

**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

FACILITY NAME
Joyce Street Cottages
FACILITY ADDRESS
3578 E Joyce Blvd Fayetteville AR 72703

PERMIT NO.
4957-WR-3
AFIN NO.
72-01805

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2019	5/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING						
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting	
Flow, Monthly total	REPORT	0.250781	MG	Total Flow per calendar month	Prior to the 15th of the following Month	
Flow, daily maximum *	REPORT	9,998	GPD	Daily		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	31.2	mg/l	Grab Sample once per month		
Total Suspended Solids (TSS)	45	14.4	mg/l			
Fecal Coliform Bacteria (FCB)	3,000	617	colonies/100ml			
pH	6.0 - 9.0	7.4	s.u.			
Total Phosphorus (TP)	REPORT	2.93	mg/l	Grab sample once per quarter		
Total Kjeldahl Nitrogen (TKN)	REPORT	7.9	mg/l			
Ammonia Nitrogen	REPORT	6.1	mg/l			
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	4.5	mg/l			
Plant Available Nitrogen (PAN)	REPORT	11.1	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.					TELEPHONE
Ken Gregory						(479) 530-5926
TYPED OR PRINTED						DATE
					6/7/2019	
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) We feel we missed our CBOD limit due to heavy rain prior to labs pulling sample which hydraulically overloaded the treatment system not allowing proper retention time for treatment. If rain slows, we should get better treatment, We will monitor and report next month.						

* LOADING RATE BY ZONE					
Zone 1	1429.71	Zone 5	2179.56		
Zone 2	1779.64	Zone 6	819.84		
Zone 3	1879.62				
Zone 4	1909.62				

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: 1905020083
 Customer Name : JOYCE STREET UTILITY LLC
 Customer/Permit No. : 1827 / 4957-WR-2 001
 Report Date : 05/21/19

Sample Date : 05/15/19
 Sample Time : 1405
 Sample Type : GRAB JOYCE STREET
 Sample From : EFFLUENT

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

Laboratory Analysis

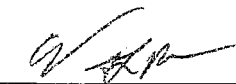
Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
05/16	1030	AKA	Ammonia as N, (HACH 10205)	6.10 mg/L			SM 2011 4500-NH3 F	0.20	100.8 *
05/20	0935	AKA	Total Kjeldahl Nitrogen	7.9 mg/L			02/2014 HACH 10242	9.52	85.0
05/15	1405	JEW	pH	7.4	S:U		SM 2000 4500-H+ B	0.00	N/A *
05/20	1040	AKA	Phosphorous, Total (as P)	2.930 mg/L			EPA 365.3	0.82	106.0 *
05/16	0900	AKA	Solids, Total Suspended	14.4 mg/L			SM 2011 2540 D	19.10	N/A *
05/15	1616	VLP	Fecal Coliform (MPN/100mL)	617.0 /100ml			06/2012 Colilert18	15.38	0.0 *
05/15	1500	AKA	BOD, Carbonaceous	31.2 mg/L	(b)		SM 2001 5210 B	19.44	109.1 *
05/17	1445	AKA	Nitrate + Nitrite	4.50 mg/L			01/2013 HACH 10206	0.87	107.6 *
05/21	1415	AKA	Nitrogen, Plant Available	11.1 mg/L			SM 1997 4500-N		

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

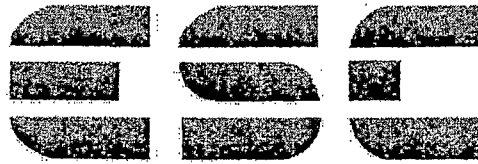
(b) Exceeds Permit Limits for Maximum Concentration

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: <u>Joyce St. Utility LLC</u>						Permit/Project #: <u>Quarterly</u>					pH (23) T-Phos (25), NH ₃ -N (15.A), s-TKN(16.C), NO ₃ +NO ₂ (91) CBOD(70), TSS (28) F. Coliform (43.IF) PAN (99.99)						
Address: <u>1849 Trillium Lane</u>						Purchase Order #:											
<u>Fayetteville Ar 72704</u>						Sampler Name(s): <u>James Wilts James W. Hse</u>											
Telephone: <u>(479)936-0333 (Cell)</u>						and Signature(s):											
Telephone:																	
ESC Client Number: <u>1827</u>																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH (23)	T-Phos (25), NH ₃ -N (15.A)	s-TKN(16.C), NO ₃ +NO ₂ (91)	CBOD(70), TSS (28)	F. Coliform (43.IF)	PAN (99.99)		
EFFLUENT	<u>1905020083</u>	<u>5-15-19</u>	<u>1405</u>	GRAB	Water	teflon	150 ml	none	1	X							
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X	X			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:									
<u>James Wilts James W. Hse</u>		<u>5-15-19</u>	<u>1500</u>	<u>Alexis Anderson</u>		<u>5-15-19</u>	<u>1500</u>	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:									
				<u>Alexis Anderson</u>		<u>5-15-19</u>	<u>1500</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>									
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	<u>1405</u>	<u>JEW</u>	<u>7.4</u>	<u>7.4</u>						
						Time:	Temp.:	<u>1405</u>	<u>JEW</u>	<u>21.7</u>	<u>21.6</u>	<u>(C)</u> °F					
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___								