

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

<b>PERMITTEE NAME</b>
CITY OF CAVE SPRINGS
<b>PERMITTEE ADDRESS</b>
PO Box 5 Cave Springs AR 72718

<b>FACILITY NAME</b>
CAVE SPRINGS WASTEWATER TREATMENT PLANT
<b>FACILITY ADDRESS</b>
The Creeks Golf Course 1499 S Main St Cave Springs AR 72718

<b>PERMIT NO.</b>
4893-WR-3
<b>AFIN NO.</b>
04-01642

<b>MONITORING PERIOD</b>		
MM/DD/YYYY	TO	MM/DD/YYYY
11/1/2020		11/31/2020

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS							
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		Plant 1	Plant 2				
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	< 2.0	< 2.0	MG/L	Once per Month / Grab		
TOTAL SUSPENDED SOLIDS (TSS)	45	3.7	43	MG/L			
FECAL COLIFORM BACTERIA (FCB)	10,000	2419.6	7.4	COLONIES/100ml			
pH	6.0 - 9.0	7.2	6.6	s.u			
TOTAL PHOSPHOROUS (TP)	Report	5.13	6.77	MG/L			
TOTAL KJELDAHL NITROGEN (TKN)	Report			MG/L	Once per Quarter / Grab		
NITROGEN AMMONIA NITROGEN (NH <sub>3</sub> - N)	Report			MG/L			
NITRITE NITROGEN (NO <sub>2</sub> - N) + NITRATE NITROGEN (NO <sub>3</sub> - N)	Report			MG/L			
PLANT AVAILABLE NITROGEN (PAN)	Report			MG/L			
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD			
		4,227,944	163,645				
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	530-5926	12/14/2020	
TYPED OR PRINTED				AREA CODE	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)							

**TABLE II**

**DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS**

		Nov-20		DAILY MAXIMUM FLOW TOTAL		163,645
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum
Leach Field 1	0.55	gpd/ft <sup>2</sup>	26,000	gpd	Daily	6026
<b>Zone 1</b>	0.42		19,524			zones not being used
<b>Zone 2</b>	0.45		19,309			
<b>Zone 3</b>	0.4		16,424			
<b>Zone 4</b>	0.46		10,811			
Zone 5	0.2		13,059			8183
Zone 6	0.2		7,723			4746
Zone 7	0.2		10,910			7668
Zone 8	0.3		7,081			4419
Zone 9	0.4		18,291			12193
Zone 10	0.3		9,450			6792
Zone 11	0.2		4,110			2292
Zone 12	0.4		7,522			3437
Zone 13	0.25		5,717			2619
Zone 14	0.15		6,097			3110
Zone 15	0.2		8,378			4746
Zone 16	0.4		9,427			4910
Zone 17	0.23		3,694			1637
Zone 19	0.35		13,778			7855
Zone 20	0.2		5,766			2619
Zone 21	0.4		17,040			9819
Zone 22	0.5		28,113			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			1801
Zone 30	0.55		10,116			6546
Zone 31	0.3		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	Sample Date : 11/04/20	Collected By: HNS
Customer Name : CAVE SPRINGS UTILITY, PLANT 1	Sample Time : 1130	Delivery By : HNS
Customer/Permit No. : 1826 / 4893-WR-2	Sample Type : GRAB	Work Order :
Report Date : 11/11/20	Sample From : EFFLUENT	Purchase Order :

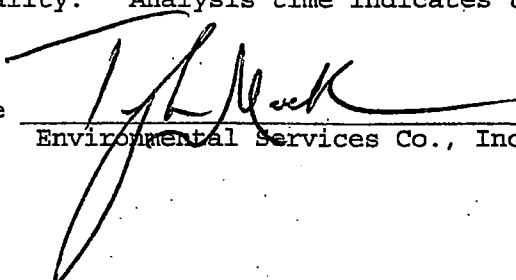
### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
11/04	1132	HNS	pH	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 Colilert18	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 163646  
 KNN

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 1				Permit/Project #: _____						pH (23)	Fecal Coliform (43.F)	CBOD (70), TSS (28)	T-Phosphorus						
Address: PO BOX 5				Purchase Order #: _____															
Cave Springs 72718				Sampler Name(s): Hayden Smith															
Telephone: 479 248-1040				and Signature(s): <i>Hayden Smith</i>															
FAX: _____				ESC Client Number: 1826															
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Effluent/Dose Tank	2011020005	11-4-20	1130	Grab	Water	Glass	250 ml	None	0	X									
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Sterile	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> /Cool	1		X								
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Plastic	1/2 gal	None/Cool	1			X							
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , 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>Hayden Smith</i>				<i>Hayden Smith</i>		11/4/20	1136			<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special								
<i>Hayden Smith</i>		11/4/20	1600	<i>[Signature]</i>		11/4/20	1600			<input checked="" 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>Hayden Smith</i>				<i>[Signature]</i>						<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units								
				Analyst:		pH:	1132	HNS	7.2	7.2									
				Time:		Temp.:													
				Reading:		DO:													
				Units:		Debris:													
<b>HNS</b>				Cool all samples to 6 degrees C.				Chlorinated? Yes No				This Document is Page 1 of 1							

