

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

PERMITTEE NAME
Town Of Highfill

FACILITY NAME (IF DIFFERENT)
Highfill Wastewater Treatment Facility

PERMIT NO.
4911-W


PERMITTEE ADDRESS
15036 W Hwy 12
Highfill, AR 72734-9998

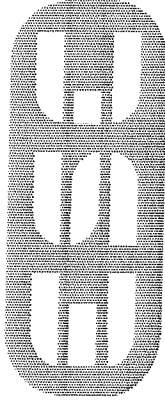
FACILITY ADDRESS
13437 W Hwy 264
Highfill, AR 72734

AFIN NO.
04-01688

WASTEWATER EFFLUENT MONITORING PERIOD
MM/DD/YYYY FROM 10/1/10 TO 10/30/10

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM.

TREATED WASTEWATER EFFLUENT SAMPLING									
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	4.7	MG/L	ONCE/MONTH	GRAB				
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	< 2.0	MG/L	ONCE/MONTH	GRAB				
PH EFFLUENT GROSS VALUE	6 to 9	6.8	S.U.	ONCE/MONTH	GRAB				
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	4.0	MG/L	ONCE/MONTH	GRAB				
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	*****	< 0.1	MG/L	ONCE/MONTH	GRAB				
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	10	N/100 ML	ONCE/MONTH	GRAB				
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL 31487 DAILY MAX 4563	MGD	ONCE/MONTH	TOTAL FLOW				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE				
Frank Holzkemper Water/Wastewater Manager				479 936-4646	11/2/10				
TYPED OR PRINTED		NUMBER		AREA CODE	MM/DD/YYYY				
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)									



Environmental Services Company, Inc.
 Corporate Office
 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com

Environmental Services Company, Inc.
 Northwest Branch
 1107 Century
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341
 Client Information

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

CHAIN OF CUSTODY

Company Name: Highfill
 Address: 15036 W HWY 12
 Highfill AR 72734
 Telephone: 479-936-5711
 FAX:
 ESC Client Number: 1951

Permit/Project #:
 Purchase Order #:
 Sampler Name(s): Sam J. Isaacks
 and Signature(s):

CBOD, TSS	
Fecal Coliform	
NH ₃ P	

Sample Identification		Sample Collection		Sample Containers	
Identification	ESC Control #	Date	Time	Type	Matrix
Effluent	101002-0203	10/13/10	0900	Grab	Water
				Grab	Water
				Grab	Water
				Grab	Water

Volume	Preservative	#
150 ml	none	1
150 ml	Na ₂ S ₂ O ₃ /ice	1
1 qt	none/ice	1
1 qt	H ₂ SO ₄ , pH <2	1

Turnaround:	Used?	Intact?
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were samples properly preserved:	Yes	No
Result	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Relinquished By: (Signature and Printed Name)
 Sam J. Isaacks
 Date: 10/13/10 Time: 1110

Received By: (Signature and Printed Name)
 Date: 10/13/10 Time: 1110

Relinquished By: (Signature and Printed Name)
 Date: Time:

Received By: (Signature and Printed Name)
 Date: Time:

Comments:

Analyst: _____
 Time: _____
 Reading: _____
 Units: _____

Field Test: _____
 pH: 0917
 Temp.: 52.8
 DO: _____
 Debris: _____

Chlorinated? Yes No
 Cool all samples to 6 degrees C.

Date	Time	Result	Units
10/13/10	1110	6.8	°C

Relinquished By: (Signature and Printed Name)
 Date: Time:

Received By: (Signature and Printed Name)
 Date: Time:

Relinquished By: (Signature and Printed Name)
 Date: Time:

Received By: (Signature and Printed Name)
 Date: Time:

Comments:

Analyst: _____
 Time: _____
 Reading: _____
 Units: _____

Field Test: _____
 pH: _____
 Temp.: _____
 DO: _____
 Debris: _____

Chlorinated? Yes No
 Cool all samples to 6 degrees C.

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: 1010020203
 Customer Name : HIGHFILL WWTP
 Customer Number : 1951
 Report Date : 10/14/10

Sample Date : 10/13/10
 Sample Time : 0910
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: SJI
 Delivery By : SJI
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
10/18	040 MDR	Ammonia Nitrogen	< 0.1 mg/L			SM 18th 4500-NH3 G	1.87	105.9 *
10/13	0915 SJI	pH	6.8 S.U.			SM 18th 4500-H+ B	0.00	N/A *
10/19	0820 MDR	Phosphorous, Total (as P)	4.7 mg/L			EPA 365.3	0.00	93.8 *
10/15	1410 SJI	Solids, Total Suspended	4.0 mg/L			SM 18th 2540D	3.39	N/A *
10/13	1420 SJI	Coliform, Fecal	10 /100ml			SM 18th 9222D	0.00	N/A
10/13	1300 SJI	BOD, Carbonaceous	< 2.0 mg/L			SM 18th 5210B	0.00	94.0 *

* 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 San Jorack
 Environmental Services Co., Inc.