



*GTS Lab  
1915 N. Shiloh Dr.  
Fayetteville, AR 72704  
TEL: (479) 521-1256 FAX: (479) 521-6232  
Website: www.gtsconsulting.net*

July 09, 2019

Rick Sayre  
City of Bethel Heights  
530 Sunrise Dr.  
Bethel Heights, AR 72764  
TEL: (479) 601-5932  
FAX:

RE: Monthly Effluent

Order No.: 1907010

Dear Rick Sayre:

GTS Lab received 1 sample(s) on 7/2/2019 for the analyses presented in the following report.

There were no problems with the analytical events associated with this report unless noted in the Case Narrative. Analytical results designated with a "\*" or "X" qualifier exceed permit limits provided to the lab for the indicated analytes.

Quality control data is within laboratory defined or method specified acceptance limits except if noted.

If you have any questions regarding these tests results, please feel free to call.

Sincerely,

A handwritten signature in black ink that reads "Richard Brown". The signature is written in a cursive, flowing style.

Richard Brown  
Analytical Laboratory Director  
1915 N. Shiloh Dr.  
Fayetteville, AR 72704



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# Analytical Report

(consolidated)

WO#: **1907010**

Date Reported: **7/9/2019**

**CLIENT:** City of Bethel Heights

**Collection Date:** 7/2/2019 10:30:00 AM

**Project:** Monthly Effluent

**Lab ID:** 1907010-001

**Matrix:** AQUEOUS

**Client Sample ID** Phase 4B


Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
pH, SM4500H+ B	6.85			S.U.			07/02/19 10:30	
Sample Technique	GRAB							
Sampler	D. Stephens							
Sampling Date	7/2/19							
Sampling Time	10:30							
CBOD 5 day	14.5	2.0		mg/L	1	07/03/19 10:30	07/08/19 12:41	SM 5210 B
Total Phosphorus	7.8	0.050		mg/L	1		07/03/19 11:00	EPA 365.3
Total Suspended Solids	32.2	2.5	*	mg/L	1	07/03/19 15:00	07/05/19 10:06	SM 2540 D
Fecal Coliform	8	1		MPN/100mL	1	07/02/19 12:15	07/03/19 8:15	Colilert-18

**Qualifiers:**

- \* Value exceeds Permit Level for analyte
- DF Dilution Factor
- J Analyte detected below quantitation limits
- RL Reporting Detection Limit

- B Analyte detected in the associated Method Blank
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- S Spike Recovery outside accepted recovery limits

# CHAIN OF CUSTODY

Client Name/Address City of Bethel Heights 901 S. Lincoln St. Bethel Heights, AR 72764				Project Description <b>Drip Irrigation System</b>				Billing Information City of Bethel Heights 530 Sunrise Dr. Bethel Heights, AR 72764				Field Test Information																												
								<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Test</th> <th>1st Result</th> <th>2nd Result</th> <th>Analyst</th> <th>Time</th> </tr> <tr> <td>pH:</td> <td>6.85</td> <td>6.85</td> <td>AMS</td> <td>10:30</td> </tr> <tr> <td>Temp:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DO:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Res.Cl:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Test	1st Result	2nd Result	Analyst	Time	pH:	6.85	6.85	AMS	10:30	Temp:					DO:					Res.Cl:								
Test	1st Result	2nd Result	Analyst	Time																																				
pH:	6.85	6.85	AMS	10:30																																				
Temp:																																								
DO:																																								
Res.Cl:																																								
Client Project Manager/Contact <b>Rick Sayre</b>				Project/Site Location (City/State)				<input type="checkbox"/> RUSH-Additional Charges Apply <input type="checkbox"/> Special Detection Limit(s) Date Results Needed				Method of Shipment <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Courier <input type="checkbox"/> Client Drop Off Other																												
Project Manager Phone # <b>(479)601-5932</b>				Project Manager Email <b>rsayer@bethelheightsark.org</b>				Site/Facility ID# <b>Permit 4725-WR-5</b>				Matrix Key WW - Wastewater    GW - Groundwater DW - Drinking Water    S - Soil/Solid    O - Oil P - Product    M - Misc																												
 www.gtsconsulting.net				1915 N. Shiloh Drive Fayetteville, AR 72704 Phone (479) 521-7645 Fax (479) 521-6232				Unless noted, all containers per Table II of 40 CFR Part 136.				Preservative Key A Cool < 10C Na2S2O3 (Micro Only) B Cool <=6C C H2SO4 Ph<2 D None Required E NaOH pH>10 F HNO3 pH<2 G HCL pH<2 H H3PO4 pH<2 I Cool <=6C Na2S2O3																												
												Matrix (Refer to Key) Preservative (Refer to Key) (G)rab or (C)omposite CBOD, TSS, Ph fecal coliform Phosphorus TKN, Ammonia, NO3+NO2, PAN (quarterly)				Required Analysis Laboratory Sample Number																								
START DATE	START TIME	STOP DATE	STOP TIME	Sample Identification																																				
7/2/19	10:30			Phase 4B	WW	B	G	X							1907010-001A																									
7/4/19	10:30			Phase 4B	WW	I	G		X						1907010-001B																									
7/2/19	10:30			Phase 4B	WW	C	G			X					1907010-001C																									
For Laboratory Use Only				Ice				Custody Seals				Lab Comments																												
				(Y/N)				Y/N																																
Blank / Cooler Temp <b>3.90c</b>				Sampled by (Name - Print) <b>Drew Stephens</b>				Start Flow Reading		Final Flow Reading						Units		Instantaneous or Total Flow Reading																						
				Relinquished by: (SIGNATURE) <i>[Signature]</i>				Date Time <b>7/4/19 10:50</b>		Received by: (SIGNATURE) <b>Richard Brown</b>						Date Time <b>7/2/19 10:50</b>																								
				Relinquished by: (SIGNATURE)				Date Time		Received by: (SIGNATURE)						Date Time																								
				Relinquished by: (SIGNATURE)				Date Time		Received by: (SIGNATURE)		Date Time																												