

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

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. INCLUDE A SITE MAP SHOWING LOCATION OF ALL LYSIMETERS AND MONITORING WELLS. ATTACH SAMPLING DATA FOR ADDITIONAL LYSIMETERS AND MONITORING WELLS, AS NECESSARY. SUBMIT LAB ANALYSES WITH THIS FORM.

FROM 07/01/2010 TO 09/30/2010

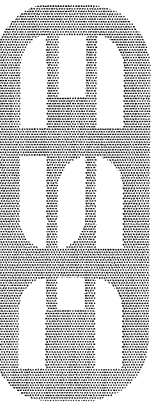
LYSIMETER AND MONITORING WELL MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

LYSIMETER AND MONITORING WELL SAMPLING	SAMPLING FREQUENCY	UNITS (AS P)	PHOSPHOROUS, TOTAL SAMPLE GROSS VALUE	NITROGEN, AMMONIA TOTAL (AS N) SAMPLE GROSS VALUE	NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) SAMPLE GROSS VALUE	CHLORINE TOTAL RESIDUAL SAMPLE GROSS VALUE	COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)		
							AREA CODE	DATE	
LYSIMETER 1	QUARTERLY	MG/L	0.3	0.1	0.6	29.99			
LYSIMETER 2	QUARTERLY	MG/L	0.8	<0.1	0.2	29.49			
LYSIMETER 3	QUARTERLY	MG/L	0.7	0.1	<0.1	10.00			
LYSIMETER 4	QUARTERLY	MG/L	0.6	<0.1	0.1	24.99			
LYSIMETER 5	QUARTERLY	MG/L	0.7	<0.1	<0.1	17.49			
LYSIMETER 6	QUARTERLY	MG/L	0.6	<0.1	<0.1	79.98			
LYSIMETER 7	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
LYSIMETER 8	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
LYSIMETER 9	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
LYSIMETER 10	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
LYSIMETER 11	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
LYSIMETER 12	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
MONITORING WELL 1 (UP-GRADE)	QUARTERLY	MG/L	0.7	<0.1	4.3	17.99			
MONITORING WELL 2 (UP-GRADE)	QUARTERLY	MG/L	0.5	0.1	3.8	8.00			
MONITORING WELL 1 (DOWN-GRADE)	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
MONITORING WELL 2 (DOWN-GRADE)	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
MONITORING WELL 3 (DOWN-GRADE)	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
MONITORING WELL 4 (DOWN-GRADE)	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
MONITORING WELL 5 (DOWN-GRADE)	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
MONITORING WELL 6 (DOWN-GRADE)	QUARTERLY	MG/L	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete	Phase 2, Not Complete			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							TELEPHONE	DATE
Frank Holzkemper Water/Wastewater Manager	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.							479 936-4646	08/04/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER
								479	936-4646

Our permit requires chlorides be tested (not chlorine)

Environmental Services Company, Inc.
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 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

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

CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters			
Company Name:		Highfill		Permit/Project #:							
Address:		15036 W HWY 12 Highfill AR 72734		Purchase Order #:							
Telephone:		479 936-5711		Sampler Name(s):		Steve ISAAC <i>CS</i>					
FAX:				and Signature(s):							
ESC Client Number:		1827									
Sample Identification			Sample Collection			Sample Containers					
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	Chlorides	NO ₃ +NO ₂ , Phos, NH ₃ -N
Lysimeter #1	1009020193	9/15/10	1422	Grab	Water	Plastic	1 qt	none/ice	1	X	X
Lysimeter #2	1009020194		1445	Grab	Water	Plastic	1 qt	none/ice	1	X	X
Lysimeter #3	1009020195		1437	Grab	Water	Plastic	1 qt	none/ice	1	X	X
Lysimeter #4	1009020196		1433	Grab	Water	Plastic	1 qt	none/ice	1	X	X
Lysimeter #5	1009020197		1430	Grab	Water	Plastic	1 qt	none/ice	1	X	X
Relinquished By: (Signature and Printed Name) <i>Steve Isaac</i>		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	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: <input type="checkbox"/>		Regular <input type="checkbox"/>	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved: <input type="checkbox"/>		Special <input type="checkbox"/>	
Comments:		Cool all samples to 6 degrees C.		FLOW DATA		pH: _____		Temp.: _____ °C		Temp.: _____ °F	
				Analyst: _____		Field Test: _____		Date: _____		Time: _____	
				Reading: _____		Temp.: _____		Date: _____		Time: _____	
				Units: _____		Debris: _____		Chlorinated? Yes <input type="checkbox"/> No <input type="checkbox"/>		This Document is Page _____ of _____	

