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

PERMITTEE ADDRESS 3338 Oaklawn Drive Suite 920 Dallas TX 75219  WASTEWATER EFFLUENT MONITORING PERIOD  WASTEWATER EFFLUENT MONITORING PERIOD  WASTEWATER EFFLUENT MONITORING PERIOD  MINDDYYYY 1/1/2016  TREATED WASTEWATER EFFLUENT SAMPLING  PARAMETER  Limit Sample Measurement UNITS Monitoring Reporting  Flow, Monthly total REPORT 0.496,339 MG Total Flow per calendar month  Plow, ally maximun REPORT 0.023,223 MGD Dally  Carbonaceous Blochemical Oxygen Demand (CBODS) 15 <2 mg/l  Total Suspended Solids (TSS) 15 <2 mg/l  Total Suspended Solids (TSS) 15 <2 mg/l  Total Phosphorus (TP) REPORT 7.1 mg/l  Prior to the 15th of the following Month  PI 0.0 - 9.0 7.6 a.u.  Total Phosphorus (TP) REPORT 45.1 mg/l  Ammonial Nitrogen (TKN) REPORT 45.1 mg/l  Nitrite Nitrogen REPORT 4.7 mg/l  Nitrite Nitrogen REPORT 4.7 mg/l  Nitrite Nitrogen REPORT 4.7 mg/l  Nitrite Nitrogen REPORT 50.7 mg/l  Nitrite Nitrogen REPORT 50.7 mg/l  Nitrite Nitrogen REPORT 50.7 mg/l  Submitted Herein, AND BASED ON MY INQUIRTY OF HOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR SUBMITTED HEREIN, AND BASED ON MY INQUIRTY OF HOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR SUBMITTED HEREIN, AND BASED ON MY INQUIRTY OF HOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR SUBMITTED HEREIN, AND BASED ON MY INQUIRTY OF FINE AND INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR SUBMITTED HEREIN, AND BASED ON MY INQUIRTY OF FINE AND INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR SUBMITTED HEREIN, AND BASED ON MY INQUIRTY OF FINE AND INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR SUBMITTED HEREIN, AND BASED ON MY INQUIRTY OF FINE AND IMPRIBATION IS TRUE, ACCURATE, AND OMPRISONMENT.  TYPED OR PRINTED  NALULE THE ACCURATE AND IMPRIBATION IS BELIEVE THE SUBMITTED HERORATION IS TRUE, ACCURATE, AND OMPRISONMENT.  AUTHORIZED AGENT  MIMODORY TYPED OR PRINTED  NALULE THE ACCURATE AND IMPRIBATION IS BELIEVE THE SUBMITTED HERORATION IS TRUE, ACCURATE, AND OMPRISONMENT.	PERMITTEE NAME Goshen Municipal POID		PERMIT NO. 4815-WR-4								
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MM/DD/YYY   1/31/2016		320					72-00974				
MM/DD/YYY   1/31/2016			WAS	STEWATER EFFLUENT MO	NITORING PERI	OD	1				
PARAMETER    Limit   Sample Measurement   UNITS   Monitoring   Reporting				7.2.7.7.2.7.2.7.2.7.7.1.1.0							
PARAMETER   Limit   Sample Measurement   UNITS   Monitoring   Reporting			1/1/2016			1/31/2016	]				
Flow, Monthly total REPORT 0,496,339 MG Total Flow per calendar month Flow, daily maximum REPORT 0,023,223 MGD Daily  Carbonacoous Biochemical Oxygen Demand (CBODS) 15 <2 mg/l  Total Suspended Solids (TSS) 15 <2 mg/l  Fecal Coliform Bacteria (FCB) 2,000 4 colonies/100ml pH 6,0 - 9,0 7,6 s.u.  Total Phosphorus (TP) REPORT 7,1 mg/l  Total Kjeldahi Nitrogen (TKN) REPORT 48,2 mg/l  Ammonia Nitrogen REPORT 45,1 mg/l  Nitrite Nitrogen REPORT 4,7 mg/l  Nitrite Nitrogen REPORT 4,7 mg/l  Plant Available Nitrogen (PAN) REPORT 50,7 mg/l  Loading Rate REPORT 50,7 mg/l  Loading Rate REPORT 50,7 mg/l  NAME/TITLE PRENCIPAL EXECUTIVE OFFICER OR OBTAINING THE INFORMATION, I BELEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND MASE THAT THERE ARE SIGNIFICANT FENALTIES FOR SUBMITTION FALSE INFORMATION IS TRUE, ACCURATE, AND SOURCE TO FRIESDRAL  EXECUTIVE OFFICER OR AUTHORIZED AGENT MIMOLOGIES ACCURATE AUTHORIZED AGENT MIMOLOGIES	TREATED WASTEWATER EFFLUE	NT SAMPLING			21.51 J. 53			4			
