

**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
PERMITTEE ADDRESS
PO Box 10918 Fayetteville AR 72703

FACILITY NAME (IF DIFFERENT)
Sloan Estates Subdivision
FACILITY ADDRESS
5088 E Sagely Lane Fayetteville AR 72703

PERMIT NO.
4837-WR-2
AFIN NO.
72-01074

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2016	1/31/2016

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.109042	MGD	Grab Sample once per month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.005452	MGD		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l		
Total Suspended Solids (TSS)	15	2	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	8	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Kjeldahl Nitrogen (TKN)	REPORT	19	mg/l		
Ammonia Nitrogen	REPORT	13.1	mg/l		
Nitrate Nitrogen	REPORT	5.59	mg/l		
Nitrite Nitrogen	REPORT	0.268	mg/l		
Plant Available Nitrogen (PAN)	REPORT	20.7	mg/l		
Total Phosphorus (TP)	REPORT	6.3	mg/l		
Total Solids	REPORT	0.028	Percentage (%)		
Loading Rate	REPORT		gpd/ft ²	Continuous	

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	2/4/2016
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

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: 1601020229
 Customer Name : GREENFIELD CAP DEV-SLOAN EST.
 Customer/Permit No. : 1678 / 4837-WR-2
 Report Date : 01/27/16

Sample Date : 01/20/16
 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			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
01/25	1330	TSB	Ammonia Nitrogen	13.1 mg/L			SM 1997 4500-NH3 F	2.30	100.0 *
01/26	0830	TSB	Kjeldahl Nitrogen Total	19.00 mg/L			SM 1997 4500-NorgB	4.46	102.7 *
01/25	1530	TSB	Nitrate Nitrogen	5.59 mg/L			SM 2000 4500-NO3 E	0.37	100.8 *
01/22	1720	RHB	Nitrite Nitrogen	0.268 mg/L			SM 2000 4500 NO2 B	4.83	103.8 *
01/20	0840	WDS	pH	6.8 S.U.			SM 2000 4500-H+ B	0.00	N/A *
01/21	1400	TSB	Phosphorous, Total (as P)	6.3 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	8 /100ml			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 *
01/21	1110	MDR	Solids, % Total by mass	0.028 %			SM 1997 2540 G	6.90	N/A *
01/26	1515	TSB	Nitrogen, Plant Available	20.7 mg/L			SM 1997 4500-N		

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

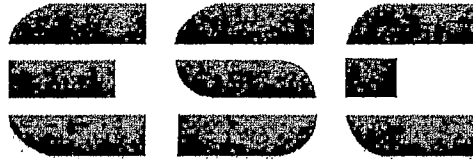
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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				Purchase Order #:												
Fayetteville, Ar 72704				Sampler Name(s): Wade Schmitt												
Telephone: (479)936-0333 (Cell)				and Signature(s): <i>Wade Schmitt</i>												
FAX:																
ESC Client Number: 1678																
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#							
EFFLUENT	1601020229	1-20-16	8:40	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>Wade Schmitt</i>		1-20-16	13:15	<i>Janet Brooks</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:							
				<i>Janet Brooks</i>					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>Janet Brooks</i>			1-20-16	13:15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units				
						Analyst:	pH:	8:40	8:40	6.8						
						Time:	Temp.:	8:40	8:40	11.1		°C °F				
						Reading:	DO:									
						Units:	Debris:									
Cool all samples to 6 degrees C.									Chlorinated? Yes No			This Document is Page ___ of ___				