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

PERMITTEE NAME	4 16 A	** . 3
CANE ISLAND SUBDIVISION		
PERMITTEE ADDRESS	, · ·	1/2
DANNY HAMES		
6800 SHADOW VALLEY ROAD		
Rogers, AR 72756		

FACILITY NAME (IF DIFFERENT)
Cane Island Subdivision	
FACILITY ADDRESS	
west side of CR 7002 in northern Mario	n County

	PERMIT NO	
	4899-WR-2	
, " =	AFIN NO.	

	WASTEWATER EFFLUI	INT MONITORING PERIOD
	MM/DD/YYYY	MM/DD/YYYY
FROM	8/1/2017	8/31/2017

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
HOSPHOROUS, TOTAL (AS P) FFLUENT GROSS VALUE	REPORT	5,69	MG/L	ONCE/ MONTH	GRAB	
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE	15	< 2	MG/L	ONCE/ MONTH	GRAB	
H FFLUENT GROSS VALUE	6 to 9	6.4	S.U.	ONCE/ MONTH	GRAB	
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE	15	1	MG/L	ONCE/ MONTH	GRAB	
ITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE	REPORT	0.28	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL FFLUENT GROSS VALUE	2,000	< 5	colonies/100ml	ONCE/ MONTH	GRAB	
OTAL KJELDAHL NITROGEN FFLUENT GROSS VALUE	REPORT	REPORT 42.3		ONCE/ MONTH	GRAB	
ITRATE NITROGEN FFLUENT GROSS VALUE	REPORT	42.4	MG/L	MG/L ONCE/ MONTH		
ITRITE NITROGEN FFLUENT GROSS VALUE	REPORT	0,51	MG/L	ONCE/ MONTH	GRAB	
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE	REPORT	55.8 MG/L		ONCE/ MONTH	GRAB	
LOW, THRU CONDUIT OR TREATMENT UNIT	REPORT	MONTHLY TOTAL DAILY MAX 17,735 734	GPD	ONCE/ MONTH	TOTAL FLOW	
TO STATE OF THE PARTY OF THE PA	ALTY OF LAW THAT I HAVE PERSONALLY EX	1	1	TELEPHONE	DATE	
INDIVIDUALS IMMEDIAT Kathy Bartlett BELIEVE THE SUBMITTE	TELY RESPONSIBLE FOR OBTAINING THE ED INFORMATION IS TRUE, ACCURATE, AND	TED HEREIN; AND BASED ON MY INQUIRY OF THOSE SPONSIBLE FOR OBTAINING THE INFORMATION, I MATION IS TRUE, ACCURATE, AND COMPLETE. I AM SIGNATURE OF PRINCE EXECUTIVE OFFICER OF OSSIBILITY OF FINE AND IMPRISONMENT. THE OFFICE OF THE AND IMPRISONMENT.			9/5/2017	
AWARE THAT THERE					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: 1708010079

Customer Name : CANE ISLAND ESTATES POA

Customer Number: 3859 Report Date : 08/17/17

Sample Date : 08/03/17 Sample Time : 1000

Sample Type : GRAB WWATER Sample From : FINAL EFFLUENT Collected By: TMO Delivery By : TMO

Work Order: 111816-AEG2

Purchase Order :

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		Laboratory Ana	aly <u>sis</u>			Quality A	Assurance
Analysis						Precision	Accuracy
<u>Date Time By</u>	Parameter	Result	Notes	Quantity	Method	% RPD	<pre>% Recovery</pre>
08/07 1100 DWC	Ammonia Nitrogen	0.28	mg/L		SM 1997 4500-NH3 F	5.68	94.3 *
08/15 0900 CLB	Kjeldahl Nitrogen Total	42.30	mg/L		SM 1997 4500-NorgB	2.34	101.4 *
08/08 1000 CLB	Nitrate Nitrogen	42.4000	mg/L		SM 2000 4500-NO3 E	0.49	99.2 *
08/08 1400 CLB	Nitrite Nitrogen	0.5100	mg/L		SM 2000 4500-NO2 B	3.51	96.6 *
08/03 1005 TMO	Н	6.4	S.U.		SM 2000 4500-H+B	1.57	N/A
08/11 1000 CLB	Phosphorous, Total (as P)	5.690	mg/L		EPA 365.3	10.53	107.9
08/04 1330 CLB	Solids, Total Suspended	1.00	mg/L		SM 1997 2540 D	40.00	N/A *
08/16 0930 CLB	Nitogen, Plant Available	55.80	mg/L		33 MSA 2nd Ed	0.00	99.0 *
08/03 1610 PJC	Coliform, Fecal	< 5	/100ML		SM 1997 9222 D	10.53	N/A
08/04 0700 JJM	BOD, Carbonaceous	< 2.00	mg/L		SM 2001 5210 B	0.00	88.3 *
08/07 1130 CLB	Solids, % Total	0.050	ક		SM 1997 2540 G	22.22	N/A *

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

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

Environmental Services Company, Inc. Corporate Office

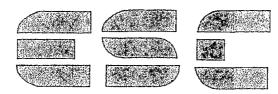
13715 West Markham

P.O. Box 55146

Little Rock, AR 72211 Little Rock, AR 72215

website: www.esclabs.com

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



Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

	Client Information			Project Information						Red	ques	ted	Para	mete	ərs	
Client: Cane Island Estates POA F			Permit/Project #:							Τ			\Box	T		
Address:				Purchase Order #:												
				Work Order # 111816		11816-AEG2										
Phone: 479-619-8450			Sa				nother O'Neal			da :		15.A	6			
Fax:	rhames@nwark.cc	m		12						Ammonia(15.A)	Total P(25)					
Contact:	Mr. Rusty Hames				ure(s):	Tin	world c	D'You	7	CBOD(70),	Nitrite(19)	l m	rotal	(43)		ļ
ESC Client Number:		859					1000				Z S	1 7	Ę	iform		
Sample Id	entification		Sample	Collection	The second second		Sample	Container	S	38,	le(18	16.A	33.F	20		
Identification	ESC Control#	Date	Time	Туре	Matrix	Type	Volume	Preserva		TSS(28)	Nitrate(18),	TKN(16.A),	PAN(33.PN),	Fecal Coliform(43)		
Final Effluent	1708010079	8-3:17	1000	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° (X	╌╁╌╌╌	广			+	\top
1	1	,		Grab	Wwater	Plastic	1 Liter	Cool ≤ 8° C, H2SO4 to pH <2			 	х	х		+	+
				Grab	Wwater	Whirlpak		Cool <10° C Na252O3		十	1			х	+	\top
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Relinquished By: (Signature and Pri	inted Name)	Date	Time	Received By: (Sig	nature and Printe	l Name)		Date	Time		ody Se					
Relinquished By: (Signature and Pri	inted Name)	Date	Time	Received By: (Sig	nature and Printe	1 Name)		Date	Time	Used Turn	around			Intact?		
Relinguished By: (Signature and Pri	nted Name)	Däte	Time	Received for Lahli	Avs /Signature and	I Printed Name		Date	Time	Regi		Z	an artic	Special preserve		<u>]</u>
Relinquished By: (Signature and Printed Name) Date Time		1605	Received for Lab	Hall	Kil	Total Pare	8-3-17	เทกร	vven	Yes	ies pi	peny	No		7	
Comments:	Comments:			Flow D	ata	Field Test	Time	Analyst	Res	-	Resu		Ur	nits		
Site Addre		d					pH:	1005	TMO	6,	4	le?	<u> </u>		su	
	Flippin, AR 72634							 		+-						
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