

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

<b>PERMITTEE NAME</b>
Joyce Street Cottages Propert Owners Assoc

<b>FACILITY NAME (IF DIFFERENT)</b>
Joyce Street Cottages Property Owners Association

<b>PERMIT NO.</b>
4957-WR-2

<b>PERMITTEE ADDRESS</b>
4181 Rolling Meadows Fayetteville, AR

<b>FACILITY ADDRESS</b>
3578 E Joyce Blvd Fayetteville AR 72703

<b>AFIN NO.</b>
72-01805

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 5/1/2018	5/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	4.2		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		S.U.	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	5		MG/L	ONCE/MONTH	GRAB
SOLIDS, % TOTAL	*****	0.03		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
		134,488	8,331			
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
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE
COMMENTS AND EXPLANATION OF VIOLATIONS ( <i>Reference all attachments here</i> )						

May 2018 JOYCE STREET COTTAGES LOADING RATES 8,331 Max Day

Zone Identification	GPD/sq 2
Zone 1	1,191
Zone 2	1,483
Zone 3	1,566
Zone 4	1,591
Zone 5	1,816
Zone 6	642

# 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: 1805020160  
 Customer Name : JOYCE STREET UTILITY LLC  
 Customer/Permit No. : 1827 / 4957-WR-2 001  
 Report Date : 05/21/18

Sample Date : 05/16/18  
 Sample Time : 1000  
 Sample Type : GRAB JOYCE  
 Sample From : EFFLUENT

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

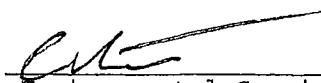
### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
05/16	1003	AEU	pH	7.2 S.U.			SM 2000 4500-H+ B	1.60	N/A *
05/17	1430	TSB	Phosphorous, Total (as P)	4.2 mg/L			EPA 365.3	0.00	115.0 *
05/17	1440	JCB	Solids, Total Suspended	5.0 mg/L			SM 1997 2540 D	10.48	N/A *
05/16	1710	JCB	Coliform, Fecal	4 /100ml			SM 9222 D 1997	0.00	N/A *
05/16	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	14.51	118.0 *
05/17	1655	JCB	Solids, % Total by mass	0.030 %			SM 1997 2540 G	2.82	N/A *

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

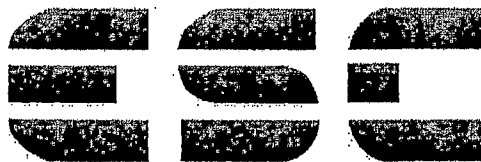
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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](http://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>Amber Underwood</i>															
Telephone: (479)936-0333 (Cell)						and Signature(s): <i>[Signature]</i>															
Telephone:																					
ESC Client Number: 1827																					
Sample Identification			Sample Collection			Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
EFFLUENT	<i>150580160</i>	<i>5/16/18</i>	<i>1000</i>	GRAB	Water	teflon	150 ml	none	1	<input checked="" type="checkbox"/>											
EFFLUENT	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		<input checked="" type="checkbox"/>										
EFFLUENT	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Plastic	1/2 gal	none/ice	1			<input checked="" type="checkbox"/>									
EFFLUENT	<i>I</i>	<i>I</i>	<i>I</i>	GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1				<input checked="" type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:													
<i>Amber Underwood</i>		<i>5/16/18</i>	<i>1347</i>	<i>[Signature]</i>				Used? <input 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>				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>5/16/18</i>	<i>1347</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
Sample(s) Received On ICE Temp: <i>2.9</i> °C						Analyst:	pH:	<i>1004</i>	<i>APL</i>	<i>7.2</i>	<i>7.2</i>										
						Time:	Temp.:	<i>2</i>	<i>2</i>	<i>20.3</i>	<i>19.9</i>	°F									
						Reading:	DO:														
						Units:	Debris:														
Cool all samples to 6 degrees C.										Chlorinated? Yes No		This Document is Page <i>1</i> of <i>1</i>									