

**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
10/1/2019

MM/DD/YYYY
10/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.299152	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.09191	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	19.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	5.5	mg/l		
Fecal Collform Bacteria (FCB)	3,000	< 1.0	colonies/100ml		
pH	6.0 - 9.0	7.5	s.u.		
Total Phosphorus (TP)	REPORT		mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER

Ken Gregory

TYPED OR PRINTED

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.

Ken Gregory
SIGNATURE OF COGNIZANT OFFICIAL

TELEPHONE

(479) 530-5926

DATE

11/14/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

*** LOADING RATE BY ZONE**

Zone 1	1314	Zone 5	2003		
Zone 2	1636	Zone 6	756		
Zone 3	1727				
Zone 4	1755				

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: 1910020117
 Customer Name : JOYCE STREET UTILITY LLC
 Customer/Permit No. : 1827 / 4957-WR-2 001
 Report Date : 10/22/19

Sample Date : 10/16/19
 Sample Time : 0949
 Sample Type : GRAB JOYCE
 Sample From : EFFLUENT

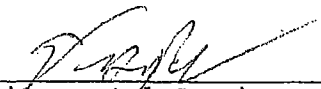
Collected By: NTR
 Delivery By : NTR
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
10/16	0950	NTR	pH	7.5	S.U.		SM 2011 4500-H+ B	0.00	N/A *
10/17	1000	TSB	Phosphorous, Total (as P)	0.20	mg/L		EPA 365.3	0.00	109.0 *
10/18	1500	TSB	Solids, Total Suspended	5.5	mg/L		SM 2011 2540 D	23.48	N/A *
10/16	1639	TSB	Fecal Coliform (MPN/100mL)	< 1.0	/100ml		06/2012 Colilert18	0.00	0.0 *
10/16	1600	TSB	BOD, Carbonaceous	19.7	mg/L		SM 2001 5210 B	0.00	110.0 *

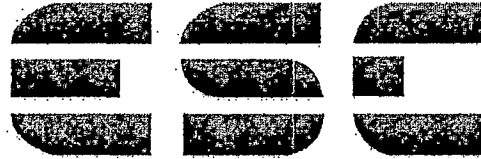
* QA data shown is from a different sample or standard on the same date.

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.

299,152
 9191

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

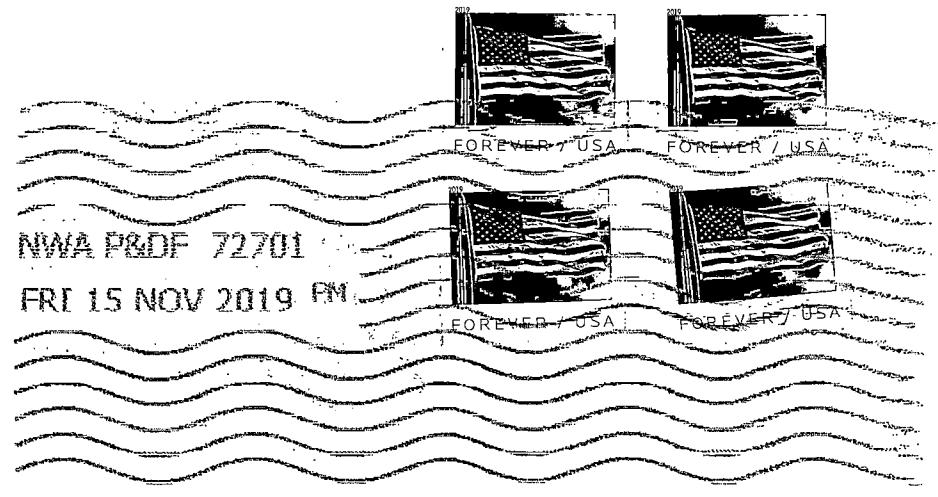
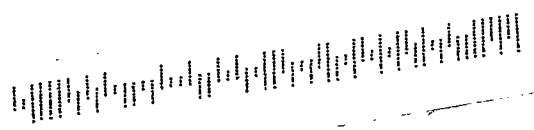
Phone: 479-750-1170 Fax: 479-750-1172

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): Ned Ryerson															
Telephone:				and Signature(s): Ned Ryerson															
ESC Client Number: 1827																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
EFFLUENT	1910020117	10-16-19	0949	GRAB	Water	teflon	150 ml	none	1	X									
EFFLUENT	I	I	I	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X								
EFFLUENT	I	I	I	GRAB	Water	Plastic	1/2 gal	none/ice	1			X							
EFFLUENT	I	I	I	GRAB	Water	Whirlpak	100 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:		Used?	<input checked="" type="checkbox"/> N	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"/> X	Special	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name) Ned Ryerson - Ned Ryerson		Date	Time	Received By: (Signature and Printed Name) Lamen Brock Tamera Brooks		Date	Time	Were samples properly preserved:		Yes	<input checked="" type="checkbox"/> X	No	<input type="checkbox"/>						
Comments:		FLOW DATA		Field Test		Time	Analyst	Result	Result	Units									
		Analyst:		pH:		0950	NRL	7.5	7.5	SU									
		Time:		Temp.:		0950	NRL	17.9	17.9	°C									
		Reading:		DO:															
		Units:		Debris:															
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1										

NWA Utility Services
PO BOX 9299
Fayetteville, AR

72703



ADEG
Water Division Permits Branch
5301 Northshore Dr
North Little Rock, AR

72118-5317