

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


|   |
|---|
| <b>PERMITTEE NAME</b>                     |
| Sloan Estates Property Owners Association |
| <b>PERMITTEE ADDRESS</b>                  |
| PO Box 10918<br>Fayetteville AR 72703     |

|   |
|---|
| <b>FACILITY NAME (IF DIFFERENT)</b>         |
| Sloan Estates Subdivision                   |
| <b>FACILITY ADDRESS</b>                     |
| 5088 E Sagely Lane<br>Fayetteville AR 72703 |

|                   |
|-------------------|
| <b>PERMIT NO.</b> |
| 4837-WR-2         |
| <b>AFIN NO.</b>   |
| 72-01074          |

|  |            |
|--|------------|
| <b>WASTEWATER EFFLUENT MONITORING PERIOD</b> |            |
| MM/DD/YYYY                                   | MM/DD/YYYY |
| FROM 8/1/2015                                | 8/31/2015  |

| TREATED WASTEWATER EFFLUENT SAMPLING                         |                    |                    |                |                       |                |            |
|--|--------------------|--------------------|----------------|-----------------------|----------------|------------|
| PARAMETER  | PERMIT REQUIREMENT | SAMPLE MEASUREMENT | UNITS          | FREQUENCY OF ANALYSIS | SAMPLE TYPE    |            |
| PHOSPHOROUS, TOTAL (AS P)<br>EFFLUENT GROSS VALUE            | REPORT             | 6.6                | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| CBOD, 5-DAY (20 DEG. C)<br>EFFLUENT GROSS VALUE              | 15                 | 7                  | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| PH<br>EFFLUENT GROSS VALUE                                   | 6 to 9             | 6.7                | S.U.           | ONCE/<br>MONTH        | GRAB           |            |
| SOLIDS, TOTAL SUSPENDED<br>EFFLUENT GROSS VALUE              | 15                 | 4                  | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| NITROGEN, AMMONIA TOTAL (AS N)<br>EFFLUENT GROSS VALUE       | REPORT             | 13.1               | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| COLIFORM, FECAL GENERAL<br>EFFLUENT GROSS VALUE              | 10,000             | 2,800              | colonies/100ml | ONCE/<br>MONTH        | GRAB           |            |
| TOTAL KJELDAHL NITROGEN<br>EFFLUENT GROSS VALUE              | REPORT             | 16.8               | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| NITRATE NITROGEN<br>EFFLUENT GROSS VALUE                     | REPORT             | 10.1               | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| NITRITE NITROGEN<br>EFFLUENT GROSS VALUE                     | REPORT             | 0.3                | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| PLANT AVAILABLE NITROGEN<br>EFFLUENT GROSS VALUE             | REPORT             | 24.6               | MG/L           | ONCE/<br>MONTH        | GRAB           |            |
| FLOW, THRU CONDUIT OR TREATMENT UNIT<br>EFFLUENT GROSS VALUE | REPORT             | MONTHLY TOTAL      | DAILY MAX      | GPD                   | ONCE/<br>MONTH | TOTAL FLOW |
|  |                    | 100,052            |                |                       |                |            |

|  |   |  |           |          |            |
|--|---|--|-----------|----------|------------|
| 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 COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | <br><b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> | TELEPHONE |          | DATE       |
|  |   |  | 479       | 530-5926 | 9/2/2015   |
| TYPED OR PRINTED   |   |  | AREA CODE | NUMBER   | MM/DD/YYYY |
| COMMENTS AND EXPLANATION OF VIOLATIONS ( <i>Reference all attachments here</i> ) |   |  |           |          |            |

# 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: 1508020230  
 Customer Name : GREENFIELD CAP DEV-SLOAN EST.  
 Customer Number : 1678  
 Report Date : 08/25/15

Sample Date : 08/19/15  
 Sample Time : 0840  
 Sample Type : GRAB SLOAN  
 Sample From : EFFLUENT

Collected By: WDS  
 Delivery By : WDS  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

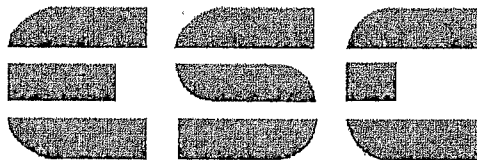
| Analysis    |             |           |                           |               |              | Quality Assurance |                    |                  |                   |
|-------------|-------------|-----------|---------------------------|---------------|--------------|-------------------|--------------------|------------------|-------------------|
| <u>Date</u> | <u>Time</u> | <u>By</u> | <u>Parameter</u>          | <u>Result</u> | <u>Notes</u> | <u>Quantity</u>   | <u>Method</u>      | <u>Precision</u> | <u>Accuracy</u>   |
|             |             |           |                           |               |              |                   |                    | <u>% RPD</u>     | <u>% Recovery</u> |
| 08/21       | 0900        | TSB       | Ammonia Nitrogen          | 13.1 mg/L     |              |                   | SM 1997 4500-NH3 F | 0.84             | 108.0 *           |
| 08/24       | 0830        | TSB       | Kjeldahl Nitrogen Total   | 16.80 mg/L    |              |                   | SM 1997 4500-NorgB | 3.44             | 102.4 *           |
| 08/20       | 1000        | TSB       | Nitrate Nitrogen          | 10.10 mg/L    |              |                   | SM 2000 4500-NO3 E | 2.96             | 103.8 *           |
| 08/20       | 0900        | TSB       | Nitrite Nitrogen          | 0.300 mg/L    |              |                   | SM 2000 4500 NO2 B | 0.26             | 104.1 *           |
| 08/19       | 0840        | WDS       | pH                        | 6.7 S.U.      |              |                   | SM 2000 4500-H+ B  | 0.00             | N/A *             |
| 08/20       | 1500        | TSB       | Phosphorous, Total (as P) | 6.6 mg/L      |              |                   | EPA 365.3          | 1.68             | 104.0             |
| 08/20       | 1300        | TSB       | Solids, Total Suspended   | 4.0 mg/L      |              |                   | SM 1997 2540 D     | 0.00             | N/A *             |
| 08/19       | 1615        | RHB       | Coliform, Fecal           | 2800 /100ml   |              |                   | SM 1997 9222 D     | 26.09            | N/A *             |
| 08/19       | 0800        | KIK       | BOD, Carbonaceous         | 7.0 mg/L      |              |                   | SM 2001 5210 B     | 2.83             | 98.5 *            |
| 08/24       | 1620        | KIK       | Solids, % Total by mass   | 0.022 %       |              |                   | SM 1997 2540 G     | 5.56             | N/A *             |
| 08/24       | 1620        | TSB       | Nitrogen, Plant Available | 24.6 mg/L     |              |                   | SM 1997 4500-N     |                  |                   |

