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

PERMITTEE NAME	FACILITY NAME	PERMIT NO.
Joyce Street Cottages Property Owners Association Inc	Joyce Street Cottages	4957-WR-3
PERMITTEE ADDRESS	FACILITY ADDRESS	AFIN NO.
4200 Gabel Dr	3578 E Joyce Blvd	72-01805
Fayetteville AR 72703	Fayetteville AR 72703	<u> </u>
	WASTEWATER EFFLUENT MONITORING PERIOD	ĸ.
	MM/DD0000	

	WASTEV	WATER EFFLUENT MONIT	ORING PERI	OD	
	MM/DD/YYYY			MM/DD/YYYY	
	9/1/2020			9/30/2020	
MM/DD/YYYY 9/1/2020  TREATED WASTEWATER EFFLUENT SAMPLING Parameter Limit  Flow, Monthly total REPORT	to the second of the second	and the state of t	The state of	a state of the second	· · ·
Parameter	Limit	Sample Measurement	Units	Monitoring	٠
Flow, Monthly total	REPORT	0.0219,753	MG	Total Flow per calendar month	_
Flow daily maximum *	REPORT	0.010050	GPD	Daily	

0.010050 Carbonaceous Biochemical Oxygen Demand (CBOD5) 30 < 2.0 mg/l Total Suspended Solids (TSS) 45 11 mg/l Fecal Coliform Bacteria (FCB) 3,000 < 4.0 colonies/100ml Grab Sample once per month Prior to the 15th of the 6.0 - 9.07.4 s.u. following Month Total Phosphorus (TP) REPORT 0.33 mg/l Total Kjeldahl Nitrogen (TKN) REPORT mg/l Ammonia Nitrogen REPORT mg/i Grab sample once per quarter Nitrate Nitrogen ( NO<sub>3</sub>-N) + Nitrite Nitrogen ( NO<sub>2</sub>-N) REPORT mg/l Plant Available Nitrogen (PAN) REPORT

NAME OF PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett

**TYPED OR PRINTED** 

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

(479) 530-5926 DATE

10/15/2020

TELEPHONE

Reporting

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

\* LOADING RATE BY ZONE

Zone 1	1437
Zone 2	1789
Zone 3	1889
Zone 4	1919
Zone 5	2191
Zone 6	825

## 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: 2009020044

Customer Name : JOYCE STREET UTILITY LLC

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

Report Date : 09/22/20

Sample Date : 09/16/20

Sample Time : 0850 Sample Type : GRAB

Sample From : EFFLUENT

Collected By: HNS Delivery By: HNS

Work Order:

Purchase Order :

<u>Laboratory Analysis</u>						<u>Ouality Assurance</u>					
Analysis				1	Precision	Accuracy					
Date Time By	Parameter	Result Notes	Quantity	Method	% RPD	<pre>% Recovery</pre>					
09/16 0853 HNS	Hq	7.4 S.U.		SM 2011 4500-H+ B	0.00	N/A					
09/21 1000 HNS	Phosphorous, Total (as P)	0.33 mg/L		EPA 365.3	0.97	103.0 *					
09/21 1400 HNS	Solids, Total Suspended	11.0 mg/L		SM 2011 2540 D	0.00	N/A *					
09/16 1630 HNS	Fecal Coliform (MPN/100mL	< 4.0 /100ml		06/2012 Colilert18	0.00	N/A *					
		< 2.0 mg/L		SM 2001 5210 B	0.00	93.8					

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

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<sup>\*</sup> 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



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

Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

Phone: 479-750-1170 Fax: 479-750-1172				<u> </u>	IAIN O						_	Doo		tod	Dar	me	ters	_
Client Information				Project Information				╀	Keo	ues	ieu	raia	11110	T	_			
Company Nam	ame: Joyce St. Utility LLC		Permit/Project #: Monthly				4											
Address:		1849 Trillium Lane			Purchase C	Purchase Order #:				·	4							
_		Fayetteville Ar 7270	4		Sampler Name(s): <u> </u>												,	
Telephone: _			(Cell)				Hayden Snith				188		٦					
Telephone:			<u> </u>		]								3.1					
releptione						and Signature(s):		Hauch Lith			(70), TSS		4				1	
- ESC Client Nu	mber:	1827										T-Phos (25)	Coliform (43.IF)	<u>۳</u>				
	nple Iden			Sample	Collection			Sample C	containers		CBOD	욽	8	(23)				
Identifica		ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preservat	ive #	<u> </u>	正	<u>u:</u>	핑				_
	LUENT		9/16/26	0.050	GRAB	Water	Plastic	1/2 gai	None, Co	ol 1	X		<u> </u>	<u> </u>				
		2001020044	1	0 8 5 0	GRAB	Water	Plastic	8 oz	H₂SO₄,pH	<2 1		X		_	<u> </u>			_
	LUENT	<del> </del>			GRAB	Water	Sterile	125 mL	Na2S2C	3 1			X					_
	LUENT	<del>  </del>	<del>                                     </del>	1	GRAB	Water	Glass	250 mL	None	0				X				_
EFF	LUENT			<del>                                     </del>	+ GIVE	77440					Т							
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			Date	Time	Received By: (Signature and Printed Name)			Date	Time	Cu	stody \$			<del>'</del>		اسسا سسا	_	
Relinquished By: (Signature and Printed Name)  Date		Date		1 //	n 11			9/16/20 Date	0 9 5 6 Time		ed? marou	N	1_	Inta	ct?		_	
Relinquished By: (Signature and Printed Name) Date		Time	Received By: (Signature and Printed Name)					ŀ	Re	gular	X			ecial		L		
Relinguished By: (Signature and Printed Name) Date Time		Received Top Lab By (Signature and Printed Name)  1 Mexil Party 1600			We	ere sar	nples	proper	ty pres	erved: No		١.						
Hound O.M. 9/16/26 1666 Comments:		1600	Ign	FLOW	DATA Field Te			Analyst		sult	Re	sult	T	Units		_		
			Analyst:	7(1)(	pH:	0853	HNS	_	.4	7	.4				_			
						Time:		Temp.:					+-		°C		°F	-
					·····	Reading: Units:		DO: Debris:	-	<del>                                     </del>	╅		+		+			_
Cool all samples to 6 degrees C.					Office.		Chlorinate	d? Yes N	lo	TI	nis D	ocum	ent	s Pa	ge_	_of_	_	













NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

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