

**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
MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
9/1/2020 TO 9/30/2020

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

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 (CBOD ₅)	30	3.1	< 2.0	MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	8.6	7.3	MG/L		
FECAL COLIFORM BACTERIA (FCB)	10,000	2476.8	16.4	COLONIES/100ml		
pH	6.0 - 9.0	7	6.5	s.u		
TOTAL PHOSPHOROUS (TP)	Report	8.14	8.15	MG/L		
TOTAL KJELDAHL NITROGEN (TKN)	Report			MG/L	Once per Quarter / Grab	
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report			MG/L		
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report			MG/L		
PLANT AVAILABLE NITROGEN (PAN)	Report			MG/L		
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD		
		3,902,841	149,193			
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	10/15/2020
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

		Sep-20			DAILY MAXIMUM FLOW TOTAL		149,193
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported Maximum	
Leach Field 1	0.55	gpd/ftz	26,000	gpd	Daily	6026	
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			7460	
Zone 6	0.2		7,723			4327	
Zone 7	0.2		10,910			5968	
Zone 8	0.3		7,081			4029	
Zone 9	0.4		18,291			12193	
Zone 10	0.3		9,450			4476	
Zone 11	0.2		4,110			2089	
Zone 12	0.4		7,522			3134	
Zone 13	0.25		5,717			2388	
Zone 14	0.15		6,097			2835	
Zone 15	0.2		8,378			4327	
Zone 16	0.4		9,427			4476	
Zone 17	0.23		3,694			1492	
Zone 19	0.35		13,778			7162	
Zone 20	0.2		5,766			2388	
Zone 21	0.4		17,040			8952	
Zone 22	0.5		28,113			19962	
Zone 23	0.25		15,640			7908	
Zone 24	0.25		9,547			4476	
Zone 25	0.2		4,436			2537	
Zone 26	0.3		9,334			4327	
Zone 27	0.31		16,511			8952	
Zone 28	0.31		13,018			7311	
Zone 29	0.2		3,923			1642	
Zone 30	0.55		10,116			5968	
Zone 31	0.3		5,714			2388	

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: 2009020014
 Customer Name : CAVE SPRINGS UTILITY, PLANT 1
 Customer/Permit No. : 1826 / 4893-WR-2
 Report Date : 09/09/20

Sample Date : 09/02/20
 Sample Time : 1310
 Sample Type : GRAB
 Sample From : EFFLUNET

Collected By: HNS
 Delivery By : HNS
 Work Order :
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
09/02	1317	HNS	pH	7.0 S.U.		SM 2011 4500-H+ B	0.00	N/A *
09/09	1200	TWM	Phosphorous, Total (as P)	8.14 mg/L		EPA 365.3	1.39	105.0
09/08	0730	HNS	Solids, Total Suspended	8.6 mg/L		SM 2011 2540 D	0.00	N/A *
09/02	1630	HNS	Fecal Coliform (MPN/100mL)	2476.8 /100ml		06/2012 Colilert18	0.00	N/A *
09/03	0730	TWM	BOD, Carbonaceous	3.1 mg/L		SM 2001 5210 B	0.00	77.6 *

* 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
 3902841
 149193



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 (43.1F)	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):																			
FAX:																							
ESC Client Number: 1826																							
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
Effluent/Dose Tank	2609020014	9/2/20	1310	Grab	Water	Glass	250 ml	None	0	X													
Effluent/Dose Tank	↓	↓	↓	Grab	Water	Sterile	125 ml	Na ₂ S ₂ O ₃ /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 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:													
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Used?	Intact?												
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Turnaround:													
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Regular		Special											
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:													
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Yes		No											
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units											
						Analyst:	pH:	1317	HNS	7.0	7.0												
						Time:	Temp.:					°C °F											
						Reading:	DO:																
						Units:	Debris:																
HNS Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___													

Environmental Services Company, Inc.

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 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: 2009020015
 Customer Name : CAVE SPRINGS UTILITY, PLANT 2
 Customer/Permit No. : 2379 / 4893-WR-3 002
 Report Date : 09/09/20

Sample Date : 09/02/20
 Sample Time : 1335
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: HNS
 Delivery By : HNS
 Work Order :
 Purchase Order :


Laboratory Analysis

Analysis		Parameter	Result	Notes	Quantity	Method
Date	Time By					
09/02	1340 HNS	pH	6.5 S.U.			SM 2011 4500-H+ B
09/09	1200 TWM	Phosphorous, Total (as P)	8.15 mg/L			EPA 365.3
09/08	0730 HNS	Solids, Total Suspended	7.3 mg/L			SM 2011 2540 D
09/02	1630 HNS	Fecal Coliform (MPN/100mL)	16.4 /100ml			06/2012 Colilert18
09/03	0730 TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B

Quality Assurance	
Precision	Accuracy
% RPD	% Recovery
0.00	N/A
1.39	105.0 *
0.00	N/A *
0.00	N/A *
0.00	77.6 *

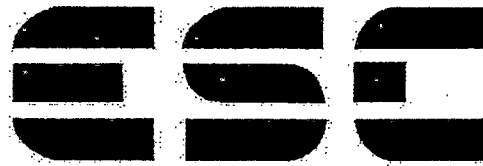
* QA data shown is from a different sample or standard on the same date.

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.

KMM

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



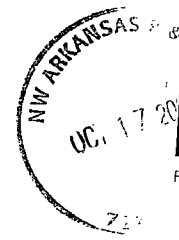
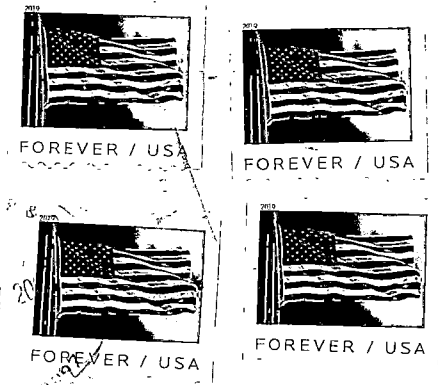
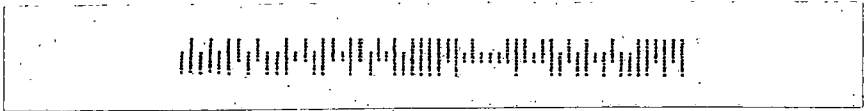
Corporate Office, Little Rock, Arkansas
 501-221-2565


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.IF)	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): Hayden Smith																
FAX:																				
ESC Client Number: 2379																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Effluent Diverter Box	260960015	9/2/20	1335	Grab	Water	Teflon	150 ml	none	0	X										
Effluent Diverter Box	↓	↓	↓	Grab	Water	Sterile	100 ml	Na ₂ S ₂ O ₃	1		X									
Effluent Diverter Box	↓	↓	↓	Grab	Water	Plastic	1/2 gal	none/ice	1			X								
Effluent Diverter Box	↓	↓	↓	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?								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Tumaround:			Regular	Special								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:			Yes	No								
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units									
HANS				Analyst:		pH:	1340	HNS	6.5	6.5										
				Time:		Temp.:					°C	°F								
				Reading:		DO:														
				Units:		Debris:														
Cool all samples to 6 degrees C.							Chlorinated? Yes No			This Document is Page __ of __										



 **NWA Utility Services Inc**
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