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Control Number: 1009020193
 Customer Name: HIGHFILL LYSIMETER #1
 Customer Number: 1954
 Report Date: 09/17/10

Sample Date: 09/15/10
 Sample Time: 1420
 Sample Type: GRAB
 Sample From: LYS #1

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

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
09/16	0800 MDR	Ammonia Nitrogen	0.1 mg/L			SM 18th 4500-NH3 G	3.39	97.8 *
09/16	0800 MDR	Phosphorous, Total (as P)	0.3 mg/L			EPA 365.3	2.02	103.0 *
09/16	1030 MDR	Chloride	29.99 mg/L			SM 18th 4500-Cl C	2.90	101.4 *
09/17	0800 MDR	Nitrate + Nitrite	0.6 mg/L			SM 18th 4500-NO3 E	0.00	101.2 *

* 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 Richard Brown
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Control Number: 1009020194
 Customer Name: HIGHFILL LYSIMETER #2
 Customer Number: 1955
 Report Date: 09/17/10
 Sample Date: 09/15/10
 Sample Time: 1440
 Sample Type: GRAB
 Sample From: LYS #3
 Collected By: SJI
 Delivery By: SJI
 Work Order:
 Purchase Order:

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
09/16	0800 MDR	Ammonia Nitrogen	< 0.1 mg/L			SM 18th 4500-NH3 G	3.39	97.8 *
09/16	0800 MDR	Phosphorous, Total (as P)	0.8 mg/L			EPA 365.3	2.02	103.0 *
09/16	1030 MDR	Chloride	29.99 mg/L			SM 18th 4500-Cl C	2.90	101.4 *
09/17	0800 MDR	Nitrate + Nitrite	0.2 mg/L			SM 18th 4500-NO3 E	0.00	101.2

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Control Number: 1009020195
 Customer Name: HIGHFILL LYSIMETER #3
 Customer Number: 1956
 Report Date: 09/17/10

Sample Date: 09/15/10
 Sample Time: 1437
 Sample Type: GRAB
 Sample From: LYS #3

Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Quality Assurance % Recovery
09/16	0800	MDR	Ammonia Nitrogen	0.1 mg/L			SM 18th 4500-NH3 G	3.39	97.8 *
09/16	0800	MDR	Phosphorous, Total (as P)	0.7 mg/L			EPA 365.3	2.02	103.0 *
09/16	1030	MDR	Chloride	10.00 mg/L			SM 18th 4500-Cl C	2.90	101.4 *
09/17	0800	MDR	Nitrate + Nitrite	< 0.1 mg/L			SM 18th 4500-NO3 E	0.00	101.2 *

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Signature Richard Blum
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Control Number: 1009020196
 Customer Name: HIGHFILL LYSIMETER #4
 Customer Number: 1957
 Report Date: 09/17/10

Sample Date: 09/15/10
 Sample Time: 1433
 Sample Type: GRAB
 Sample From: LYS #4

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

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
09/16	0800	MDR	Ammonia Nitrogen	< 0.1	mg/L	SM 18th 4500-NH3	3.39	97.8 *
09/16	0800	MDR	Phosphorous, Total (as P)	0.6	mg/L	EPA 365.3	2.02	103.0 *
09/16	1030	MDR	Chloride	24.99	mg/L	SM 18th 4500-Cl C	2.90	101.4 *
09/17	0800	MDR	Nitrate + Nitrite	0.1	mg/L	SM 18th 4500-NO3 E	0.00	101.2 *

