ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

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

Joyce Street Cottages Propert Owners Assoc
PERMITTEE ADDRESS
4181 Rolling Meadows
Fovettoville AD

PERMITTEE NAME

FACILITY NAME (IF DIFFERENT)
Joyce Street Cottages Property Owners Association
FACILITY ADDRESS
3578 E Joyce Blvd
Fayetteville AR 72703

4957-WR-2	
AFIN NO.	
72-01805	
72-01805	╝

PERMIT NO

	WASTEWATER EFFLUENT MONITORING PERIOD									
	MM/DD/YYYY	MM/DD/YYYY								
FROM[9/1/2017	9/30/2017								

		TREATED WASTEW	ATER EFFLUEN	TSAMPLING	j				
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEAS	SUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		****	4.6		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		*****	0.032		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 114,995 5,050		GPD	ONCE/ MONTH	TOTAL FLOW		
	ER PENALTY OF	TELEPHONE	DATE						
INDIVIDUALS IN	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 SIGNATURE OF PRINCIPAL 479 53:								
TYPED OR PRINTED AWARE THAT	AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. EXECUTIVE OFFICER OR AND AREA CODE NUMBER CODE								

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

JOYCE STREET COTTAGES LOADING	RATES 5,050 Max Day Flow
Zone Identification	GPD/sq 2
Zone 1	722
Zone 2	899
Zone 3	949
Zone 4	965
Zone 5	1,101
Zone 6	404

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: 1709020190 Customer Name : JOYCE STREET UTILITY LLC Customer/Permit No. : 1827 / 4957-WR-2 001 Report Date : 09/25/17

Sample Date : 09/20/17 Sample Time : 0940 Sample Type : GRAB Sample From : EFFLUENT

Delivery By : JCB Work Order : Purchase Order :

Collected By: JCB.

	Quality A	Assurance							
Analysis						Precision	Accuracy		
Date Time By	Parameter	Result	Notes _	Quantity	Method	_ % RPD	% Recovery		
09/20 0940 JCB	рН	7.2 8	3.U.		SM 2000 4500-H+ B	0.00	N/A *		
09/21 1030 TSB	Phosphorous, Total (as P)	4.6 mg/L			EPA 365.3	0.00	99.9 *		
09/22 1610 JCB	Solids, Total Suspended	5.0 mg/L		5.0 mg/L			SM 1997 2540 D	22.74	N/A *
09/20 1523 RHB	Coliform, Fecal	< 4 /	'100ml		SM 9222 D 1997	0.00	N/A *		
09/20 1400 TSB	BOD, Carbonaceous	< 2.0 m	ng/L		SM 2001 5210 B	0.00	98.8		
09/25 1200 JCB	Solids, % Total by mass	0.032 %	i		SM 1997 2540 G	11.76	N/A		
09/20 0940 JCB	Sample Collection/Travel	1 €	each		i				

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.

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

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: 479-750-1170	Fax: 479-750-1172		Ci	AAIN C	of CU	SIO	JY										
Client Information					Project Information						F	₹eq	Requested Param			imet	ers
Company Name: Joyce St. Utility LLC			Permit/Project #:														
Address:	1849 Trillium Lane			Purchase	Order #:			•					Solids(82)		i		
Fayetteville Ar 72704										1		ligs					
Telephone:	(479)936-0333	(Cell)		Sampler N	ame(s):	John	Bund			l			S %		. [
Telephone:			····	1		(in)	Byd Bum	/		7			(8)				
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ESC Client Number:	1827			Janu Olynai	ure(s).		· ·			\dashv),T		. 1		
Sample Ide		1	Comple	Collection	 		Cample (Containers		\dashv_i	္ပါ	(25	02)	Coliform			
<u> </u>			1	T	I	-		T		9	pH(23)	Phos(25)	CBOD(70),TSS(28) %				
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	# -	ᄅ	<u>п</u> .	ပ	Ψ.		\dashv	
EFFLUENT	1709020190	9/20/17	940	GRAB	Water	teflon	150 ml	none		1	X		\vdash			_	
EFFLUENT		1		GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	:2	1	\dashv	Х				\dashv	
EFFLUENT				GRAB	Water	Plastic	1 qt	none/ice		1			Х	<u></u>			
EFFLUENT				GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃		1	\dashv			х			
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Relinguished By: (Signature and Printe		Date	Time	Received By: (Sig	nature and Printed	Name)		Date	Time			dy Se		لجيد			
Relinquished By: (Signature and Printe	in Blad	9/20/17 Date	Time	Received By; (Sig	nature and Printer	Name)		Dale	Time		sed?	round:	1/		Intact	<u> </u>	
Total quickly a by. Total and a fill the	od Hamoj	Julie		[]	`			Date	1 11110		egula		X		Specia	al 🔽	
Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received for Lab I	(Signature and	Printed Name	HOOK	Date Dale	Time) N				perly	preserv		-
Comments:		MILE K 18	FLOW D	ATA	Field Test	Time	Analyst		Resul	Yes It	Resu	lt		lo Jnits			
			Analyst:			pH:	94()	SCB		7	72 72						
					Time:		Temp.: DO:	سلس	سر	- i	36.	3	20.	3	(C)	°F	=
					Reading: Units:		Debris:			\dashv		\dashv	—				
	Cool all samples	to 6 degree	s C.				Chlorinated	? Yes N	0	T	his	Doc	umei	nt is	Page	1_0	f <u>†</u>