · · · · · · ·				<u> </u>			

TABLE II

DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS

Zone ID Limit Units			Nov-20		DAILY	163,6	
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum	
Leach Field 1	0.55		26,000	1		6026	
Zone 1	0.42	1 . [19,524	7	1	,	
Zone 2	0.45	1 [19,309	1]	zones not being used	
Zone 3	0.4	1	16,424	1	j		
Zone 4	0.46] [10,811]	İ		
Zone 5	0.2] [13,059		i	8183	
Zone 6	0.2	1 Г	7,723			4746	
Zone 7	0.2	7 [10,910]		7668	
Zone 8	0.3	7 [7,081	7		4419	
Zone 9	0.4	1 [18,291	7		12193	
Zone 10	0.3	7 F	9,450	1		6792	
Zone 11	0.2	7 - [4,110	7		2292	
Zone 12	0.4	1 F	7,522	7		3437	
Zone 13	0.25	7	5,717	7		2619	
Zone 14	0.15		6,097			3110	
Zone 15	0.2	gpd/ft2	8,378	gpd	Daily	4746	
Zone 16	0.4] [9,427]		4910	
Zone 17	0.23] [3,694			1637	
Zone 19	0.35	7 E	13,778	1		7855	
Zone 20	0.2		5,766]		2619	
Zone 21	0.4] [17,040]		9819	
Zone 22	0.5] [28,113	3		20658	
Zone 23	0.25] [15,640			8674	
Zone 24	0.25] [9,547			4910	
Zone 25	0.2] [4,436]		2782	
Zone 26	0.3] [9,334]		4746	
Zone 27	0.31] [16,511] .		9819	
Zone 28	0.31] [13,018			8019	
Zone 29	0.2		3,923		1	1801	
Zone 30	0.55] [10,116	⅃	1	6546	
Zone 31	0.3	ΙΓ	5,714			2619	

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: 2011020005

Customer Name : CAVE SPRINGS UTILITY, PLANT 1

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

Report Date : 11/11/20

Sample Date : 11/04/20

Sample Time : 1130 Sample Type : GRAB

Sample From : EFFLUENT

Collected By: HNS Delivery By: HNS

Work Order : Purchase Order :

		<u>Laboratory Analysis</u>		Quality 2	Assurance
Analysis	•			Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result Notes	Quantity Method	% RPD	% Recovery
11/04 1132 HNS	рН	7.2 S.U.	SM 2011 4500-H+ B	0.00	N/A
11/10 0900 HNS	Phosphorous, Total (as P)	5.13 mg/L	EPA 365.3	0.00	105.0
11/06 1230 HNS	Solids, Total Suspended	3.7 mg/L	SM 2011 2540 D	33.90	N/A *
11/04 1610 HNS	Fecal Coliform (MPN/100mL	2419.6 /100ml	06/2012 Colilert1	8 0.00	N/A *
11/05 1530 TWM	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	0.00	95.4 *

* 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.

4227944 163645

KNW

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

	C	lient Information				Pro	oject Inf	ormation				Re	ques	ted	Par	ame	ters	;
Company Nam	ie:	Cave Springs	Plant 1		Permit/Pro	oject#:						T	Τ					_
Address: _		PO BOX 5			Purchase	Order #:							1					
_		Cave Springs	72718		1			· · · · · · · · · · · · · · · · · · ·				٦	⇃꺑					
Telephone:		479 248-1040		· · · · · · · · · · · · · · · · · · ·	Sampler N	lame(s):		Hayden :	Smith			(43.IF)	(S)			ļ		
FAX:					1			,				1	SS	_		l	.	
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Effluent/Dos	e Tank	2011020005	11-4-20	1130	Grab	Water	Glass	250 ml	None		0 >	<u> </u>						
Effluent/Dos	e Tank		11	,	Grab	Water	Sterile	125 ml	Na ₂ S ₂ O ₃ /	Cool	1	X	1					
Effluent/Dos	e Tank	1			Grab	Water	Plastic	1/2 gal	None/Co	ool	1		х					
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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: 2011020006 Customer Name : CAVE SPRINGS UTILITY, PLANT 2

Report Date : 11/11/20

Sample Date : 11/04/20 Customer/Permit No. : 2379 / 4893-WR-3 002

Sample Time: 1145 Sample Type : GRAB Sample From : EFFLUENT

Collected By: HNS Delivery By : HNS

Work Order : Purchase Order :

Analvsis	1	Laboratory Analysis			<u>Quality F</u> Precision	Assurance Accuracy
<u>Date</u> <u>Time</u> <u>By</u> 11/04 1146 HNS 11/10 0900 HNS	Parameter pH Phosphorous, Total (as P) Solids, Total Suspended Fecal Coliform (MPN/100mL BOD, Carbonaceous	Result Notes 6.6 S.U. 6.77 mg/L 43.0 mg/L 7.4 /100ml < 2.0 mg/L	Quantity	Method SM 2011 4500-H+ B EPA 365.3 SM 2011 2540 D 06/2012 Colilert18 SM 2001 5210 B	% RPD 0.00 0.00 33.90	% Recovery N/A * 105.0 * N/A * N/A * 95.4 *

* 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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Corporate Office, Little Rock, Arkansas 501-221-2565

Carlsbad, New Mexico 575-887-1ESC

Phone: 479-750-1170

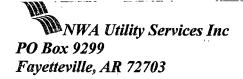
Fax: 479-750-1172

CHAIN OF CUSTODY

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							Jecr illi	omation			+	Tec	jues	lea	Para	me	Tel2
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Telephone:		479 248-1040			Sampler N	lame(s):		Hayden :	Smith			Ē					
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ESC Client Nun	ober:	2379			Janu Olynai	ture(s).	_//cy					<u>₽</u>		(22)			
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Effluent Diverter Box				Grab	Water	Plastic	1/2 gal	none/ice	1	1.	Π	Х					
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ADEQ WATER DIVISION/PERMITS BRANCH 5301 Northshore Drive N Little Rock, AR 72118-5317