Flow, dally maximum REPORT 0.023,223 MGD Daily  Carbonaceous Blochemical Oxygen Demand (GBOD5) 15 <2 mg/l  Total Suspended Solids (TSS) 15 <2 mg/l  Fecal Coliform Bacteria (FCB) 2,000 4 colonies/100ml pH 6,0-9.0 7.6 s.u.  Total Phosphorus (TP) REPORT 7.1 mg/l  Total Kjeldahl Nitrogen (TKN) REPORT 48.2 mg/l  Ammonia Nitrogen REPORT 45.1 mg/l  Nitrate Nitrogen REPORT 4.7 mg/l  Nitrite Nitrogen REPORT 4.7 mg/l  Plant Available Nitrogen (PAN) REPORT 50.7 mg/l  Loading Rate REPORT 50.7 mg/l  Name/mittle Prenscipal Executive Official Submitted Here Reports 1 submitted And Am With The Information is True, Accurate, And Obstaining The Information, I selleve the submitted in Promation is True, Accurate, And Obstaining The Information, I selleve the Submitted in Prenaulities For Submitting False Information, I recompleted in Complete Lian Aware that There are significant Penalties For Submitting False Information, Including The Possibility of Fine And Imprisonment.	PARAMETER	*	Limit	Sample Measurement	UNITS	Monitoring	Reporting				
Carbonaceous Biochemical Oxygen Demand (CBOD5)  15  22  mg/l  Fecal Coliform Bacteria (FCB)  2,000  4  colonies/100ml  Fecal Coliform Bacteria (FCB)  2,000  4  colonies/100ml  Fecal Coliform Bacteria (FCB)  Prior to the 15th of the following Month  Total Phosphorus (TP)  REPORT  7.1  mg/l  Total Kjeldahi Nitrogen (TKN)  REPORT  REPORT  48.2  mg/l  Ammonia Nitrogen  REPORT  REPORT	Flow, Monthly total		REPORT	0.496,339	MG	Total Flow per calendar month		1			
Total Suspended Solids (TSS)  15  <2 mg/l  Colonies/100ml  Fecal Coliform Bacteria (FCB)  2,000  4 colonies/100ml  For Sample once per month  6.0 - 9.0  7.6  S.u.  Total Phosphorus (TP)  REPORT  7.1  mg/l  Total Kjeldahi Nitrogen (TKN)  REPORT  REPORT  REPORT  A.7  mg/l  Nitrate Nitrogen  REPORT  REPORT  REPORT  REPORT  A.7  mg/l  For b sample once per month  Frior to the 15th of the following Month  Following	Flow, daily maximun		REPORT	0.023,223	MGD	Daily					
Fecal Coliform Bacteria (FCB) 2,000 4 colonies/100ml pH 6.0 - 9.0 7.6 s.u.  Total Phosphorus (TP) REPORT 7.1 mg/l Total Kjeldahi Nitrogen (TKN) REPORT 48.2 mg/l Ammonia Nitrogen REPORT 4.7 mg/l Nitrate Nitrogen REPORT 4.7 mg/l Plant Available Nitrogen (PAN) REPORT 50.7 mg/l Loading Rate REPORT 50.7 mg/l  Loading Rate REPORT 90.7 mg/l  REPORT 90.7 mg/l  Loading Rate REPORT 90.7 mg/l  Loading Rate REPORT 90.7 mg/l  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 Kathy Bartlett COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  Grab Sample once per month Prior to the 15th of the following Month Followi	Carbonaceous Biochemical Oxygen De	emand (CBOD5)	15	< 2	mg/l						
PH 6.0 - 9.0 7.6 s.u.  Total Phosphorus (TP) REPORT 7.1 mg/l  Total Kjeldahi Nitrogen (TKN) REPORT 48.2 mg/l  Ammonia Nitrogen REPORT 45.1 mg/l  Nitrate Nitrogen REPORT 4.7 mg/l  Plant Available Nitrogen (PAN) REPORT 50.7 mg/l  Loading Rate REPORT 50.7 mg/l  Nameritile Principal executive officer Complete, and based on my inquirry of those individuals immediately responsible for obstaining the information, I believe the submitted information is true, accurate, and Complete. I am awware that there are significant penalties for submitting false information, I complete. I am awware that there are significant penalties for submitting false information, I complete. I am awware that there are significant penalties for submitting false information, I complete. I am awware that there are significant penalties for submitting false information, I complete. I am awware that there are significant penalties for submitting false information, I complete. I am awware that there are significant penalties for submitting false information, I complete. I am awware that there are significant penalties for submitting false information, I complete information is true, accurate, and complete information is true, accurate. Authorized Agent information is true, accurate. Authorized Agent information is information info	Total Suspended Solids (TSS)		15								
Total Phosphorus (TP)  REPORT  REPORT  Total Kjeldahl Nitrogen (TKN)  REPORT	Fecal Coliform Bacteria (FCB)	-	2,000	4	colonies/100ml	Grab Sample once per month					
Total Kjeldahl Nitrogen (TKN)  REPORT	pH		6.0 - 9.0	7.6	s.u.						
