

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

PERMITTEE NAME
Sloan Estates Property Owners Association

FACILITY NAME (IF DIFFERENT)
Sloan Estates Subdivision

PERMIT NO.
4837-WR-2

PERMITTEE ADDRESS
PO Box 10918
Fayetteville AR 72703


FACILITY ADDRESS
5088 E Sagely Lane
Fayetteville AR 72703

AFIN NO.
72-01074

WASTEWATER EFFLUENT MONITORING PERIOD

| | |
|------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 2/1/2016 | 2/29/2016 |

| TREATED WASTEWATER EFFLUENT SAMPLING | | | | | |
|--|-----------|---------------------|----------------|----------------------------|--|
| PARAMETER | Limit | Sample Measurement | UNITS | Monitoring | Reporting |
| Flow, Monthly total | REPORT | 0.156495 | MGD | Grab Sample once per month | Prior to the 15th of the following Month |
| Flow, daily maximum | REPORT | 0.005738 | MGD | | |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | 15 | < 2 | mg/l | | |
| Total Suspended Solids (TSS) | 15 | 4 | mg/l | | |
| Fecal Coliform Bacteria (FCB) | 10,000 | < 2 | colonies/100ml | | |
| pH | 6.0 - 9.0 | 7.1 | s.u. | | |
| Total Kjeldahl Nitrogen (TKN) | REPORT | 22.4 | mg/l | | |
| Ammonia Nitrogen | REPORT | 17.9 | mg/l | | |
| Nitrate Nitrogen | REPORT | 2.54 | mg/l | | |
| Nitrite Nitrogen | REPORT | 0.437 | mg/l | | |
| Plant Available Nitrogen (PAN) | REPORT | 22.2 | mg/l | | |
| Total Phosphorus (TP) | REPORT | 6.4 | mg/l | | |
| Total Solids | REPORT | 0.033 | Percentage (%) | | |
| Loading Rate | REPORT | ** See Note Below** | gpd/ft 2 | Continuous | |

| | | | | |
|--|---|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathy 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 | 3/2/2016 |
| TYPED OR PRINTED | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) **** NOTE**** Equipment at this site was not designed to supply this information. A permit revision is being requested. We have noticed a couple spots in drip field that were surfacing. We have contacted a repair contractor to have repair on drip field done as soon as schedule and weather allows.

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: 1602020204
 Customer Name : GREENFIELD CAP DEV-SLOAN EST.
 Customer/Permit No. : 1678 / 4837-WR-2
 Report Date : 02/26/16

Sample Date : 02/17/16
 Sample Time : 0850
 Sample Type : GRAB SLOAN
 Sample From : EFFLUENT

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

Laboratory Analysis

| <u>Analysis</u> | | | | | | <u>Quality Assurance</u> | | | |
|-----------------|-------------|-----------|---------------------------|---------------|--------------|--------------------------|--------------------|------------------|-------------------|
| <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> |
| 02/18 | 1000 | TSB | Ammonia Nitrogen | 17.9 mg/L | | | SM 1997 4500-NH3 F | 2.44 | 104.6 * |
| 02/23 | 0900 | TSB | Kjeldahl Nitrogen Total | 22.40 mg/L | | | SM 1997 4500-NorgB | 0.00 | 100.4 |
| 02/18 | 1400 | TSB | Nitrate Nitrogen | 2.54 mg/L | | | SM 2000 4500-NO3 E | 0.00 | 102.5 * |
| 02/17 | 1600 | TSB | Nitrite Nitrogen | 0.437 mg/L | | | SM 2000 4500 NO2 B | 0.00 | 100.0 * |
| 02/17 | 0850 | WDS | pH | 7.1 S.U. | | | SM 2000 4500-H+ B | 0.00 | N/A * |
| 02/25 | 0900 | TSB | Phosphorous, Total (as P) | 6.4 mg/L | | | EPA 365.3 | 0.00 | 102.7 * |
| 02/19 | 1300 | MDR | Solids, Total Suspended | 4.0 mg/L | | | SM 1997 2540 D | 17.14 | N/A * |
| 02/17 | 1700 | RHB | Coliform, Fecal | < 2 /100ml | | | SM 1997 9222 D | 0.00 | N/A * |
| 02/17 | 1400 | TSB | BOD, Carbonaceous | < 2.0 mg/L | | | SM 2001 5210 B | 10.40 | 112.0 * |
| 02/17 | 1015 | MDR | Solids, % Total by mass | 0.033 % | | | SM 1997 2540 G | 0.00 | N/A * |
| 02/24 | 100 | TSB | Nitrogen, Plant Available | 22.2 mg/L | | | SM 1997 4500-N | | |

* QA data shown is from a different sample or standard on the same date.

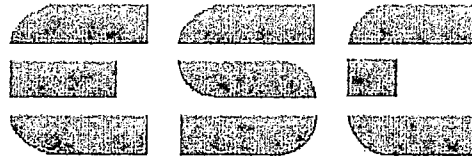
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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
 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 Cap. Dev.-Sloan Estates | | | | Permit/Project #: | | | | | | 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 Fayetteville, Ar 72704 | | | | Purchase Order #: | | | | | | | | | | | | |
| Telephone: (479)936-0333 (Cell) | | | | Sampler Name(s): Wade Schmitt | | | | | | | | | | | | |
| FAX: | | | | and Signature(s): <i>WLS</i> | | | | | | | | | | | | |
| ESC Client Number: 1678 | | | | | | | | | | | | | | | | |
| Sample Identification | | Sample Collection | | | | Sample Containers | | | | | | | | | | |
| Identification | ESC Control # | Date | Time | Type | Matrix | Type | Volume | Preservative | # | | | | | | | |
| EFFLUENT | 1602020204 | 2-17-16 | 8:50 | Grab | Water | Teflon | 150 ml | none | 1 | x | | | | | | |
| EFFLUENT | | | | Grab | Water | whirlpak | 300 ml | none/ice | 1 | | x | | | | | |
| EFFLUENT | | | | Grab | Water | Plastic | 1 qt | none/ice | 1 | | | x | x | | | |
| EFFLUENT | | | | Grab | Water | Plastic | 8 oz | H ₂ SO ₄ , pH <2 | 1 | | | | | x | x | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received By: (Signature and Printed Name) | | | | Date | Time | Custody Seals: | | | | | | |
| <i>WLS Wade Schmitt</i> | | 2-17-16 | 9:45 | <i>Samuel Brooks</i> | | | | 2-17-16 | 9:45 | 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 Brooks</i> | | | | 2-17-16 | 9:45 | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | | | |
| Comments: | | | | | | FLOW DATA | Field Test | Time | Analyst | Result | Result | Units | | | | |
| | | | | | | Analyst: | pH: | 8:50 | WOS | 7.1 | | | | | | |
| | | | | | | Time: | Temp.: | 8:50 | WOS | 11.8 | | | °C | °F | | |
| | | | | | | Reading: | DO: | | | | | | | | | |
| | | | | | | Units: | Debris: | | | | | | | | | |
| Cool all samples to 6 degrees C. | | | | | | | | | Chlorinated? Yes No | | | This Document is Page ___ of ___ | | | | |