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 1107 Century Avenue  
 Springdale, AR 72762  
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 2011020006	Sample Date : 11/04/20	Collected By: HNS
Customer Name : CAVE SPRINGS UTILITY, PLANT 2	Sample Time : 1145	Delivery By : HNS
Customer/Permit No. : 2379 / 4893-WR-3 002	Sample Type : GRAB	Work Order :
Report Date : 11/11/20	Sample From : EFFLUENT	Purchase Order :

### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
11/04	1146	HNS	pH	6.6 S.U.			SM 2011 4500-H+ B	0.00	N/A *
11/10	0900	HNS	Phosphorous, Total (as P)	6.77 mg/L			EPA 365.3	0.00	105.0 *
11/06	1230	HNS	Solids, Total Suspended	43.0 mg/L			SM 2011 2540 D	33.90	N/A *
11/04	1610	HNS	Fecal Coliform (MPN/100mL)	7.4 /100ml			06/2012 Colilert18	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.

KNN

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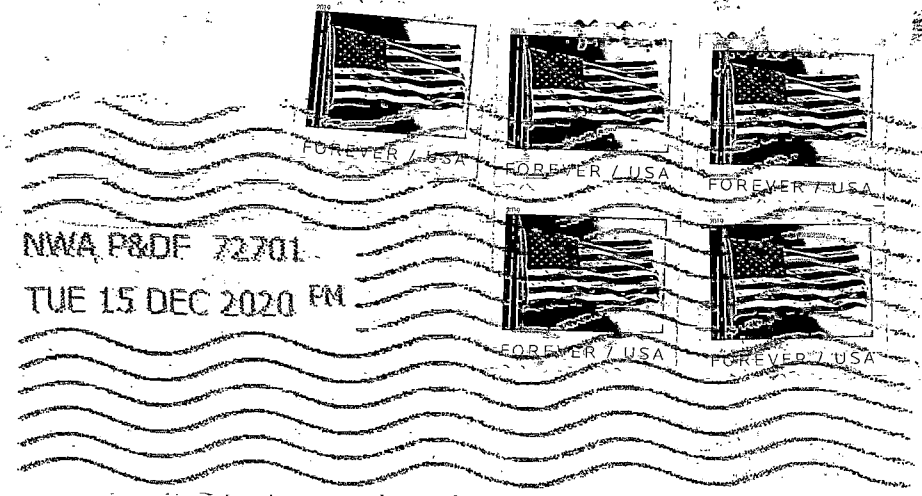
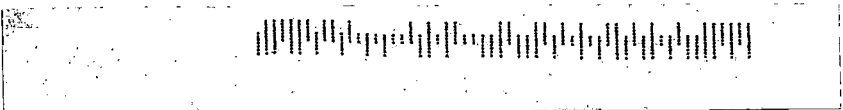
Corporate Office, Little Rock, Arkansas  
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 575-887-1ESC


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): Hayden Smith																		
Telephone: 479 248-1040				and Signature(s): <i>Hayden Smith</i>																		
FAX:																						
ESC Client Number: 2379																						
Sample Identification		Sample Collection				Sample Containers																
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#													
Effluent Diverter Box	2011020006	11-4-20	1145	Grab	Water	Teflon	150 ml	none	0	X												
Effluent Diverter Box	↓	↓	↓	Grab	Water	Sterile	100 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1		X											
Effluent Diverter Box	↓	↓	↓	Grab	Water	Plastic	1/2 gal	none/ice	1			X										
Effluent Diverter Box	↓	↓	↓	Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , 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>Hayden Smith</i>				<i>Hayden Smith</i>		11/4/20	1145			<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special											
<i>Hayden Smith</i>				<i>Tyler Mack</i>						<input checked="" 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>Hayden Smith</i>		11/4/20	1600	<i>Tyler Mack</i>		11/4/20	1600			<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units											
				Analyst:		pH:	1146	H.N.S	6.6	6.5												
				Time:		Temp.:																
				Reading:		DO:																
				Units:		Debris:																
Cool all samples to 6 degrees C.				Chlorinated?		Yes	No	This Document is Page 1 of 1														



NWA P&DF 72701  
TUE 15 DEC 2020 PM

 **NWA Utility Services Inc**  
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**ADEQ**  
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**5301 Northshore Drive**  
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