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

- 37 8 2 5 8 72	PERMITTEE NAME	a s	
	Sloan Estates Property Owners Ass	ociation	
	PERMITTEE ADDRESS	e	
	PO Box 10918	-	
	Fayetteville AR 72703		

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

PERMIT NO.	14,
4837-WR-2	
AFIN NO.	2
72-01074	٦

	WASTEWATER I	EFFLUENT MONITORING PERIOD
	MM/DD/YYYY	MM/DD/YYYY
FROM	10/1/2015	10/31/2015

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
IOSPHOROUS, TOTAL (AS P) FLUENT GROSS VALUE	REPORT	4.9	MG/L	ONCE/ MONTH	GRAB	
BOD, 5-DAY (20 DEG. C) FLUENT GROSS VALUE	15	2.5	MG/L	ONCE/ MONTH	GRAB	
I FLUENT GROSS VALUE	6 to 9	6.9	S,U.	ONCE/ MONTH	GRAB	
OLIDS, TOTAL SUSPENDED FLUENT GROSS VALUE	15	2	MG/L	ONCE/ MONTH	GRAB	
TROGEN, AMMONIA TOTAL (AS N) FLUENT GROSS VALUE	REPORT	10.7	MG/L	ONCE/ MONTH	GRAB	
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE	10,000	432	colonies/100ml	ONCE/ MONTH	GRAB	
OTAL KJELDAHL NITROGEN FLUENT GROSS VALUE	REPORT	12.3	MG/L	ONCE/ MONTH	GRAB	
TRATE NITROGEN FLUENT GROSS VALUE	REPORT	5.1	MG/L	ONCE/ MONTH	GRAB	
TRITE NITROGEN FLUENT GROSS VALUE	REPORT	0.035	MG/L	ONCE/ MONTH	GRAB	
ANT AVAILABLE NITROGEN FLUENT GROSS VALUE	REPORT	16.3	MG/L	ONCE/ MONTH	GRAB	
OW, THRU CONDUIT OR TREATMENT UNIT	REPORT	MONTHLY TOTAL DAILY MAX 115,283 4,153	- GPD	ONCE/ MONTH	TOTAL FLOW	
	DER PENALTY OF LAW THAT I HAVE PERSONALLY	1	TELEPHONE	DATE		
Kathy Bartlett INDIVIDUALS	ORMATION SUBMITTED HEREIN; AND BASED ON MY I IMMEDIATELY RESPONSIBLE FOR OBTAINING THE SUBMITTED INFORMATION IS TRUE, ACCURATE, ANI	479 530-5926	11/13/2015			
	THERE ARE SIGNIFICANT DENIALTIES FOR SI	ATION IS TRUE, ACCURATE, AND COMPLETE. I AM SIGNATURE OF		AREA NUMBER		

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: 1510020328

Customer Name : GREENFIELD CAP DEV-SLOAN EST.

Customer/Permit No.: 1678 / 4837-WR-2

Report Date: 10/28/15

Sample Date : 10/21/15 Sample Time : 0845

Sample Type : GRAB
Sample From : EFFLUENT

Collected By: WDS Delivery By : WDS

Work Order: Purchase Order:

	Quality Assurance					
Analysis		<u></u>			Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	% RPD	% Recovery
10/22 1545 TSB	Ammonia Nitrogen	10.7 mg/L		SM 1997 4500-NH3 F	0.90	102.3 *
	Kjeldahl Nitrogen Total	12.30 mg/L		SM 1997 4500-NorgB	0.00	100.4 *
	Nitrate Nitrogen	$5.10~{ m mg/L}$		SM 2000 4500-NO3 E	1.40	102.1 *
	Nitrite Nitrogen	0.035 mg/L		SM 2000 4500 NO2 B	0.00	101.1 *
•	pН	6.9 S.U.		SM 2000 4500-H+ B	0.00	N/A *
10/23 0900 TSB	Phosphorous, Total (as P)	4.9 mg/L		EPA 365.3	0.00	100.7 *
	Solids, Total Suspended	2.0 mg/L		SM 1997 2540 D	29.79	N/A *
10/21 1300 WDS	Coliform, Fecal	432 /100ml		SM 1997 9222 D	0.00	N/A *
10/21 0800 KIK	BOD, Carbonaceous	2.5 mg/L		SM 2001 5210 B	6.54	89.3 *
10/26 1200 TSB	Solids, % Total by mass	0.157 %		SM 1997 2540 G	5.41	N/A *
10/27 1630 TSB	Nitrogen, Plant Available	16.3 mg/L		SM 1997 4500-N		·

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

Environmental Services Co., Inc.

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

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: 4/9-/50-1			Oi.	IAII	71 00											
Client Information			Project Information						Requested Parameters							
Company Name:	Greenfield Cap.	DevSloan E	states	Permit/Project #:												
Address:	ddress: 1849 Trillium Lane		Purchase Order #:					6	İ '							
Fayetteville, Ar 727		72704	'04		\overline{a}		7/10/11				ļ	22(82)			
Telephone:	(479)936-0333	(Cell)			Sampler Name(s):		Wards San H					ž)sp		· [6]	,
FAX:	(1.0)000 0000	(0011)		Tourible Hame(s).			01/9 01/9.11				<u> </u>	28)	%Solids(82)	(18	52	,
1777.					┨ .a ~		0//				2	SS(1 .	03	ĝ	
ECC Client Numb	4070		a		and Signature(s):		V				Coliform(43)	IĘ.	99)	\ \tag{2}	, F	İ
ESC Client Numb	***	- 								┩╭	[장	CBOD(70),TSS(28),NO2(19)	PAN(99.99),	TKN(16.A), NO3(18)	NH3(15.A), Phos(25)	.
	le Identification		Sample	Collection			Sample (Containers	3	# H	Fecal	ĺЙ	Ž	달	13(1	
Identification	n ESC Control #		Time	Type	Matrix	Туре	Volume	Preserva	tive	# 등	. E	밍	<u>a</u>	Ι¥	ż	
EFFLUENT	T 1510020328	10-21-15	8:45	Grab	Water	Teflon	150 ml	none		1 X						
EFFLUENT				Grab	Water	whirlpak	300 ml	none/ice		1	x	T				
EFFLUENT				Grab	Water	Plastic	1 qt	none/ice 1		1		x	х			
EFFLUENT	EFFLUENT			Grab	Water	Plastic	8 oz	H ₂ SO ₄ ,pH	<2	1	1	1		х	x	
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1/12	Vales with	10-21-15	12:05	Received By: (Signature and Printed Name) Date		Date	Time	4	Custody Seals: Used?		.	/Intact?				
Relinquished By: (Signature and Printed Name) Date			Time	Received By: (Signature and Printed Name) Date Time		Tur	naroun		\mathcal{T}							
Relinquished By: (Signature and Printed Name) Date Time		Time	Received for Leb By. (Signature and Printed Name)		7	Date Time			Regular Were samples proper		roperiú	Special Special				
				amerat	Shools to	menut	27005	10215	12:0	ςÜ	Yes				No [
Comments:			FLOW DATA		ΛTA	Field Test		Analyst					Units	nits		
				Analyst: Time:		pH: Temp.:	8:45 8:45	WAS		6.9			°C °F		°F	
					Reading:		DO:	(),-(2	1212		1-7	<u> </u>		<u> </u>		'
					Units:		Debris:									
Cool all samples to 6 degrees C.							Chlorinated	? Yes No	0	Th	is Do	cume	nt is	Page	∍	of