### ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

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

I	PERMITTEEINAME
	Greenfield Capital Development
	NEW PERMIT IN THE PROCESS OF BEING APPL

Fayetteville, AR 72703

Sloan Estates
LIED FOR BY SLOAN ESTATES POA

PERMITINO.

PO Box 9299

FACILITY/ADDRESS

5088 E Sagely

WC AR

72-01074

	WASTEWATER EFFLUENT MONITORING PERIOD						
	MM/DD/YYYY	MM/DD/YYYY					
FROM	8/1/2014	TO 8/31/2014					

TOPATED WAS A TEDIEFELL LENT OF A ROUGHOOF

EFFLUENT GROSS VALUE  15  8.1  MG/L  ONCE/ MONTH  GRAB  PH EFFLUENT GROSS VALUE  6 to 9  6.5  S.U.  ONCE/ MONTH  GRAB  SOLIDS, TOTAL SUSPENDED  EFFLUENT GROSS VALUE  15  5  MG/L  ONCE/ MONTH  GRAB  ONCE/ MONTH  GRAB  ONCE/ MONTH  GRAB  15  TOTAL GRAB  ONCE/ MONTH  GRAB  TOTAL FLOW  ONCE/ MONTH  GRAB  ONCE/ MONTH  TOTAL FLOW  ONCE/ MO	ER	PERMIT REQUIREMENT	SAMPLE MEA	SUREMENT	UNITS	1	•	SAMPLE TYPE	
PH EFFLUENT GROSS VALUE  6 to 9  6.5  S.U.  ONCE/ MONTH  GRAB  SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE  15  5  MG/L  ONCE/ MONTH  GRAB  NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE  15  5  MG/L  ONCE/ MONTH  GRAB  ONCE/ MONTH  GRAB  COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE  10,000  72  N/100 ML  ONCE/ MONTH  GRAB  ONCE/ MONTH  GRAB  COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE  10,000  72  N/100 ML  ONCE/ MONTH  GRAB  ONCE/ MONTH  GRAB  TOTAL FLOW  MONTHLY TOTAL  AUTHORIZED AGENT  Kathryn Bartlett  TYPED OR PRINTED  INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE  CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE  PH EFFLUENT GROSS VALUE  SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE  NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE  COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE  FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		6.9		MG/L	1		GRAB	
SOLIDS, TOTAL SUSPENDED SOLIDS			8.1		MG/L			GRAB	
SEFFLUENT GROSS VALUE  15  5  MG/L  MONTH  GRAB  MITTROGEN, AMMONIA TOTAL (AS N)  EFFLUENT GROSS VALUE  10,000  72  N/100 ML  MONTH  GRAB  COLIFORM, FECAL GENERAL  EFFLUENT GROSS VALUE  10,000  72  N/100 ML  MONTH  GRAB  ONCE/ MONTH  GRAB  10,000  TOTAL FLOW  MONTH  MONTH  TOTAL FLOW  MONTH  TOTAL			6.5	5	S.U.	i		GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE  10,000  72  N/100 ML  ONCE/ MONTH  GRAB  10,000  72  N/100 ML  ONCE/ MONTH  GRAB  FLOW, THRU CONDUIT OR TREATMENT UNIT FLUENT GROSS VALUE  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AMM 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.  4.5  MG/L  MONTH  ONCE/ MONTH  TOTAL FLOW  TOTAL FLOW  TELEPHONE  TELEPHONE  479  530-5926  9/3/2014  EXECUTIVE OFFICER OR AUTHORIZED AGENT  AREA CODE NUMBER  MM/DD/YYYY			5		MG/L	1		GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT  *******  MONTHLY TOTAL DAILY MAX  GPD  ONCE/ MONTH  TOTAL FLOW  A0,747  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I 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.  MONTH  TOTAL FLOW  MONTH			4.5		MG/L			GRAB	
EFFLUENT GROSS VALUE  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  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.  ******  40,747  GPD  MONTH  TELEPHONE  DATE  479  530-5926  9/3/2014  EXECUTIVE OFFICER OR AUTHORIZED AGENT  AND AMAIN TOTAL FLOW  MONTH  TELEPHONE  DATE  479  530-5926  9/3/2014  AREA AREA CODE  NUMBER  MM/DD/YYYY			MONTHLY TOTAL DAILY MAX		N/100 ML	MONTH ONCE/		GRAB	
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.  WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND COMPLETE. I AM EXECUTIVE OFFICER OR AUTHORIZED AGENT AND MIMPER MIMPOL/YYYY					GPD			TOTAL FLOW	
INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I NUMBER SIGNATURE OF PRINCIPAL  TYPED OR PRINTED  INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, IS TRUE, ACCURATE, AND COMPLETE. I AM SIGNATURE OF PRINCIPAL  WARRE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  AUTHORIZED AGENT  479  530-5926  9/3/2014  EXECUTIVE OFFICER OR AUTHORIZED AGENT  AUTHORIZED AGENT  MM/DD/YYYY		ITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE SPONSIBLE FOR OBTAINING THE INFORMATION, I RMATION IS TRUE, ACCURATE, AND COMPLETE. I AM				TELEPHONE		DATE	
TYPED OR PRINTED  AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  EXECUTIVE OFFICER OR AUTHORIZED AGENT  AUTHORIZED AGENT  AND MARE  NUMBER  MM/DD/YYYY	INDIVIDUALS IMMEDIATELY RES BELIEVE THE SUBMITTED INFOR			SIGNATURE O		479	530-5926	9/3/2014	
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)			· · · · · · · · · · · · · · · · · · ·				NUMBER	MM/DD/YYYY	
	N OF VIOLATIONS (Refer	ence all attachments here)				-			
		AS N)  I CERTIFY UNDER PENALTY OF WITH THE INFORMATION SUBMIT INDIVIDUALS IMMEDIATELY RESELIEVE THE SUBMITTED INFOR AWARE THAT THERE ARE SINFORMATION, INCLUDING THE P	15  6 to 9  15  AS N)  ******  10,000  ATMENT UNIT  ******  ******  ******  ******  ******	****** 6.9  6 to 9  6.5  15  15  4.5  AS N)  ******  MONTHLY TOTAL  40,747  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.	15 8.1  6 to 9 6.5  15 5  AS N)  ******  MONTHLY TOTAL DAILY MAX  40,747  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.	######################################	AS N)  THE REQUIREMENT SAMPLE MEASUREMENT ON 15  6.9 MG/L  15  8.1 MG/L  6 to 9  6.5 S.U.  15  5 MG/L  AS N)  10,000  72 N/100 ML  ATMENT UNIT  MONTHLY TOTAL DAILY MAX 40,747  1 CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION, INCIDENTAL THE 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.  AREA CODE  15  15  16  17  17  17  17  17  17  17  17  17	6.9 MG/L ONCE/ MONTH  15 8.1 MG/L ONCE/ MONTH  6 to 9 6.5 S.U. ONCE/ MONTH  15 5 MG/L ONCE/ MONTH  15 5 MG/L ONCE/ MONTH  15 5 MG/L ONCE/ MONTH  AS N) ONCE/ MONTH  10,000 72 N/100 ML ONCE/ MONTH  10,000 72 N/100 ML ONCE/ MONTH  10,000 72 N/100 ML ONCE/ MONTH  10 ONCE/ MONTH  11 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, IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE 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.	

