#### ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

# MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

PERMITITEEINAME
Greenfield Capital Development
NEW PERMIT IN THE PROCESS OF BEING APPL

Fayetteville, AR 72703

PO Box 9299

Sloan Estates
LIED FOR BY SLOAN ESTATES POA

PERMITINO: 4837-W

72-01074

	WASTEWATER EFFLUENTIMONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
FROM	4/1/2015	то[	4/30/2015							

TER	PERMIT REQUIREMENT	SAMPLE MEA	ASUREMENT	UNITS			SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE			7	MG/L	ONCE/ MONTH		GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		9.7		MG/L	ľ		GRAB	
	6 to 9	6.	6	S.U.		1	GRAB	
	15	12		MG/L	ONCE/ MONTH		GRAB	
AS N)	****	15.8		MG/L	ONCE/ MONTH		GRAB	
,	10,000	400		N/100 ML	ONCE/ MONTH		GRAB	
EATMENT UNIT	*****	MONTHLY TOTA 46,783			ONCE/ MONTH		TOTAL FLOW	
		-1	1		ELEPHONE	DATE		
INDIVIDUALS IMMEDIATELY RES					479 530-5926		5/7/2015	
					AREA CODE	NUMBER	MM/DD/YYYY	
N OF VIOLATIONS (Refere	ence all attachments here)							
	AS N)  EATMENT UNIT  I CERTIFY UNDER PENALTY OF WITH THE INFORMATION SUBMIT INDIVIDUALS IMMEDIATELY RES BELIEVE THE SUBMITTED INFOR AWARE THAT THERE ARE S INFORMATION, INCLUDING THE P	TOUR THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INCIDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND GAWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUB	15 9.  6 to 9 6.  15 1.  AS N)  ******  ******  ******  ******  ******	#***** 7  15 9.7  6 to 9 6.6  15 12  AS N)  #***** 15.8  10,000 400  EATMENT UNIT  #***** MONTHLY TOTAL DAILY MAX 46,783  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.  ***********************************	To MG/L  15 9.7 MG/L  6 to 9 6.6 S.U.  15 12 MG/L  AS N)  15.8 MG/L  10,000 400 N/100 ML  AS MONTHLY TOTAL DAILY MAX GPD  I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AMWITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, IS TRUE, ACCURATE, AND COMPLETE. I AMAVIARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	TER PERMIT REQUIREMENT SAMPLE MEASUREMENT UNITS  A  *******  7 MG/L  15 9.7 MG/L  6 to 9 6.6 S.U.  15 12 MG/L  AS N)  ******  15.8 MG/L  10,000 400 N/100 ML  EATMENT UNIT  ******  MONTHLY TOTAL DAILY MAX GPD  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 SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION STRUE, ACCURATE, AND COMPLETE I AM AVARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE EXECUTIVE OFFICER OR AREA CODE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	7 MG/L ONCE/MONTH  15 9.7 MG/L ONCE/MONTH  6 to 9 6.6 S.U. ONCE/MONTH  15 12 MG/L ONCE/MONTH  15 12 MG/L ONCE/MONTH  AS N) 15.8 MG/L ONCE/MONTH  10,000 400 N/100 ML ONCE/MONTH  10,000 400 N/100 ML ONCE/MONTH  11 10,000 A00 N/100 ML ONCE/MONTH  12 MG/L ONCE/MONTH  15.8 MG/L ONCE/MONTH  16.7 MONTH  17.8 MONTH  18.8 MG/L ONCE/MONTH  18.8 MG/L ONCE/MONTH  19.8 MONTH  19.8 MONTH  10.9 MON	

### 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

## **CHAIN OF CUSTODY**

Phone: 479-750	-1170	Fax: 479-750-1172		CI	AIN (	of Cu	SIO	DY										
Client Information					Project Information					Red	ques	sted	Para	ame	eters			
Company Name: Greenfield Cap. DevSloan Estates			Permit/Pro	oject #:														
Address: 1849 Trillium Lane				Purchase Order #:								.						
		Fayetteville, Ar 727	04								12					Ì		
Telephone:		(479)936-0333	(Cell)		Sampler Name(s):		Wisc	Winde Schmitt				15.4	(28)					
Telephone:					and Signature(s):		10				Z	တ္တ	(43					
-				***************************************			7/6	16				Ŧ	15	Ş				
ESC Client Nur	mber:	1678			1	( )					7	16	9	FO				
Sam	ple Iden	tification		Sample	e Collection		1	Sample Containers			(23)	Phos(25), NH <sub>3</sub> -N (15.A)	9	COLIFORM (43)				
Identificat	ion	ESC Control #	Date	Time	Type Matrix		Туре	Volume			# E	사	CBOD (70), TSS	F.		1		
EFFL	UENT	1504020208	4-15-15	3.15	GRAB	Water	teflon	150 ml	none		1 x	<del></del>						
EFFL	UENT	/	/		GRAB	Water	Plastic	8 oz	H₂SO₄,pH<2		1	x						_
EFFL	UENT			1/_	GRAB	Water	Plastic	1 qt	none/ice		1		x					
EFFL	UENT				GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>		1			х		$\exists$		
											1							
			İ				Cool all samples to 6 de		6 degrees C.		1					$\neg$		
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																$\exists$		
											1							
											1	1				$\neg$		
Relinquished By: (Signali	are and Printed	Name) Survit	Date 4-15-15	71me 9:00						Cus Use	tody Se	eals:	7	مصادا	r			
		Time	Received By: (Signature and Printed Name) Date			Time		naround		-	Intact	<u>.'</u>		-				
Relinquished By: (Signature and Printed Name) Date Time							. 10-1	· ·	Regular		iples properly		Special		_			
Relinquished By: (Signature and Printed Name) Date Time			Received for Jah By: (Signature and Printed Name)		rocko	413150	A <u>lm</u> c	)   "	Yes				No					
Comments:					FLOW D	ATA ·	Field Test	Time A	nalyst	Res		Resi	ult		Units			
······································						Analyst:		pH:	8:15 6	205	6	6	L				<del></del>	_
						Time: Reading:		Temp.: DO:			+-		<del> </del>		°C		F	-4
		····	<del> </del>			Units:		DO: Debris:		<del></del>	+		$\vdash$	-		<del></del>		ᅱ
Cool all samples to 6 degrees C.								Chlorinated	? Yes No	<del></del>	Thi	s Doc	ume	nt is	Page	. (	of	ᅥ

## 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: 1504020208

Customer Name : GREENFIELD CAP DEV-SLOAN EST.

Sample Date : 04/15/15 Sample Time : 0815

Collected By: WDS Delivery By : WDS

Customer Number: 1678 Report Date : 04/21/15

Sample Type : GRAB Sample From : EFFLUENT

Work Order : Purchase Order :

	Quality Assurance				
Analysis				Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes Q	uantity Method	% RPD	% Recovery
	Ammonia Nitrogen	15.8 mg/L	SM 1997 4500-NH3 F	0.00	102.2 *
04/15 0815 WDS	рH	6.6 S.U.	SM 2000 4500-H+ B	0.00	N/A *
04/17 1030 TSB	Phosphorous, Total (as P)	7.0 mg/L	EPA 365.3	0.00	100.0 *
04/20 1445 KIK	Solids, Total Suspended	12.0 mg/L	SM 1997 2540 D	7.69	N/A *
04/15 1405 WDS	Coliform, Fecal	400 /100ml	SM 1997 9222 D	0.00	N/A *
04/15 1000 KIK	BOD, Carbonaceous	9.7 mg/L	SM 2001 5210 B	0.00	105.7 *

\* 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.

Environmental Services Co., Inc.