

**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		MM/DD/YYYY
3/1/2019		3/31/2019

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.185886	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	7,879	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	27.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	6.3	mg/l		
Fecal Coliform Bacteria (FCB)	3,000	< 4	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	2.75	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME OF 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.	SIGNATURE OF COGNIZANT OFFICIAL	TELEPHONE
			(479) 530-5926
TYPED OR PRINTED			DATE
			4/5/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE					
Zone 1		1126.70	Zone 5		1717.62
Zone 2		1402.46	Zone 6		646.08
Zone 3		1481.25			
Zone 4		1504.89			

# 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: 1903020154  
 Customer Name : JOYCE STREET UTILITY LLC  
 Customer/Permit No. : 1827 / 4957-WR-2 001  
 Report Date : 03/26/19

Sample Date : 03/20/19  
 Sample Time : 1135  
 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 % RPD	Accuracy % Recovery
03/20	1135	JEW	pH	7.4	S.U.		SM 2000 4500-H+ B	0.00	N/A
03/21	1345	TSB	Phosphorous, Total (as P)	2.750	mg/L		EPA 365.3	1.50	110.0 *
03/21	0910	TSB	Solids, Total Suspended	6.3	mg/L		SM 2011 2540 D	2.90	N/A *
03/20	1730	TSB	Fecal Coliform (MPN/100mL)	< 4.0	/100ml		06/2012 Colilert18	0.00	0.0 *
03/20	1400	AKA	BOD, Carbonaceous	27.1	mg/L		SM 2001 5210 B	2.77	102.4 *

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

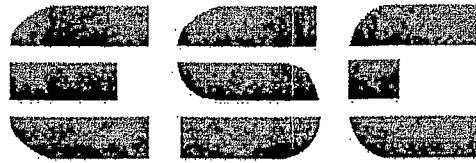
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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): <i>James Wilton James Wilton</i>																
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	1903020154	3-20-19	1135	GRAB	Water	teflon	150 ml	none	1	x										
EFFLUENT				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		x									
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice	1			x								
EFFLUENT				GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1				x							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:										
<i>James Wilton James Wilton</i>		3-20-19	1230							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:										
				<i>James Wilton James Wilton</i>				3-20-19	1230	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units										
				Analyst:	pH:	1135	<i>JW</i>	7.4	7.4											
				Time:	Temp.:	1135	<i>JW</i>	11.5	11.5	°C °F										
				Reading:	DO:															
				Units:	Debris:															
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___										