Ammonia Nitrogen REPORT 45.1 mg/l Nitrate Nitrogen REPORT 4.7 mg/l Nitrite Nitrogen REPORT 4.7 mg/l Plant Available Nitrogen (PAN) REPORT 50.7 mg/l Loading Rate REPORT 9pd/ft 2 Continuous  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND Kathy Bartlett COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, I SUBMITTED HERE IN AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, AUTHORIZED AGENT  MM//DI	Total Phosphorus (TP)		REPORT	7.1	mg/l						
Nitrate Nitrogen REPORT 4.7 mg/l  Plant Available Nitrogen (PAN) REPORT 50.7 mg/l  Loading Rate REPORT 9pd/ft 2 Continuous  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, I BUTCH OF FINE AND INCLUDING THE POSSIBILITY OF FINE AND INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.    Crab sample once per quarter   Grab sample once per quarter	Total Kjeldahl Nitrogen (TKN)		REPORT	48.2	mg/l						
REPORT 4.7 mg/l  Plant Available Nitrogen (PAN)  REPORT 50.7 mg/l  Loading Rate  REPORT 9pd/ft 2 Continuous  REPORT 9pd/ft 2 Continuous  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 SIGNATURE OF PRINCIPAL COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  REPORT 50.7 mg/l  Spd/ft 2 Continuous  TELEPHONE DATA OF PRINCIPAL SIGNATURE OF PRINCIPAL (479) 530-5926  EXECUTIVE OFFICER OR AUTHORIZED AGENT  MM/DI	Ammonia Nitrogen		REPORT	45.1	mg/l						
Plant Available Nitrogen (PAN)  REPORT  REPORT  SO.7  mg/l  Loading Rate  REPORT  REPORT  REPORT  REPORT  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  Kathy Bartlett  COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  REPORT  SIGNATURE OF PRINCIPAL  EXECUTIVE OFFICER OR AUTHORIZED AGENT  MM/DI	Nitrate Nitrogen		REPORT	4.7	mg/l	Grab sample once per quarter					
REPORT 9pd/ft 2 Continuous  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  REPORT  9pd/ft 2 Continuous  TELEPHONE DATE  SIGNATURE OF PRINCIPAL (479) 530- 5926  MM/DI	Nitrite Nitrogen	-	REPORT	4.7	mg/l						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  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  SIGNATURE OF PRINCIPAL  COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,  TYPED OR PRINTED  INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  TELEPHONE  DA  SIGNATURE OF PRINCIPAL  EXECUTIVE OFFICER OR  AUTHORIZED AGENT  MM/DI	Plant Available Nitrogen (PAN)		REPORT	50.7	mg/l						
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 Kathy Bartlett 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  MM/DI	Loading Rate				-,	Continuous					
OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL (479) 530-  COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  Description of the Submitted Information is True, ACCURATE, AND SIGNATURE OF PRINCIPAL (479) 530-  EXECUTIVE OFFICER OR AUTHORIZED AGENT MM/DI	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I HAVE PERSONA	LLY EXAMINED AND AM WITH TH	E INFORMATION	0	TELEPHONE	DATE			
Kathy Bartlett COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, EXECUTIVE OFFICER OR INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  Kathy Bartlett COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, EXECUTIVE OFFICER OR AUTHORIZED AGENT  MM/DI	SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR Known 1 10 march										
TYPED OR PRINTED  INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  AUTHORIZED AGENT  MM/DI		OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITT	TED INFORMATION IS TRUE, A	ACCURATE, AND	SIGNATURE OF PRINCIPAL	(479) 530-	2/4/2016			
TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  AUTHORIZED AGENT  MM/DI	Kathy Bartlett	COMPLETE. I AM AWA	ARE THAT THERE ARE SIGNIFICANT PE	NALTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926				
			AUTHORIZED AGENT		MM/DD/YYYY						
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) Ponding in drip field has been noticed, and a repair order has been issued, and the leaks will be repaired as the contractors schedule will allow.	COMMENTS AND EXPLANATION O	F VIOLATIONS (Re				a repair order has been issu	ed, and the leaks will b	e repaired			

