

**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

MM/DD/YYYY	MM/DD/YYYY
FROM 12/1/2017	12/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.08		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	6.9		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	5		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	2.3		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	2,000	< 1		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	39.4		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.186		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	54.64		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		11,241	633			

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			479	530-5926	1/8/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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: 1712010112
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 12/21/17

Sample Date : 12/07/17
 Sample Time : 1149
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

Collected By: TMO
 Delivery By : TMO
 Work Order :
 Purchase Order :

<u>Laboratory 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 % RPD</u>	<u>Accuracy % Recovery</u>
12/11	0900	CLB	Ammonia Nitrogen	2.30 mg/L			HACH 10205	2.44	94.6 *
12/13	0930	CLB	Kjeldahl Nitrogen Total	44.80 mg/L			SM 1997 4500-NorgB	0.00	95.4 *
12/12	0900	CLB	Nitrate Nitrogen	39.4000 mg/L			SM 2000 4500-NO3 E	1.42	101.5 *
12/12	0900	CLB	Nitrite Nitrogen	0.1860 mg/L			HACH 10206	1.26	103.2 *
12/07	1152	TMO	pH	6.9 S.U.			SM 2000 4500-H+B	0.00	N/A *
12/08	1330	CLB	Phosphorous, Total (as P)	7.080 mg/L			EPA 365.3	0.00	98.6 *
12/12	1500	DAH	Solids, Total Suspended	5.00 mg/L			SM 1997 2540 D	0.00	N/A *
12/13	1000	CLB	Nitrogen, Plant Available	54.64 mg/L			33 MSA 2nd Ed		
12/07	1630	TMO	Fecal Coliform	< 1.0 /100ml			06/2012 Colilert18		
12/08	0900	PJC	BOD, Carbonaceous	< 2.00 mg/L			SM 2001 5210 B	0.00	105.8 *
12/11	0945	DWC	Solids, % Total	0.091 %			SM 1997 2540 G	0.00	N/A *

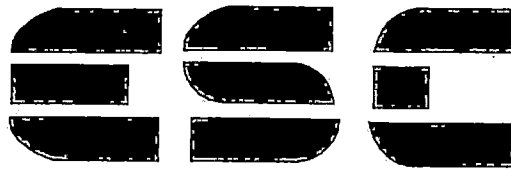
* QA data shown is from a different sample or standard on the same date.

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								
Client:		Cane Island Estates POA		Permit/Project #:				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		Purchase Order #:												
		Rogers, AR 72758		Work Order #		111816-AEG2										
Phone:		479-619-8450		Sampler Name(s):		Timothy O'Neal										
Fax:		rhamen@nwork.com		and Signature(s):		[Signature]										
Contact:		Mr. Rusty Hames														
ESC Client Number:		3859														
Sample Identification		Sample Collection			Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	TSS	Nitrate	TKN	PAN	Fecal		
Final Effluent	1712010112	12-7-17	11:49	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"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab-By: (Signature and Printed Name)		Date	Time	Were samples properly preserved: Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>						
Comments:		Site Address: 1364 Cane Island Road		Flow Data		Field Test	Time	Analyst	Result	Result	Units					
		Flippin, AR 72634				pH:	1152	TMO	6.9		SU					
							11:30	TMO								
										This Document is Page 1 of 1						

10/11

10/11

10/11