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

	PERMITTEE NAME
Joyce	Street Cottages Property Owners Association Inc
·. •	PERMITTEE ADDRESS
	4200 Gabel Dr
	Fayetteville AR 72703

 FACIL	ITY NAME	
 Joyce St	reet Cottages	
FACILIT	Y ADDRESS	
3578 E	Joyce Blvd	
 Fayettev	ille AR 72703	

PERMIT NO. 4957-WR-3

72-01805

WASTEWATER EFFLUENT MONITORING PERIOD							
MM/DD/YYYY		MM/DD/YYYY					
1/1/2021		1/31/2021					

Parameter		Limit	Sample Measurement	Units	Monitoring.	Reporting	
Flow, Monthly total		REPORT	0.0459,490	MG	Total Flow per calendar month		
Flow, daily maximum *		REPORT	18,904	GPD	Daily		
Carbonaceous Biochemical Oxygen Demand	(CBOD5)	30	< 2.0	mg/l			
Fotal Suspended Solids (TSS)	, <u></u>	45	24.4	mg/l			
Fecal Coliform Bacteria (FCB)		3,000	4.00	colonies/100ml	Grab Sample once per month		
ЭН		6.0 - 9.0	7.2	s.u.	- -	Prior to the 15th of the following Month	
Fotal Phosphorus (TP)		REPORT	2.48	mg/l]		
Fotal Kjeldahl Nitrogen (TKN)		REPORT		mg/l			
Ammonia Nitrogen		REPORT		mg/l	Chlo anno nos guardos		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (N	O2-N)	REPORT		mg/l	Grab sample once per quarter		
Plant Available Nitrogen (PAN)		REPORT		mg/l	1		
NAME OF PRINCIPAL EXECUTIVE OFFICER		PENALTY OF LAW THAT I HAVE PER			10010	TELEPHONE (479) 530-	
Kathy Bartlett	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 SIGNATURE OF COCNIZANT OFFICIAL						
TYPED OR PRINTED	1	UBMITTING FALSE INFORMATION, IN	FFICIAL DATE 2/12/2021				

* LOADING RATE BY ZONE

Zone 1	2703
Zone 2	3365
Zone 3	3554
Zone 4	3610
Zone 5	4121
Zone 6	1551

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: 2101020083 Customer Name: JOYCE STREET UTILITY LLC Customer/Permit No.: 1827 / 4957-WR-2 001 Sample Date : 01/20/21 Sample Time : 0930 Collected By: HNS
Delivery By: HNS
Work Order:

Customer/Permit No.: 1827 / 4957 Report Date: 01/26/21 Sample Type : GRAB
Sample From : EFFLUENT

Purchase Order:

	<u> 1</u>	Laboratory Analysis		Quality P	Assurance
Analysis				Precision	Accuracy
Date Time By	Parameter	Result Notes Quar	ntity Method	% RPD	% Recovery
01/20 0933 HNS	рН	7.2 S.U.	SM 2011 4500-H+ B	0.00	N/A *
01/22 1130 HNS	Phosphorous, Total (as P)	2.48 mg/L	EPA 365.3	1.65	102.0 *
01/25 1330 HNS	Solids, Total Suspended	24.4 mg/L	SM 2011 2540 D	25.94	N/A *
01/21 1630 HNS	Fecal Coliform (MPN/100mL	4.0 /100ml	06/2012 Colilert18	0.00	N/A *
01/21 0730 TWM	BOD, Carbonaceous	< 2.0 mg/L	. SM 2001 5210 B	0.00	101.3 *

* 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

4594904

Kristin Mullins

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

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CHAIN OF CUSTODY

<u> </u>				TAIN OF CUSTOD!													
Client Information				Project Information						Requested Parameters							
Company Name:	Joyce St. Utility LL	LC Permit/Pro			ject #:		Monthly										
Address:	1849 Trillium Lane		Purchase	Order #:							1						
	Fayetteville Ar 72704								•				:				
Telephone:	(479)936-0333 (Cell)			Sampler Name(s): //axde~ 5mi+h and Signature(s): Hough OAth					(28)	<u> </u>							
Telephone:				1	,						SS (Ē,				
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	and Signal	ture(s):	House	la la	At					(43				1
ESC Client Number:	1827			1 "	()	11990					(20)	(25)	ΕŽ	'			
Sample ide	ntification		Sample	Collection			Sample (Containers	3			T-Phos	Coliform (43.IF)	(23)			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	СВОD	다	F. C	표			-
EFFLUENT	2101026083	1-20-21	0930	GRAB	Water	Plastic	1/2 gal	None, C	ool	1	х						
EFFLUENT	1		1	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pl		1		х					
EFFLUENT		1		GRAB	Water	Sterile	125 mL	Na2S20		1			х				
EFFLUENT	+	1	1	GRAB	Water	Glass	250 mL	None		0				Х			
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	;																
Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received By: (Sig	gnature and Printed	d Name)		Date	Tin	ne	Custo Used	ody Se	eals:	 [Intac		
Relinquished By: (Signature and Printed Name) Date Time		Received By: (Signature and Printed Name) Date Time			ю		around	:	<u></u>	illac	<u> </u>						
Deline stated Day (County County County Deline & Name)		Possived for Lab				- Tim		Regu		X		Spec					
Relinquished By: (Signature and Printed Name) Date Time 1-20-21 1600		TVR.	By: (Signature and		<u>"</u>	2 Date	Date A I ESO		vveie	re samples proper Yes X		openy	No ,				
Comments:			l i	FLOW D	ATA	Field Test	Time	Analy	st	Resu	ult	Resu	ılt		Units		
					Analyst:		pH:	0933	HN	5	70	2	7.	2			
		·			Time:		Temp.:	ļ			<u> </u>				°C	°	=
4,7	-1.				Reading:	· · · · · · · · · · · · · · · · · · ·	DO:				<u> </u>		<u> </u>		<u> </u>		
HWS					Units:		Debris:				l		1		1		

Chlorinated? Yes

Cool all samples to 6 degrees C.















NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

ADEQ WATER DIVISION/PERMITS BRANCH 5301 Northshore Drive N Little Rock, AR 72118-5317