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Control Number: 1009020197
 Customer Name: HIGHFILL LYSIMETER #5
 Customer Number: 1958
 Report Date: 09/17/10

Sample Date: 09/15/10
 Sample Time: 1430
 Sample Type: GRAB
 Sample From: LYS #5

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

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
09/16	0800 MDR	Ammonia Nitrogen	< 0.1 mg/L			SM 18th 4500-NH3 G	3.39	97.8 *
09/16	0800 MDR	Phosphorous, Total (as P)	0.7 mg/L			EPA 365.3	2.02	103.0 *
09/16	1030 MDR	Chloride	17.49 mg/L			SM 18th 4500-Cl C	2.90	101.4 *
09/17	0800 MDR	Nitrate + Nitrite	< 0.1 mg/L			SM 18th 4500-NO3 E	0.00	100.0 *

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Control Number: 1009020198
 Customer Name: HIGHFILL LYSIMETER #6
 Customer Number: 1959
 Report Date: 09/17/10

Sample Date: 09/15/10
 Sample Time: 1425
 Sample Type: GRAB
 Sample From: LYS #6

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

Laboratory Analysis

Analysis		Parameter	Result	Notes	Quantity	Method	Precision % RPD	Quality Assurance % Recovery
09/16	0800	Ammonia Nitrogen	< 0.1			SM 18th 4500-NH3 G	3.39	97.8 *
09/16	0800	Phosphorous, Total (as P)	0.6			EPA 365.3	2.02	103.0 *
09/16	1030	Chloride	79.98			SM 18th 4500-Cl C	2.90	101.4 *
09/17	0800	Nitrate + Nitrite	< 0.1			SM 18th 4500-NO3 E	0.00	100.0 *

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Control Number: 1009020199
 Customer Name: HIGHFILL MW-#1
 Customer Number: 1952
 Report Date: 09/17/10

Sample Date: 09/15/10
 Sample Time: 1445
 Sample Type: GRAB
 Sample From: MW #1

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

Laboratory Analysis

Analysis		Parameter	Result	Notes	Quantity	Method	Quality Assurance	
Date	Time By						Precision % RPD	Accuracy % Recovery
09/16	0800 MDR	Ammonia Nitrogen	< 0.1 mg/L			SM 18th 4500-NH3 G	3.39	97.8 *
09/16	0800 MDR	Phosphorous, Total (as P)	0.7 mg/L			EPA 365.3	2.02	103.0 *
09/16	1030 MDR	Chloride	17.49 mg/L			SM 18th 4500-Cl C	2.90	101.4 *
09/17	0800 MDR	Nitrate + Nitrite	4.3 mg/L			SM 18th 4500-NO3 E	0.00	100.0 *

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Control Number: 1009020200 Sample Date: 09/15/10
 Customer Name: HIGHFILL MW-#2 Sample Time: 1430
 Customer Number: 1953 Sample Type: GRAB
 Report Date: 09/17/10 Sample From: MW #2

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

Laboratory Analysis

Analysis		Parameter	Result	Notes	Quantity	Method	Quality Assurance	
Date	Time By						Precision % RPD	Accuracy % Recovery
09/16	0800 MDR	Ammonia Nitrogen	0.1 mg/L			SM 18th 4500-NH3 G	2.82	98.5 *
09/16	0800 MDR	Phosphorous, Total (as P)	0.5 mg/L			EPA 365.3	2.02	103.0 *
09/16	1030 MDR	Chloride	8.00 mg/L			SM 18th 4500-Cl C	1.27	98.1 *
09/17	0800 MDR	Nitrate + Nitrite	2.8 mg/L			SM 18th 4500-NO3 E	0.00	100.0 *

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Signature Richard B. [Signature]
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