

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

**PERMITTEE NAME**  
Greenfield Capital Development

**FACILITY NAME (IF DIFFERENT)**  
Villages of Cross Creek

**PERMIT NO.**  
4811-WR-1

**PERMITTEE ADDRESS**  
PO Box 9299  
Fayetteville, AR 72703

**FACILITY ADDRESS**  
3302 Dixieland Rd Little Flock, AR


**AFIN NO.**  
04-00899

**WASTEWATER EFFLUENT MONITORING PERIOD**  
FROM 

MM/DD/YYYY	MM/DD/YYYY
10/1/2015	10/31/2015

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	5.7		MG/L	ONCE/MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	30	5		MG/L	ONCE/MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	6.7		S.U.	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	30	20		MG/L	ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	*****	12.9		MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	< 4		N/100 ML	ONCE/MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/MONTH	TOTAL FLOW
		562,692	20,303			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathryn Bartlett	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			479	530-5926	11/13/2015
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) We do have surfacing in our drip fields. Please refer to letter dated 7/30/2015 from Kathy Bartlett addressing these issues, and CAP if needed.

# 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: 1510020183	Sample Date : 10/19/15	Collected By: WDS
Customer Name : GREENFIELD CAP DEV-VIL @ CC EFF	Sample Time : 1310	Delivery By : WDS
Customer/Permit No. : 1698 / 4811-WR-2 001	Sample Type : GRAB VILLAGES	Work Order :
Report Date : 10/24/15	Sample From : DOSE TANK EFFLUENT	Purchase Order :

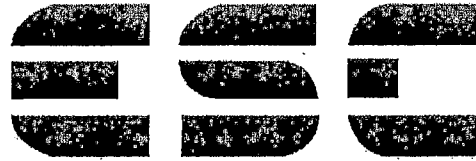
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
10/21	1500	TSB	Ammonia Nitrogen	12.9 mg/L		SM 1997 4500-NH3 F	0.00	100.5 *
10/19	1310	WDS	pH	6.7 S.U.		SM 2000 4500-H+ B	0.00	N/A *
10/20	1000	TSB	Phosphorous, Total (as P)	5.4 mg/L		EPA 365.3	2.35	102.4 *
10/22	1430	KIK	Solids, Total Suspended	20.0 mg/L		SM 1997 2540 D	40.00	N/A *
10/19	1355	WDS	Coliform, Fecal	< 4 /100ml		SM 1997 9222 D	0.00	N/A
10/19	0800	KIK	BOD, Carbonaceous	5.0 mg/L		SM 2001 5210 B	8.00	101.3 *

\* 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  
 Environmental Services Co., Inc.

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: Greenfield Capital-Villages @ Cross C				Permit/Project #:						pH(23)	Phos(25), NH <sub>3</sub> -N(15-A)	CBOD(70), TSS(28)	F. Coliform (43)						
Address: 3302 N. Dixieland				Purchase Order #:															
Rogers AR				Sampler Name(s): Wade Schmitt															
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>Wade Schmitt</i>															
Telephone:																			
ESC Client Number: 1698																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	1510020183	10-19-15	13:10	GRAB	Water	teflon	150 ml	none	1	X									
				GRAB	Water	Plastic	8 oz.	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X								
				GRAB	Water	Plastic	1 qt	none/ice	1			X							
				GRAB	Water	Whirlpak	300ml	NaS <sub>2</sub> O <sub>4</sub>	1				X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:									
<i>Wade Schmitt</i>		10-19-15	13:40	<i>Wade Schmitt</i>						Used? <input checked="" type="checkbox"/>		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"/>		Special <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:									
				<i>Samuel Strong</i>				10/19/15	13:40	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>							
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units							
				Analyst:		pH:		13:10	WOS	6.7									
				Time:		Temp.:													
				Reading:		DO:													
				Units:		Debris:													
Cool all samples to 6 degrees C.								Chlorinated? - Yes No		This Document is Page ___ of ___									