

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

PERMITTEE NAME
Joyce Street Cottages Property 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 6/1/2017	6/30/2017

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	5.6		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	2.3		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7.3		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	< 2.5		MG/L	ONCE/ MONTH	GRAB
SOLIDS, % TOTAL	*****	0.035		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	GPD	ONCE/ MONTH	TOTAL FLOW
		127,607	7,446			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathryn Bartlett TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND 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	7/6/2017
			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

June 2017 JOYCE STREET COTTAGES LOADING RATES 7,446 Max Day

Zone Identification	GPD/sq 2
Zone 1	1,065
Zone 2	1,325
Zone 3	1,400
Zone 4	1,422
Zone 5	1,623
Zone 6	573

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: 1706020207
 Customer Name : JOYCE STREET UTILITY LLC
 Customer/Permit No. : 1827 / 4957-WR-2 001
 Report Date : 06/21/17

Sample Date : 06/14/17
 Sample Time : 0837
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: AEU
 Delivery By : AEU
 Work Order :
 Purchase Order :

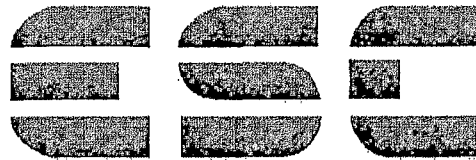
<u>Laboratory Analysis</u>						<u>Quality Assurance</u>		
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
06/14	0938	AEU	pH	7.3 S.U.		SM 2000 4500-H+ B	1.60	N/A *
06/15	1500	TSB	Phosphorous, Total (as P)	5.6 mg/L		EPA 365.3	1.89	100.9 *
06/19	1230	AEU	Solids, Total Suspended	< 2.5 mg/L		SM 1997 2540 D	12.50	N/A *
06/14	1625	JCB	Coliform, Fecal	< 4 /100ml		SM 9222 D 1997	0.00	N/A *
06/14	1400	TSB	BOD, Carbonaceous	2.3 mg/L		SM 2001 5210 B	3.74	92.0 *
06/15	1030	JCB	Solids, % Total by mass	0.035 %		SM 1997 2540 G	11.43	N/A *
06/14	0938	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 Richard Brown
 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 Fayetteville Ar 72704				Purchase Order #: _____															
Telephone: (479)936-0333 (Cell)				Sampler Name(s): <i>Amber Underwood</i>															
Telephone: _____				and Signature(s): <i>[Signature]</i>															
ESC Client Number: 1827																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
EFFLUENT	<i>17010020507</i>	<i>10/14/17</i>	<i>0937</i>	GRAB	Water	teflon	150 ml	none	1	x									
EFFLUENT	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x								
EFFLUENT	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Plastic	1 qt	none/ice	1			x							
EFFLUENT	<i>I</i>	<i>I</i>	<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:									
<i>[Signature]</i>		<i>10/14/17</i>	<i>1120</i>	<i>[Signature]</i>						Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:									
<i>[Signature]</i>				<i>[Signature]</i>						Regular	<input checked="" type="checkbox"/>	Special	<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:									
<i>[Signature]</i>				<i>[Signature]</i>				<i>10/14/17</i>	<i>1120</i>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>						
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units							
						Analyst:	pH:	<i>0938</i>	<i>AEU</i>	<i>7.3</i>	<i>7.3</i>								
						Time:	Temp.:	<i>I</i>	<i>I</i>	<i>22.10</i>	<i>22.10</i>	°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>										