

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION
MONTHLY MONITORING REPORT

PERMITTEE NAME
Joyce Street Cottages Propert Owners Assoc

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

PERMIT NO.
4957-WR-2

PERMITTEE ADDRESS
4181 Rolling Meadows Fayetteville, AR


FACILITY ADDRESS
3578 E Joyce Blvd Fayetteville AR 72703

AFIN NO.
72-01805

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/1/2017	12/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	4.4		MG/L	ONCE/MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	3.9		MG/L	ONCE/MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7.4		S.U.	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	3.7		MG/L	ONCE/MONTH	GRAB
SOLIDS, % TOTAL	*****	0.029		MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	3,000	6,000		N/100 ML	ONCE/MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/MONTH	TOTAL FLOW
		105,022	6,125			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathryn Bartlett	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			479	5305926	1/3/2018
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) The chlorine feed system had chlorine tablets in it when lab pulled samples. We do not know why our fecal numbers were high. We ordered new stock of chlorine tablets and have started using them. We hope this will lower our fecal numbers, if not, we will contact the chlorine manufacturer.

Dec 2017 JOYCE STREET COTTAGES LOADING RATES 6,125 Max day

Zone Identification	GPD/sq 2
Zone 1	876
Zone 2	1,090
Zone 3	1,152
Zone 4	1,170
Zone 5	1,335
Zone 6	472

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: 1712020174	Sample Date : 12/20/17	Collected By: JCB
Customer Name : JOYCE STREET UTILITY LLC	Sample Time : 1010	Delivery By : JCB
Customer/Permit No. : 1827 / 4957-WR-2 001	Sample Type : GRAB	Work Order :
Report Date : 12/28/17	Sample From : EFFLUENT	Purchase Order :

Laboratory Analysis

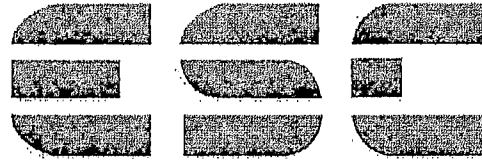
Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
12/20	1010	JCB	pH	7.4	S.U.		SM 2000 4500-H+ B	0.00	N/A *
12/26	0800	TSB	Phosphorous, Total (as P)	4.4	mg/L		EPA 365.3	0.00	99.9 *
12/22	1512	AEU	Solids, Total Suspended	3.7	mg/L		SM 1997 2540 D	7.31	N/A *
12/20	1600	CLS	Coliform, Fecal	> 6000	/100ml (b)		SM 9222 D 1997	66.67	N/A *
12/20	1400	TSB	BOD, Carbonaceous	3.9	mg/L		SM 2001 5210 B	11.12	95.9 *
12/21	1111	JCB	Solids, % Total by mass	0.029	%		SM 1997 2540 G	3.39	N/A
12/20	1010	JCB	Sample Collection/Travel	1	each				

* QA data shown is from a different sample or standard on the same date.
 (b) Exceeds Permit Limits for Maximum Concentration

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

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters											
Company Name: Joyce St. Utility LLC				Permit/Project #:						pH(23)	Phos(25)	CBOD(70), TSS(28) % Solids(82)	F. Coliform (43)								
Address: 1849 Trillium Lane				Purchase Order #:																	
Fayetteville Ar 72704				Sampler Name(s): <i>John Byrd</i>																	
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>John Byrd</i>																	
Telephone:																					
ESC Client Number: 1827																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
EFFLUENT	1712020174	12/20/17	1010	GRAB	Water	teflon	150 ml	none	1	x											
EFFLUENT	I	I	I	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x										
EFFLUENT	I	I	I	GRAB	Water	Plastic	1 qt	none/ice	1			x									
EFFLUENT	I	I	I	GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃	1				x								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input checked="" type="checkbox"/>		Intact? <input type="checkbox"/>									
<i>John Byrd</i>		12/20/17	1330	<i>John Byrd</i>				Turnaround:		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>									
<i>John Byrd</i>				<i>Amber Underwood</i>		12/20/17	1330														
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	FLOW DATA		Field Test		Time	Analyst	Result	Result	Units					
<i>John Byrd</i>				<i>Amber Underwood</i>				Analyst:		pH:		1010	JCB	7.4	7.4						
								Time:		Temp.:		I	I	17.0	17.0	°F					
								Reading:		DO:											
								Units:		Debris:											
Cool all samples to 6 degrees C.										Chlorinated? Yes No		This Document is Page <u>1</u> of <u>1</u>									