ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

46.173.5	PERMITTEE NAME
Joyce	Street Cottages Propert Owners Assoc
	PERMITTEE ADDRESS
	4181 Rolling Meadows
	Fayetteville, AR

FACILITY NAME (IF DIFFERENT)	F 7
Joyce Street Cottages Property Owners Association	

FACILITY ADDRESS	
3578 E Joyce Blvd	-
Fayetteville AR 72703	

PERMIT NO.	्
4957-WR-2	

AFIN NO. 72-01805

WASTEWATER EFFLUENT MONITORING PERIOD										
	MM/DD/YYYY	MM/DD/YYYY								
FROM	8/1/2017	8/31/2017								

		TREATED WASTEW	ATER EFFLUEN	IT SAMPLING	e de la companya de l	. 10		
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEAS	UNITS		QUENCY OF	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		*****	4.7	MG/L		ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	< 2		MG/L	ONCE/ MONTH		GRAB
PH EFFLUENT GROSS VALUE		6 to 9	7.2	72 811 31134		ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		15	6.5		MG/L		ONCE/ MONTH	GRAB
SOLIDS, % TOTAL		****	0.03	8	MG/L		ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		3,000	< 4		N/100 ML		ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		****	MONTHLY TOTAL DAILY MAX 117,397 4,256		GPD	ONCE/ MONTH		TOTAL FLOW
	AMINED AND AM			TELEPHONE		DATE		
INDIVIDU Kathryn Bartlett BELIEVE	ALS IMMEDIATELY RESPO THE SUBMITTED INFORMA	D HEREIN; AND BASED ON MY INC ONSIBLE FOR OBTAINING THE TION IS TRUE, ACCURATE, AND C	INFORMATION, I	SIGNATURE O	F PRINCIPAL	479	5305926	9/8/2017
TYPED OF PRINTED	TION, INCLUDING THE POS	NIFICANT PENALTIES FOR SUB SIBILITY OF FINE AND IMPRISONM		EXECUTIVE OFFICER OR AUTHORIZED AGENT			NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

AUG 2017 JOYCE STREET COTTAGES L	OADING RATES 4,256 Max Day
Zone Identification	GPD/sq 2
Zone 1	609
Zone 2	758
Zone 3	800
Zone 4	813
Zone 5	928
Zone 6	. 328

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: 1708020177

Customer Name : JOYCE STREET UTILITY LLC
Customer/Permit No. : 1827 / 4957-WR-2 001

Report Date : 08/22/17

Sample Date : 08/16/17 Sample Time : 1008

Sample Type : GRAB
Sample From : EFFLUENT

Collected By: AEU Delivery By : AEU

Work Order: Purchase Order:

•	Ţ	Laboratory Analysis		Quality A	Assurance
Analysis				Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes Qua	antity Method	% RPD	<pre>% Recovery</pre>
08/16 1012 AEU	pн	7.2 S.U.	SM 2000 4500-H+ B	0.00	N/A
08/18 1500 TSB	Phosphorous, Total (as P)	4.7 mg/L	EPA 365.3	0.00	99.0 *
08/21 1200 JCB	Solids, Total Suspended	6.5 mg/L	SM 1997 2540 D	5.41	N/A *
08/16 1615 JCB	Coliform, Fecal	< 4 /100ml	SM 9222 D 1997	0.00	N/A *
08/16 1400 TSB	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	19.72	91.1 *
08/18 0830 JCB	Solids, % Total by mass	0.038 %	SM 1997 2540 G	8.00	N/A
08/16 1012 AEU	Sample Collection/Travel	1 each			·

* 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

CHAIN OF CUSTODY

Phone: 479-750-1	170	Fax: 479-750-1172		Cl) MIAF	JF CU	510	UY										
	(Client Information			Project Information Requested Paran							ame	ters					
Company Name:		Joyce St. Utility LL0	C		Permit/Project #:													
Address:		1849 Trillium Lane			Purchase Order #:						1		Solids(82)					
	-	Fayetteville Ar 727	04] .		1					V	ħ	lids				.
Telephone:		(479)936-0333	(Cell)		Sampler Name(s): Amber Un Olivoca			L	ľ	% Sc								
Telephone:			<u> </u>		1	\	/ / / /	1			. /	P		8				
			· · · · · · · · · · · · · · · · · · ·		and Signature(s):							1		38(2	(43)			
ESC Client Numb	her:	1827			Jana Olgina	uic(s).	a de la	uca				1		15	E			
		tification	<u> </u>	Sample	Collection		T.	Sample	Containers		-	ଳ	Phos(25)	CBOD(70),TSS(28)	Coliform (43)			.
Identificatio		ESC Control #	Dete		<u> </u>	1 14-4-2	+	T	1		#	pH(23)	hos	BOI	ပြ			
			Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	T	 	<u>د</u>	п.			
EFFLU		170802017	8/16/17	1008	GRAB	Water	teflon	150 ml	none		1	X	┼	 	 			
EFFLU		/			GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	<2	1	 	X	 	ļ			
EFFLU	ENT	ļ/			GRAB	Water	Plastic	1 qt	none/ice		1		↓	X				
EFFLU	ENT		+		GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃		1	<u> </u>	<u> </u>	<u> </u>	X		\dashv	
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Relinquished By: (Signature	and Printed	un Inderway	Date Date	Time	Received By: (Signature and Printed Name)				Date	Tim	18	Used	i? around	W	<u> </u>	Intac	17	
			Received for Lab By: (Signature and Printed Name)							Regu		X		Spec				
Relinquished By: (Signature	and Printed	Name)	Date	Time	Received for Lab	By: ((Signature and	d Printed Name		8-16-17	1 Ca	ا (ا	Were	samb Yes	iles pr	operly	prese	rved: No	_
Comments:		•		·	E YOU I GO	FLOW D		Field Test		Analy		Resu		Resi	ılt		Units	
				Analyst: Time:		pH:	IOYL	AR		1	2	70	2					
						Reading:		Temp.: DO:	<u> </u>	 }-	_	25.	M :	25	4	(C.)		'F
						Units:		Debris:										
		Cool all samples to	o 6 degree	s C.	·			Chlorinated	? Yes N	0		This	Doc	ume	nt is	Page	, <u>T</u> c	of <u>7</u>