#### ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

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

PERMITTEE NAME
Greenfield Capital Development
NEW PERMIT IN THE PROCESS OF BEING APPLIED FOR BY SLOAN ESTATES POA
PERMITTEE ADDRESS
PO Box 9299
Fayetteville, AR 72703
FACILITY NAME (IF DIFFERENT)
Sloan Estates
FACILITY ADDRESS
FACILITY ADDRESS
5088 E Sagely
WC AR

PERMIT NO. 4837-W

**AFIN NO.** 72-01074

	WASTEWATER I	FFLUENT MC	NITORING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/1/2014	то	10/31/2014

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUF	REMENT UNITS		QUENCY OF NALYSIS	SAMPLE TYPE		
HOSPHOROUS, TOTAL (AS P) FFLUENT GROSS VALUE	****	4.1	MG/L		ONCE/ MONTH	GRAB		
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE	15	8	MG/L		ONCE/ MONTH	GRAB		
H FFLUENT GROSS VALUE	6 to 9	6.7	S,U.		ONCE/ MONTH	GRAB		
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE	15	9	MG/L		ONCE/ MONTH	GRAB		
ITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE	***	7.5	MG/L	MG/L ONCE/ MONTH				
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE	10,000	5,700	N/100 ML		ONCE/ MONTH	GRAB		
LOW, THRU CONDUIT OR TREATMENT UNIT FFLUENT GROSS VALUE	****	MONTHLY TOTAL D	OAILY MAX GPD		ONCE/ MONTH	TOTAL FLOW		
	AW THAT I HAVE PERSONALLY EX	in /	II H	T	ELEPHONE	DATE		
INDIVIDUALS IMMEDIATELY RESI Kathryn Bartlett BELIEVE THE SUBMITTED INFORM	red Herein; and Based on My Inc Ponsible for obtaining the Mation is true, accurate, and (	INFORMATION, I / ) av	mety beging	479	530-5926	11/5/2014		
TYPED OR PRINTED AWARE THAT THERE ARE SKE	GNIFICANT PENALTIES FOR SUB DSSIBILITY OF FINE AND IMPRISONM		EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY		

### 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: 1410020281

Customer Name : GREENFIELD CAP DEV-SLOAN EST.

Sample Time : 0935

Collected By: KIK Delivery By : KIK

Customer Number: 1678

Work Order :

Report Date : 10/24/14

Sample Type : GRAB SLOAN Sample From : EFFLUENT

Sample Date : 10/15/14

Purchase Order :

	Quality Assurance						
Analysis				Precision	Accuracy		
<u>Date Time By</u>	<u>Parameter</u>	Result Notes Quantity	Method Method	% RPD	% Recovery		
10/20 1130 TSB	Ammonia Nitrogen	7.5 mg/L	SM 1997 4500-NH3 F	0.00	100.5 *		
10/15 0935 KIK	pН	6.7 S.U.	SM 2000 4500-H+ B	1.57	N/A *		
10/20 0830 TSB	Phosphorous, Total (as P)	4.1 mg/L	EPA 365.3	2.74	102.0 *		
10/22 1000 KIK	Solids, Total Suspended	9.0 mg/L	SM 1997 2540 D	5.13	N/A *		
10/15 1630 KIK	Coliform, Fecal	5700 /100ml	SM 1997 9222 D	0.00	N/A *		
10/15 1530 RHB	BOD, Carbonaceous	8.0 mg/L	SM 2001 5210 B	40.00	95.6 *		

\* 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.

Signature

Environmental Services Co., Inc.

#### Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170



Corporate Office, Little Rock, Arkansas 501-221-2565

> Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

Client Information				Project Information					Req	ues	ted	Par	ame	eter	s				
Company Nam Address:	1849 Trillium Lane			Permit/Pro	~	***													
Telephone: _ Telephone: _	Fayetteville, Ar 72704 (479)936-0333 (Cell)			Sampler Name(s): K		e Kr. reval					Phos(25), NH <sub>3</sub> -N (15.A)	CBOD (70), TSS (28)	COLIFORM (43)			-			
ESC Client Nu		1678	<u>,                                     </u>								<u>⊛</u>	25),	5	H.					
	nple Iden			Sample Collection		<del>                                     </del>	1		Containers			1 (23)	)soc	l g					
Identifica		ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	표	ā	O	щ				
	UENT	1415020281	10-15-17	0935	GRAB	Water	teflon	150 ml	none		1	X		<u> </u>	<u> </u>			ļ	
	UENT			<del> </del>	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	<2	1		х	<u> </u>				ļ	
EFFL	UENT				GRAB	Water	Plastic	1 qt	none/ice	]	1			X					
EFFL	UENT	2			GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>		1				x				
				-															
					Cool all samples to			6 degrees C	<b>3</b> .										
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Relingaished B): (Signa	4	CVENIN	16.15-19		Received By: (Signature and Printed Name)				Date	Tim		Used		S		Intac	:t?		
Relinfaujanet By: (Signature and Printed Name) Date				Time	Received By: (Signature and Printed Name) Date Time					Turna Regu	around Ilar	i:		Spec	cial				
Relinquished By: (Signature and Printed Name) Date			Date	Time	Received for Lap By: (Signature and Printed Name)  Date Time Richard Brown RICHARD BROWN 10-15-14 1030					samp Yes	oles pr		prese			<u> </u>			
Comments:				FLOW D	ATA	Field Test		Analy	st	Resu		Resu	ult		Units	3			
		<del></del>				Analyst:		pH:	0935	KA	۷	<i>(.</i>	7			-		612	
						Time: Reading:		Temp.: DO:		<del> </del>		<del>                                     </del>		<del> </del>		်င		۴	
						Units:		Debris:				_				<del></del>			
Cool all samples to 6 degrees C.								Chlorinated	l? Yes N	lo		This	Doc	ume	nt is	Pag	e	of	-
Count Joseph	MOLOHAINIVI	^	· · · · · · · · · · · · · · · · · · ·		i	1			·····				-			<u>~</u>	_	•	

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