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

					PERMIT NO.			
Joyce Street Cottages Property Owners Association Inc	L	Joyce Street Cottago	es		4957-WR-3			
PERMITTEE ADDRESS	PERMITTEE ADDRESS FACILITY ADDRESS							
4200 Gabel Dr		3578 E Joyce Blvc			72-01805			
Fayetteville AR 72703		Fayetteville AR 7270	03		-			
	WASTEW	ATER EFFLUENT MONI	TORING PERIC	OD O				
		MM/DD/YYYY MM/DD/YYY						
	1/1/2019							
TREATED WASTEWATER EFFLUENT SAMPLING					1, 12			
Parameter	Limit	Limit Sample Measurement Units Monit		Monitoring	Reporting			
Flow, Monthly total	REPORT	0.308331	MG	Total Flow per calendar month				
Flow, daily maximum *	REPORT	10,010	GPD	Daily				
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l					
Total Suspended Solids (TSS)	45]				
Fecal Coliform Bacteria (FCB)	3,000			Grab Sample once per month	Prior to the 15th of the			
рН	6.0 - 9.0	6.0 - 9.0 7.3 s.u.						
Total Phosphorus (TP)	REPORT	1.33	mg/l					
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l					
Ammonia Nitrogen	REPORT	No Report mg/l		Grab sample once per quarter				
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 I CERTIFY UNDE	R PENALTY OF LAW THAT I HAVE PE	RSONALLY EXAMINED AND	AM WITH THE	~ 1	(479) 530-			
INFORMATION S	SUBMITTED HEREIN; AND BASED ON	NITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS TO SUBMITTED TO THE INFORMATION, I BELIEVE THE SUBMITTED						
Ken Gregory	TRUE ACCURATE AND COMPLETE LA		5926 FFICIAL DATE					
		RUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF COGNIZAN SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND						
TYPED OR PRINTED IMPRISONMENT.		1/7/2019						
COMMENTS AND EXPLANATION OF VIOLATIONS (Re.	ference all attachments here)							
* LOADING RATE BY ZONE								
Zone 1 1431 43 Zone 5 2182.18								

1781.78

1881.88

1911.91

Zone 2

Zone 3

Zone 4

Zone 6

820.82

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: 1901020175

Customer Name : JOYCE STREET UTILITY LLC

Customer/Permit No.: 1827 / 4957-WR-2 001

Report Date : 01/22/19

Sample Date : 01/16/19

Sample Time: 1120

Sample Type : GRAB JOYCE STREET

Sample From : EFFLUENT

Collected By: JEW Delivery By : JEW

Work Order :

Purchase Order :

	j	Quality A	Assurance		
Analysis				Precision	Accuracy
Date Time By	<u>Parameter</u>	Result Notes Quanti	ty Method	% RPD	<pre>% Recovery</pre>
01/16 1130 JEW	рН	7.3 S.U.	SM 2000 4500-H+ B	0.00	N/A
01/21 1100 TSB	Phosphorous, Total (as P)	1.330 mg/L	EPA 365.3	0.00	109.0 *
01/21 1600 AKA	Solids, Total Suspended	6.2 mg/L	SM 2011 2540 D	23.05	N/A *
01/16 1700 TSB	Fecal Coliform (MPN/100mL	< 4.0 /100ml	06/2012 Colilert18	13.66	0.0 *
01/16 1400 TSB	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	4.75	109.9 *
01/18 1000	Sample Collection/Travel	1 each			

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.

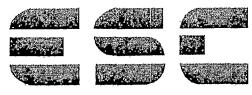
Signature

Environmental Services Co., Inc.

^{*} 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		CF	IAIN C)F CU	5101	JY											
Client Information			Project Information					Requested Parameters										
Company Name:	Joyce St. Utility LLC		Permit/Project #:															
Address:	1849 Trillium Lane		Purchase Order #:								Solids(82)							
	Favetteville Ar 72701					0					ĺ		ig	'				
Telephone:	elephone: (479)936-0333 (Cell)			Sampler Name(s): Janes Wiltz Tomes Wiltse					e			S %						
Telephone:	(110)000 0000	(00/			121110(0)1		000	-y_1 r · · · · ·			ĺ		(8)	Ē				
reiophone.				and Signa	turo/s\:	• • • • • • • • • • • • • • • • • • • •	···						38(2	(43.IF)				
ECC Client Number	1827		·····	and Signa	ture(s).						}		T.(E				
ESC Client Number:		T	0	0-11	<u> </u>						3	(25)	E	Coliform				
Sample Ider			T				Containers			pH(23)	Phos(25)	CBOD(70),TSS(28) %	ပြ					
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	d	<u>a.</u>	0	п.	\vdash			_
EFFLUENT	190102175	1-16-19	1120	GRAB	Water	teflon	150 ml	none		1	X			ļ	<u> </u>			
EFFLUENT	1901020175			GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	:2	1		x	<u> </u>		<u> </u>			
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice		1			X				<u> </u>	
EFFLUENT				GRAB	Water	Whirlpak	125 ml	Na _z S ₂ O ₃		1				х				
							1.				<u> </u>							
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Relinquished By: (Signature and Printer	Refinituished By: (Signature and Printed Name) , Date Time			Received By: (Signeture and Printed Name) Date Time					Custody Seals:									
Refinquished By: (Signature and Printed Name) Date Time			Received By: (Signature and Printed Name) Date			Tim		Used	i? around			Intac	:t?		_			
		I TIRE (Date tillie		- 1	Regu		Ë	l	Spe	cial				
Relinquished By: (Signature and Printed Name) Date Time		Received for Lab By: (Signature and Printed Name)		3)	Date -/2/9	Time We			Vere samples Yes		es properly preserved:							
Comments;		FLOW DATA Field		Field Test		Analy					ult	No Units						
				Analyst:		рН:	1130	VEW 7		7.			3	°C) °F				
			Time:		Temp.:	1130	JEU	\mathcal{L}	11:	, 1	16	Ċ,	°C/		°F			
				Reading: Units:		DO: Debris:	 	 						\vdash				
Cool all samples to 6 degrees C.				Olina.			l? Yes N	lo lo		This	s Doc	cume	ent is	Pag	۵	of		
															=		_	