ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

PERMITTEE NAME	-
Joyce Street Cottages Propert Owners As	soc

PERMITTEE ADDRESS
4181 Rolling Meadows
Fayetteville, AR

FACILITY NAME (IF DIFFERENT) Joyce Street Cottages Property Owners Association

FACILITY ADDRESS
3578 E Joyce Blvd
Fayetteville AR 72703

PERMIT NO.	_
4957-WR-2	

AFIN NO. 72-01805

	WASTEWATER EFFLUENT MONITORING PERIOD										
	MM/DD/YYYY	MM/DD/YYYY									
FROM	11/1/2018	11/30/2018									

		TREATED WASTEW	ATER EFFLUE	IT SAMPLING		ر . 				
PARAMET	ER	PERMIT REQUIREMENT	SAMPLE MEA	SUREMENT	UNITS		QUENCY OF NALYSIS	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		****	3.29	MG/L		ONCE/ MONTH	GRAB			
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	4.6		MG/L	ONCE/ MONTH		GRAB		
PH EFFLUENT GROSS VALUE		6 to 9	6 to 9 7.5		S.U.	i	ONCE/ MONTH	GRAB		
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		15	6.5		MG/L		ONCE/ MONTH	GRAB		
SOLIDS, % TOTAL		****	0.02	7	MG/L	ONCE/ MONTH		GRAB		
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		3,000	< 4		N/100 ML		ONCE/ MONTH	GRAB		
FLOW, THRU CONDUIT OR TRE EFFLUENT GROSS VALUE	ATMENT UNIT	*****	MONTHLY TOTAL 162,985	DAILY MAX 6,426	GPD	1	ONCE/ MONTH	TOTAL FLOW		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		LAW THAT I HAVE PERSONALLY EX	1			TI	ELEPHONE	DATE		
Kathryn Bartlett	INDIVIDUALS IMMEDIATELY RES	TED HEREIN; AND BASED ON MY INC SPONSIBLE FOR OBTAINING THE MATION IS TRUE, ACCURATE, AND O	INFORMATION, 1	moell De	PRINCIPAL	479	5305926	12/6/2018		
TYPED OR PRINTED	INFORMATION, INCLUDING THE P	GONIFICANT PENALTIES FOR SUE POSSIBILITY OF FINE AND IMPRISONM		EXECUTIVE O AUTHORIZE		MM/DD/YYYY				

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Nov 2018 JOYCE STREET COTTAGES LOADING RATES 6,426 Max Day								
Zone Identification	GPD/sq 2							
Zone 1	919							
Zone 2	1,144							
Zone 3	1,208							
Zone 4	1,227							
Zone 5	1,401							
Zone 6	495							

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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: 1811020190

Customer Name : JOYCE STREET UTILITY LLC

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

Report Date : 11/28/18

Sample Date : 11/21/18

Sample Time : 0931

Sample Type : GRAB JOYCE Sample From : EFFLUENT

Work Order :

Collected By: NTR

Delivery By : NTR

LUENT Purchase Order :

	Quality 7	Assurance					
Analysis						Precision	Accuracy
Date Time By	Parameter	Result	Notes _	Quantity	Method	% RPD	% Recovery
11/21 0933 NTR	рн	7.5 S.U.			SM 2000 4500-H+ B	0.00	N/A
11/28 0830 TSB	Phosphorous, Total (as P)	3.290 mg/L			EPA 365.3	1.85	107.0 *
11/27 1115 TSB	Solids, Total Suspended	6.5 mg/L			SM 1997 2540 D	14.44	N/A *
11/21 1600 TSB	Fecal Coliform (MPN/100mL	< 4.0 /100r	nl		06/2012 Colilert18	0.00	0.0 *
11/21 1400 TSB	BOD, Carbonaceous	4.6 mg/L		•	SM 2001 5210 B	9.66	96.0 *
11/26 1630 TSB	Solids, % Total by mass	0.027 움			SM 1997 2540 G	10.53	A\N
11/21 ESC	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

Phone: 479-750-1170

Fax: 479-750-1172



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

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information					Pro	oject Inf	ormation				F	Req	ues	ted	Par	ame	eters	
Company Name: Address:	Joyce St. Utility LLo			Permit/Project#: Purchase Order#:									s(82)					
Telephone:	Fayetteville Ar 727	04 (Cell)		Sampler Name(a):			alm dD						Solids(82)					
Telephone: (479)936-0333 (Cell) Telephone:		Joannpier iv	Sampler Name(s): Nod Rygyson						3(28) %	(43.IF)								
ESC Client Number: 1827			and Signature(s):			-		2)	CBOD(70),TSS(28) %	Coliform (4								
Sample Ider	ntification		Sample	Collection			Sample (Containers	3		23)	Phos(25)	2	慢			,	
Identification	ESC Control #	Date	Time	Туре	Matrix	Type	Volume	Preserva	ative	#	pH(23)	품	SBC	F. (
EFFLUENT	1811070190	11-21-18	0931	GRAB	Water	teflon	150 ml	none		1	х							
EFFLUENT				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1		x						
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice		1			x					
EFFLUENT			1	GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃ 1		1				х				
			<u> </u>															
											\Box							
											\Box							
Relinquished By: (Signature and Printe	d Name)	Dale	Time	Received By: (Signature and Printed Name) Date Time						Custody Seals: Used? \(\) intact?								
Relinquished By: (Signature and Printe	·	Date	Time	}	nature and Printed	-		Date	Time	F	Regula		Ź		Spec	cial	$\overline{\exists}$	
Relinquished By: (Signature and Printe	New Person	Date 1 - 21 - 18	1150	Received for Lab	By: (Signature and			Date 17-3/-18	8 1150		•	samples properly			perly preserved: No			
Comments: 0					-FLOW-DA		-Field-Test-	—Time—	Analys	_	₹esu	_	Resu	-		Units		\equiv
		· ·			Analyst: Time:		pH: Temp.:	0433	NTO	-	7. 15.		71. 15.		ডি '	<u>SU</u>	اج	
					Reading:		DO:								<u> </u>			
	0-1-0	- 0 -1	- 0		Units:		Debris:		L	<u> </u>	-							
24/	Cool all samples t	o o aegree	s C.)		Chlorinated	? Yes N	0		nis	Doc	ume	nt is	Page	, 1	of _	
G:WPL_JOCIFORMSICHAIN.X	LS				•											;		