

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

PERMITTEE NAME
 CANE ISLAND SUBDIVISION

FACILITY NAME (IF DIFFERENT)
 Cane Island Subdivision

PERMIT NO.
 4899-WR-2


PERMITTEE ADDRESS
 DANNY HAMES
 6800 SHADOW VALLEY ROAD
 Rogers, AR 72756

FACILITY ADDRESS
 west side of CR 7002 in northern Marion County

AFIN NO.
 45-00214

WASTEWATER EFFLUENT MONITORING PERIOD
 FROM MM/DD/YYYY 4/1/2017 TO MM/DD/YYYY 4/30/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	5.75	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	2	MG/L	ONCE/ MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	7.1	S.U.	ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	4	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	0.98	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	2,000	85	colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	44.8	MG/L	ONCE/ MONTH	GRAB	
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	38.6	MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	1.07	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	53.8	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		18,861	1,272			

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.		TELEPHONE	DATE
Kathy Bartlett		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	479 530-5926	5/9/2017
TYPED OR PRINTED			AREA CODE	NUMBER

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: 1704010109
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 04/14/17

Sample Date : 04/06/17
 Sample Time : 1130
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

Collected By: PDH
 Delivery By : PDH
 Work Order :
 Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
04/13	0930	NTR	Ammonia Nitrogen	0.98 mg/L		SM 1997 4500-NH3 F	0.80	98.1 *
04/13	1205	NTR	Kjeldahl Nitrogen Total	44.80 mg/L		SM 1997 4500-NorgB	0.00	101.3 *
04/07	0845	NTR	Nitrate Nitrogen	38.6000 mg/L		SM 2000 4500-NO3 E	0.58	99.1 *
04/07	0845	NTR	Nitrite Nitrogen	1.0700 mg/L		SM 2000 4500-NO2 B	0.73	99.0 *
04/06	1135	PDH	pH	7.1 S.U.		SM 2000 4500-H+B	0.00	N/A *
04/13	1330	NTR	Phosphorous, Total (as P)	5.750 mg/L		EPA 365.3	0.00	106.7 *
04/10	1300	DWC	Solids, Total Suspended	4.00 mg/L		SM 1997 2540 D	0.00	N/A *
04/13	1230	NTR	Nitrogen, Plant Available	53.80 mg/L		33 MSA 2nd Ed		
04/06	1630	RAH	Coliform, Fecal	85 /100ML		SM 1997 9222 D	0.00	N/A *
04/07	0600	DWC	BOD, Carbonaceous	2.00 mg/L		SM 2001 5210 B	0.00	98.9 *
04/10	1100	NTR	Solids, % Total	0.086 %		SM 1997 2540 G	9.09	N/A *

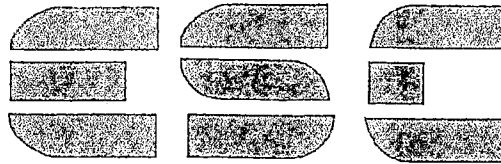
* QA data shown is from a different sample or standard on the same date.

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.
 Corporate Office
 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com



Springdale, Arkansas
 479-750-1170

Carlsbad, New Mexico
 575-887-1ESC

Phone: 501-221-2565 Fax: 501-221-1341

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters													
Company Name: Cane Island Estates POA				Permit/Project #:		Purchase Order #:				TSS(28), CBOD(70), Total Sol % (82)	Nitrate(18), Nitrite(19)	TKN(16-A), Ammonia(15-A)	PAN(33-PN), Total P(25)	Fecal Coliform(43)									
Address: 39 Nottingham Lane				Work Order # 111816-AEG2		Sampler Name(s): Preston Hurt																	
Telephone: 479-619-8450				and Signature(s): <i>P. Hurt</i>																			
Email: rhames@hwark.com																							
Contact: Mr. Rusty Hames																							
ESC Client Number: 3859																							
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
	1704016169	4-6-17	1130	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		X	X												
	/	/	/	Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH < 2				X	X										
				Grab	Wwater	Whirlpak	4 oz.	Cool < 10° C, Na2S2O3							X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:															
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>															
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Turnaround: Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>															
Preston Hurt P. Hurt		4-6-17	1620	Christina Brown		4-6-17	1620	Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
Comments:		Flow Data		Field Test		Time	Analyst	Result	Result	Units													
Site Address: 1364 Cane Island Road				pH:		1135	PH	7.1		SU													
Flippln, AR 72634																							
						11630	RAH	This Document is Page 1 of 1															

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