## 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: 1408020264

Customer Name : GREENFIELD CAP DEV-SLOAN EST.

Sample Date : 08/20/14

Collected By: WDS

Customer Number: 1678

Sample Time: 0840

Delivery By : WDS Work Order :

Report Date : 08/26/14

Sample Type : GRAB-SLOAN ESTATES Sample From : EFFLUENT

Purchase Order :

	<b>Quality Assurance</b>				
Analysis	·			Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity Method	% RPD	<pre>% Recovery</pre>
08/21 1045 TSB	Ammonia Nitrogen	4.5 mg/L	SM 1997 4500-NH3 F	0.00	96.6 *
08/20 0840 WDS	pн	6.5 S.U.	SM 2000 4500-H+ B	0.00	N/A *
08/25 0930 TSB	Phosphorous, Total (as P)	6.9 mg/L	EPA 365.3	0.00	107.4 *
08/21 0900 KIK	Solids, Total Suspended	5.0 mg/L	SM 1997 2540 D	0.00	N/A *
08/20 1130 WDS	Coliform, Fecal	72 /100ml	SM 1997 9222 D	0.00	N/A *
08/20 1030 KIK	BOD, Carbonaceous	8.1 mg/L	SM 2001 5210 B	15.17	104.6 *

\* 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.

### Environmental Services Company, Inc. Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

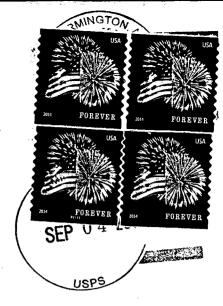


# Environmental Services Company, Inc. Northwest Branch 1107 Century Springdale, AR 72764

CHAIN OF CUSTODY Phone: 501-221-2565 Fax: 501-221-1341 Phone 479-750-1170 Fax:: 479-750-1172 Client Information **Project Information** Requested Parameters Company Name: Greenfield Cap. Dev.-Sloan Estates Permit/Project #: Address: 1849 Trillium Lane Purchase Order #: Fayetteville, Ar 72704 Phos(25), NH<sub>3</sub>-N (15.A) CBOD (70), TSS (28) (479)936-0333 Telephone: (Cell) Sampler Name(s): COLIFORM (43) Telephone: and Signature(s): ESC Client Number: 1678 pH (23) Sample Identification Sample Collection Sample Containers Identification ESC Control# Date Volume Time Type Matrix Preservative Type -2014 1408020264 :40 **EFFLUENT GRAB** Water teflon 150 ml none X **EFFLUENT GRAB** Water Plastic 8 oz H<sub>2</sub>SO<sub>4</sub>,pH<2 X **EFFLUENT GRAB** Water Plastic x 1 qt none/ice **EFFLUENT GRAB** Water Whirlpak 125 ml Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> X Cool all samples to 6 degrees C. Date Received By: (Signature and Printed Name) Time Custody Seals: -201C 1:25 W Used? -Intact? Received By: (Signature and Printed Name) Turnaround: Special Regular Relinquished By: (Signature and Printed Name) Leb By: (Signature and Printed Name) Date Time Were samples properly preserved: 8,20-1 Yes 1/ No Comments: FLOW DATA Field Test Time Analyst Result Result Units 8:40 1/1/15 pH: Analyst: Time: Temp.: Reading: DO: Units: Debris: Cool all samples to 6 degrees C. Chlorinated? Yes No This Document is Page

G:W

GCD P.O. Box 9299 Fayetteville, AR 72703



ADEQ Water Division Permits Branch 5301 Northshore Dr N Little Rock, AR 72118-5317

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