\* 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  
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 Springdale, Arkansas 72762  
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 501-221-2565

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### CHAIN OF CUSTODY

| Client Information                               |               |                   |      | Project Information                               |        |                   |        |  |      |  | Requested Parameters  |         |                    |  |                         |                    |                     |       |  |
|--|---------------|-------------------|------|---|--------|-------------------|--------|--|------|--|---|---------|--------------------|--|-------------------------|--------------------|---------------------|-------|--|
| Company Name: Greenfield Cap. Dev.-Sloan Estates |               |                   |      | Permit/Project #:                                 |        |                   |        |  |      |  | <table border="1"> <tr><td>pH(23)</td></tr> <tr><td>Fecal Coliform(43)</td></tr> <tr><td>CBOD(70), TSS(28), NO2(19)</td></tr> <tr><td>PAN(99.99), %Solids(82)</td></tr> <tr><td>TKN(16.A), NO3(18)</td></tr> <tr><td>NH3(15.A), Phos(25)</td></tr> </table> | pH(23)  | Fecal Coliform(43) | CBOD(70), TSS(28), NO2(19)                   | PAN(99.99), %Solids(82) | TKN(16.A), NO3(18) | NH3(15.A), Phos(25) |       |  |
| pH(23)   |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| Fecal Coliform(43)                               |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| CBOD(70), TSS(28), NO2(19)                       |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| PAN(99.99), %Solids(82)                          |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| TKN(16.A), NO3(18)                               |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| NH3(15.A), Phos(25)                              |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| Address: 1849 Trillium Lane                      |               |                   |      | Purchase Order #:                                 |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| Fayetteville, Ar 72704                           |               |                   |      | Sampler Name(s): <i>Wade Smith</i>                |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| Telephone: (479)936-0333 (Cell)                  |               |                   |      | and Signature(s): <i>[Signature]</i>              |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| FAX:   |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| ESC Client Number: 1678                          |               |                   |      |   |        |                   |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| Sample Identification                            |               | Sample Collection |      |   |        | Sample Containers |        |  |      |  |   |         |                    |  |                         |                    |                     |       |  |
| Identification                                   | ESC Control # | Date              | Time | Type  | Matrix | Type              | Volume | Preservative                           | #    |  |   |         |                    |  |                         |                    |                     |       |  |
| EFFLUENT   | 1508020230    | 8-19-15           | 8:40 | Grab  | Water  | Teflon            | 150 ml | none                                   | 1    | <input checked="" type="checkbox"/>  |   |         |                    |  |                         |                    |                     |       |  |
| EFFLUENT   | I             | I                 | I    | Grab  | Water  | whirlpak          | 300 ml | none/ice                               | 1    | <input checked="" type="checkbox"/>  |   |         |                    |  |                         |                    |                     |       |  |
| EFFLUENT   | I             | I                 | I    | Grab  | Water  | Plastic           | 1 qt   | none/ice                               | 1    | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>      |   |         |                    |  |                         |                    |                     |       |  |
| EFFLUENT   | I             | I                 | I    | Grab  | Water  | Plastic           | 8 oz   | H <sub>2</sub> SO <sub>4</sub> , pH <2 | 1    | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>      |   |         |                    |  |                         |                    |                     |       |  |
| Relinquished By: (Signature and Printed Name)    |               | Date              | Time | Received By: (Signature and Printed Name)         |        |                   |        | Date                                   | Time | Custody Seals:   |   |         |                    |  |                         |                    |                     |       |  |
| <i>[Signature]</i>                               |               | 8-19-15           | 9:40 | <i>[Signature]</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>[Signature]</i>                                |        |                   |        | 8/19/15                                | 9:40 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |   |         |                    |  |                         |                    |                     |       |  |
| Comments:  |               |                   |      |   |        | FLOW DATA         |        | Field Test                             |      | Time   |   | Analyst |                    | Result                                       |                         | Result             |                     | Units |  |
|  |               |                   |      |   |        | Analyst:          |        | pH:                                    |      | 8:40   |   | WDS     |                    | 6.7  |                         |                    |                     |       |  |
|  |               |                   |      |   |        | Time:             |        | Temp.:                                 |      | 8:40   |   | WDS     |                    | 25.6   |                         | (°C)               |                     | °F    |  |
|  |               |                   |      |   |        | Reading:          |        | DO:                                    |      |  |   |         |                    |  |                         |                    |                     |       |  |
|  |               |                   |      |   |        | Units:            |        | Debris:                                |      |  |   |         |                    |  |                         |                    |                     |       |  |
| Cool all samples to 6 degrees C.                 |               |                   |      |   |        |                   |        |  |      | Chlorinated? Yes No  |   |         |                    | This Document is Page <u>  </u> of <u>  </u> |                         |                    |                     |       |  |