

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

PERMITTEE NAME

Joyce Street Cottages Property Owners Association Inc

FACILITY NAME

Joyce Street Cottages

PERMIT NO.

4957-WR-3

PERMITTEE ADDRESS

4200 Gabel Dr
Fayetteville AR 72703

FACILITY ADDRESS

3578 E Joyce Blvd
Fayetteville AR 72703

AFIN NO.

72-01805

WASTEWATER EFFLUENT MONITORING PERIOD

MM/DD/YYYY

4/1/2019

MM/DD/YYYY

4/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.190141	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	6,685	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	12.4	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	8.4	mg/l		
Fecal Coliform Bacteria (FCB)	3,000	> 2419.6	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	3.77	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l		
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER

Ken Gregory

TYPED OR PRINTED

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.

Ken Gregory
SIGNATURE OF COGNIZANT OFFICIAL

TELEPHONE

(479) 530-5926

DATE

5/3/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

*** LOADING RATE BY ZONE**

Zone 1	955.96	Zone 5	1457.33
Zone 2	1189.93	Zone 6	548.17
Zone 3	1256.78		
Zone 4	1276.84		

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: 1904020153
 Customer Name : JOYCE STREET UTILITY LLC
 Customer/Permit No. : 1827 / 4957-WR-2 001
 Report Date : 04/22/19

Sample Date : 04/17/19
 Sample Time : 1220
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: JEW
 Delivery By : JEW
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
04/17	1220	JEW	pH	7.3	S.U.		SM 2000 4500-H+ B	1.36	N/A
04/18	1010	AKA	Phosphorous, Total (as P)	3.770	mg/L		EPA 365.3	0.91	108.0 *
04/18	1430	TSB	Solids, Total Suspended	8.4	mg/L		SM 2011 2540 D	2.71	N/A *
04/17	1630	TSB	Fecal Coliform (MPN/100mL)	> 2419.6	/100ml		06/2012 Colilert18	7.41	0.0 *
04/17	1400	TSB	BOD, Carbonaceous	12.4	mg/L		SM 2001 5210 B	0.23	107.4 *

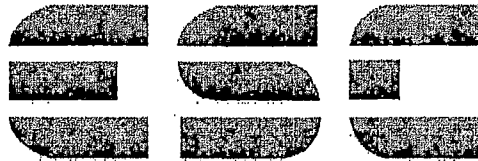
* QA data shown is from a different sample or standard on the same date.

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

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 #: Monthly					pH (23)	T-Phos (25)	CBOD (70), TSS (28)	F. Coliform (43.IF)									
Address: 1849 Trillium Lane Fayetteville Ar 72704						Purchase Order #:																	
Telephone: (479)936-0333 (Cell)						Sampler Name(s): Jim Will James Wilhse																	
Telephone:						and Signature(s):																	
ESC Client Number: 1827																							
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
EFFLUENT	1904020153	4-17-19	1220	GRAB	Water	teflon	150 ml	none	1	X													
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X												
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice	1			X											
EFFLUENT				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 type="checkbox"/>		Intact? <input type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular <input 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:		Yes <input type="checkbox"/>		No <input type="checkbox"/>											
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units											
Water was running						Analyst:	pH:	1220	JEK	7.3	7.4												
						Time:	Temp.:	1226	JEK	19.2	17.2	(C)	°F										
						Reading:	DO:																
						Units:	Debris:																
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___														