

**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 | |
|---------------------------------------|------------|
| FROM | |
| MM/DD/YYYY | MM/DD/YYYY |
| 9/1/2015 | 9/30/2015 |

| TREATED WASTEWATER EFFLUENT SAMPLING | | | | | | |
|--|--------------------|--------------------|-----------|----------------|-----------------------|-------------|
| PARAMETER | PERMIT REQUIREMENT | SAMPLE MEASUREMENT | | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
| PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE | REPORT | 5.9 | | MG/L | ONCE/ MONTH | GRAB |
| CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE | 15 | 5 | | MG/L | ONCE/ MONTH | GRAB |
| PH EFFLUENT GROSS VALUE | 6 to 9 | 6.6 | | S.U. | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE | 15 | 8 | | MG/L | ONCE/ MONTH | GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE | REPORT | 9.1 | | MG/L | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE | 10,000 | 608 | | colonies/100ml | ONCE/ MONTH | GRAB |
| TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE | REPORT | No Report | | MG/L | ONCE/ MONTH | GRAB |
| NITRATE NITROGEN EFFLUENT GROSS VALUE | REPORT | No Report | | MG/L | ONCE/ MONTH | GRAB |
| NITRITE NITROGEN EFFLUENT GROSS VALUE | REPORT | No Report | | MG/L | ONCE/ MONTH | GRAB |
| PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE | REPORT | No Report | | MG/L | ONCE/ MONTH | GRAB |
| FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE | REPORT | MONTHLY TOTAL | DAILY MAX | GPD | ONCE/ MONTH | TOTAL FLOW |
| | | 86,448 | | | | |

| | | | | | |
|--|---|--|-----------|----------|------------|
| 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 |
| Kathy Bartlett | | | 479 | 530-5926 | 10/8/2015 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | 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: 1509020227
 Customer Name : GREENFIELD CAP DEV-SLOAN EST.
 Customer Number : 1678
 Report Date : 09/24/15

Sample Date : 09/18/15
 Sample Time : 0930
 Sample Type : GRAB SLOAN
 Sample From : EFFLUENT

Collected By: KIK
 Delivery By : KIK
 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> |
| 09/21 | 1315 | TSB | Ammonia Nitrogen | 9.1 mg/L | | | SM 1997 4500-NH3 F | 1.77 | 101.9 |
| 09/18 | 0930 | KIK | pH | 6.6 S.U. | | | SM 2000 4500-H+ B | 0.00 | N/A * |
| 09/21 | 1030 | TSB | Phosphorous, Total (as P) | 5.9 mg/L | | | EPA 365.3 | 0.00 | 101.0 * |
| 09/22 | 1530 | KIK | Solids, Total Suspended | 8.0 mg/L | | | SM 1997 2540 D | 0.00 | N/A * |
| 09/18 | 1315 | TSB | Coliform, Fecal | 608 /100ml | | | SM 1997 9222 D | 0.00 | N/A * |
| 09/18 | 0800 | KIK | BOD, Carbonaceous | 5.0 mg/L | | | SM 2001 5210 B | 5.38 | 93.9 * |

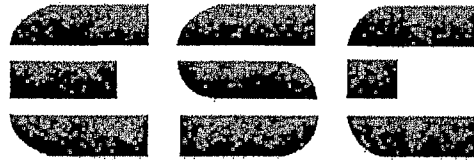
* QA data shown is from a different sample or standard on the same date.

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
 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): Kyle Kieraus | | | | | | | | | | |
| FAX: | | | | | | and Signature(s): <i>[Signature]</i> | | | | | | | | | | |
| ESC Client Number: 1678 | | | | | | | | | | | | | | | | |
| Sample Identification | | | Sample Collection | | | Sample Containers | | | | | | | | | | |
| Identification | ESC Control # | Date | Time | Type | Matrix | Type | Volume | Preservative | # | | | | | | | |
| EFFLUENT | 1509020227 | 9-18-15 | 0930 | Grab | Water | Teflon | 150 ml | none | 1 | x | | | | | | |
| EFFLUENT | I | I | I | Grab | Water | whirlpak | 300 ml | none/ice | 1 | | x | | | | | |
| EFFLUENT | I | I | I | Grab | Water | Plastic | 1 qt | none/ice | 1 | | | x | x | | | |
| EFFLUENT | I | I | I | 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: | | Used? | Intact? | | | | |
| <i>[Signature]</i> Kyle Kieraus | | 9-18-15 | 1115 | <i>[Signature]</i> RICHARD BROWN | | | 9-18-15 | 1115 | Were samples properly preserved: | | Yes | No | | | | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received By: (Signature and Printed Name) | | | Date | Time | Turnaround: | | Regular | Special | | | | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received for Lab By: (Signature and Printed Name) | | | Date | Time | Were samples properly preserved: | | Yes | No | | | | |
| Comments: | | | | | | FLOW DATA | Field Test | Time | Analyst | Result | Result | Units | | | | |
| | | | | | | Analyst: | pH: | 0930 | KJK | 6.6 | | | | | | |
| | | | | | | Time: | Temp.: | | | | | °C | °F | | | |
| | | | | | | Reading: | DO: | | | | | | | | | |
| | | | | | | Units: | Debris: | | | | | | | | | |
| Cool all samples to 6 degrees C. | | | | | | Chlorinated? Yes No | | | This Document is Page ___ of ___ | | | | | | | |