

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

<b>PERMITTEE NAME</b>
Joyce Street Cottages Property Owners Association Inc
<b>PERMITTEE ADDRESS</b>
4200 Gabel Dr Fayetteville AR 72703

<b>FACILITY NAME</b>
Joyce Street Cottages


<b>PERMIT NO.</b>
4957-WR-3

<b>FACILITY ADDRESS</b>
3578 E Joyce Blvd Fayetteville AR 72703

<b>AFIN NO.</b>
72-01805

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
3/1/2021	3/31/2021

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.0476,356	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	27,162	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	7	mg/l		
Fecal Coliform Bacteria (FCB)	3,000	123.50	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	2.74	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l		
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	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
			4/13/2021

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE	
Zone 1	3884
Zone 2	4834
Zone 3	5106
Zone 4	5188
Zone 5	5921
Zone 6	2229

# 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: 2103020053  
 Customer Name : JOYCE STREET UTILITY LLC  
 Customer/Permit No. : 1827 / 4957-WR-2 001  
 Report Date : 03/24/21

Sample Date : 03/17/21  
 Sample Time : 0945  
 Sample Type : GRAB  
 Sample From : EFFLUENT

Collected By: HNS  
 Delivery By : HNS  
 Work Order :  
 Purchase Order :

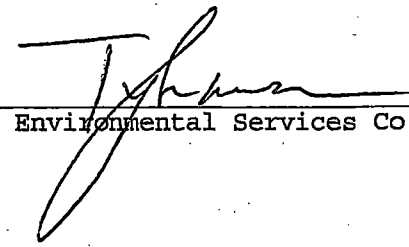
### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
03/17	0948	HNS	pH	7.2 S.U.			SM 2011 4500-H+ B	0.00	N/A
03/22	1500	HNS	Phosphorous, Total (as P)	2.74 mg/L			EPA 365.3	0.38	98.0 *
03/19	1300	HNS	Solids, Total Suspended	7.0 mg/L			SM 2011 2540 D	5.71	N/A
03/17	1610	HNS	Fecal Coliform (MPN/100mL)	123.5 /100mL			06/2012 Colilert18	10.53	N/A *
03/18	0738	TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	38.20	85.7 *

\* 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.

RSW

476356

27162

Environmental Services Company, Inc.  
 Northwest Arkansas  
 1107 Century Street  
 Springdale, Arkansas 72762  
 website: www.esclabs.com



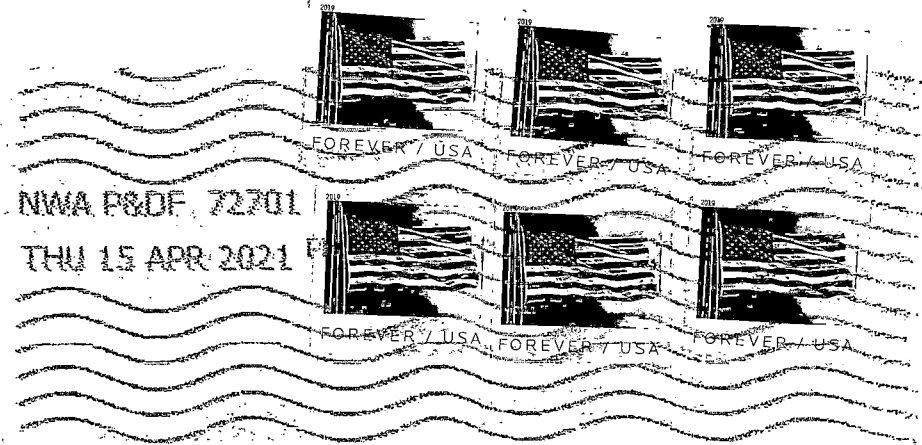
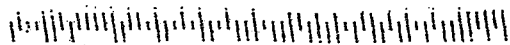
Corporate Office, Little Rock, Arkansas  
 501-221-2565


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: <u>Joyce St. Utility LLC</u>				Permit/Project #: <u>Monthly</u>						CBOD (70), TSS (28)	T-Phos (25)	F. Coliform (43.1F)	pH (23)						
Address: <u>1849 Trillium Lane</u>				Purchase Order #:															
<u>Fayetteville Ar 72704</u>				Sampler Name(s): <u>Hayden Smith</u>															
Telephone: <u>(479)936-0333 (Cell)</u>				and Signature(s): <u>Hayden Smith</u>															
Telephone:																			
ESC Client Number: <u>1827</u>																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
<b>EFFLUENT</b>	<u>2103020053</u>	<u>3-17-21</u>	<u>0945</u>	GRAB	Water	Plastic	1/2 gal	None, Cool	1	<input checked="" type="checkbox"/>									
<b>EFFLUENT</b>	↓	↓	↓	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		<input checked="" type="checkbox"/>								
<b>EFFLUENT</b>	↓	↓	↓	GRAB	Water	Sterile	125 mL	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1			<input checked="" type="checkbox"/>							
<b>EFFLUENT</b>	↓	↓	↓	GRAB	Water	Glass	250 mL	None	0				<input checked="" type="checkbox"/>						
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 checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>								
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units								
				Analyst:		pH:	<u>0945</u>	<u>HNS</u>	<u>7.2</u>	<u>7.2</u>									
				Time:		Temp.:					°C	°F							
				Reading:		DO:													
				Units:		Debris:													
<u>HNS</u>		<b>Cool all samples to 6 degrees C.</b>				Chlorinated? Yes No		This Document is Page <u>  </u> of <u>  </u>											



 ***NWA Utility Services Inc***  
***PO Box 9299***  
***Fayetteville, AR 72703***

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