## 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: 1601020230

Customer Name : GREENFIELD CAP DEV-WATERFORD

Customer/Permit No.: 1886 / 4815-WR-4

Report Date : 01/27/16

Sample Date : 01/20/16

Sample Time : 0820

Sample Type : GRAB WATERFORD Sample From : DOSE TANK EFFLUENT Collected By: WDS Delivery By : WDS

Work Order : Purchase Order :

	Quality Assurance						
Analysis						Precision	Accuracy
<u>Date Time By</u>	Parameter	Result	Notes	Quantity	Method	% RPD	% Recovery
01/25 1330 TSB	Ammonia Nitrogen	45.1 mg/L			SM 1997 4500-NH3 F	2.30	100.0 *
01/26 0830 TSB	Kjeldahl Nitrogen Total	48.20 mg/L			SM 1997 4500-NorgB	4.46	102.7 *
01/20 0820 WDS	рН	7.6 S.U.			SM 2000 4500-H+ B	0.00	N/A *
01/21 1400 TSB	Phosphorous, Total (as P)	7.1 mg/L	•		EPA 365.3	0.00	107.0 *
01/22 1010 MDR	Solids, Total Suspended	< 2.0 mg/L		•	SM 1997 2540 D	4.44	N/A *
01/20 1610 VLP	Coliform, Fecal	4 /100m	1		SM 1997 9222 D	0.00	N/A *
01/20 1400 TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	3.32	97.0 *
01/25 1530 TSB	Nitrate + Nitrite	4.7 mg/L			SM 2000 4500-NO3 E	1.24	100.8 *
01/26 1515 TSB	Nitrogen Plant Available	50.7 mg/L			SM 1997 4500-N		

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.

<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

**CHAIN OF CUSTODY** 

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

Carlsbad, New Mexico 575-887-1ESC

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

Client Information				Project Information					Requested				Parameters						
Company Name Address:	1695 Electric Avenue			Permit/Project #: Purchase Order #:								N(99.99)							
Telephone: FAX:	(479)757-7650			Sampler Name(s):			Wado Schnitt					43)	TSS(28), PAN(99.99)	Phos(25)	TKN(16.A),N+N(91)				
ESC Client Num	ber:	1886			and Signa	iure(s).							Coliform(43)	CBOD(70),	NH3(15.A),	.A),N			
Samp	le Iden	tification		Sample	Collection			Sample (	Containers	3		pH(23)	등	OO O	3(1	1(16			ł
Identificatio	n	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	)Hd	F. (	CB	Ŧ	TKN			
Dose Tank/Ef	fluent	1601020230	1-20-16	8:20	Grab	Water	Teflon	150 mi	none		1	х							
Waterford Es	tates				Grab	Water	whirlpak	300 ml	none/ice 1		1		х						
/		/			Grab	Water	Plastic	1 qt	none/ice		1			х					
. (					Grab Water Plastic			8 oz	H₂SO₄,pH <2 1						х	х			
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Relinquished By: (Signature and Printed Nama)  Date 1-20-16 13:15				Received By: (Signature and Printed Name) Date Time					19	Custody Seals: Used? Intact?									
Relinquished By: (Signature and Printed Name) Date Time			Time	Received By: (Sig	Received By: (Signature and Printed Name)			Date	Tim		Turna Regul	round					$\neg$		
Relinquished By: (Signature	and Printed	Name)	Date	Time	Received for leb by: (Signature and Printed Name			100/62	1 20 C	0 3 5		Were samples prop			operly				
Comments:						FLOW DATA		Field Test	Time	Analy:	st	Resu		Result Uni		Units			
					Analyst: Time:			pH: Temp.:	3:20	6/2	25	7,				°C °F			$\Box$
					Reading:		DO:	1:20	20 WPS		9,	<del>'  </del>			<u> </u>		1-		
						Units:		Debris:											
Cool all samples to 6 degrees C.								Chlorinated	? Yes N	0		This	Doc	ume	nt is	Page		of	$\Box$