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

PERMITTEE NAME
CANE ISLAND SUBDIVISION
PERMITTEE ADDRESS
DANNY HAMES
6800 SHADOW VALLEY ROAD
Rogers, AR 72756

, F	ACILITY NAME (IF DIF	ERENT)
	Cane Island Subdivis	sion
	FACILITY ADDRES	SS STATE OF THE
west side	of CR 7002 in norther	n Marion County

PERMIT NO.	
4899-WR-2	
	_
AFIN NO.	40
45-00214	

	WASTEWATER	EFFLUENT MONITORING PERIOD
	MM/DD/YYYY	MM/DD/YYYY
FROM	1/1/2017	1/31/2017

		TREATED WASTE	WATER EFFLUENT	SAMPLING				
PARAMET	ER	PERMIT REQUIREMENT	SAMPLE MEAS	UREMENT	UNITS	1	QUENCY OF NALYSIS	SAMPLE TYPE
HOSPHOROUS, TOTAL (AS P) FFLUENT GROSS VALUE	•	REPORT	24.5	5	MG/L		ONCE/ MONTH	GRAB
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE		15	3		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	15		MG/L		ONCE/ MONTH	GRAB
ITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE		REPORT	0.25	3	MG/L		ONCE/ MONTH	GRAB
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE		2,000	< 5		colonies/100ml		ONCE/ MONTH	GRAB
OTAL KJELDAHL NITROGEN FFLUENT GROSS VALUE		REPORT	55.3	6	MG/L	1	ONCE/ MONTH	GRAB
IITRATE NITROGEN FFLUENT GROSS VALUE		REPORT	50.4		MG/L	1	ONCE/ MONTH	GRAB
ITRITE NITROGEN FFLUENT GROSS VALUE		REPORT	0.04	5	MG/L	1	ONCE/ MONTH	GRAB
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE		REPORT	67.2	3	MG/L	1	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATM FFLUENT GROSS VALUE	MENT UNIT	REPORT	MONTHLY TOTAL 12,790	DAILY MAX 636	GPD	1	ONCE/ MONTH	TOTAL FLOW
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER] TE	ELEPHONE	DATE				
Kathy Bartlett	INDIVIDUALS IMMEDIATELY RE	TED HEREIN; AND BASED ON MY IN SPONSIBLE FOR OBTAINING THE MATION IS TRUE, ACCURATE, AND	479 530-5926		2/8/2017			
TYPED OR PRINTED		AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE EXECUTIVE OFFICER OR INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE EXECUTIVE OFFICER OR AUTHORIZED AGENT						

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: 1701010150

Customer Name : CANE ISLAND ESTATES POA

Customer Number: 3859 Report Date : 01/13/17

Sample Date : 01/05/17

Sample Time : 1104 Sample Type : GRAB WWATER

Sample From : FINAL EFFLUENT

Collected By: TMO Delivery By : TMO

Work Order: 111816-AEG2

Purchase Order :

		Laboratory Ana	alvsis			Quality A	Aggurance
Analysis					+	Precision	Accuracy
<u>Date Time By</u>	Parameter	Result	Notes	Quantity	Method	_ % RPD	% Recovery
01/10 1240 DAH	Ammonia Nitrogen	0.25	mg/L		SM 1997 4500-NH3 F		112.2 *
01/06 1300 NTR	Kjeldahl Nitrogen Total	55.36	mg/L		SM 1997 4500-NorgB	0.00	100.0 *
	Nitrate Nitrogen	50.4000	mg/L		SM 2000 4500-NO3 E	0.67	98.3 *
	Nitrite Nitrogen	0.0450	mg/L		SM 2000 4500-NO2 B	2.54	97.7
01/05 1109 TMO	рН	6.7	s.U.		SM 2000 4500-H+B	1.48	N/A *
01/10 1100 PDH	Phosphorous, Total (as P)	24.50	mg/L		EPA 365.3	1.55	111.0 *
01/09 1330 PDH	Solids, Total Suspended	15.00	mg/L		SM 1997 2540 D	0.00	N/A *
	Nitogen, Plant Available	67,23	mg/L		33 MSA 2nd Ed		,
01/05 1555 TMO	Coliform, Fecal	< 5	/100ML		SM 1997 9222 D	0.00	N/A
01/06 0600 DWC	BOD, Carbonaceous	3.00	mg/L		SM 2001 5210 B	0.00	100.0 *
01/10 1500 PDH	Solids, % Total	0.088	8		SM 1997 2540 G	6.06	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.

imental Services Company, Inc. Corporate Office

13715 West Markham

1 - -1

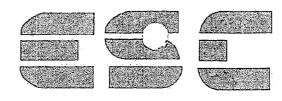
P.O. Box 55146

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				Pr	oject Inf	ormation				Rec	lues	ted	Para	nete	rs
Company Name:	Cane Island Estate	s POA		Permit/Pro	Permit/Project #:											
Address:	39 Nottingham Lar	ie		Purchase Order #:					Sol %(82)							
	Rogers, AR 72758			Work Orde	er#	111816	-AEG2					2		1		
Telephone:	479-619-8450			Sampler N	ame(s):	Timo	thy O	'Nea		Total		(15.0	3			
Email:	rhames@nwark.co	<u>im</u>		1			7			1 .	(6)	Ammonia(15.A)	IP(2			
Contact:	Mr. Rusty Hames			and Signal	ure(s):	Tum	J1-0	You		CBOD(70),	itrite	l muj	Tota	Coliform(43)		
ESC Client Number:		3859					7			8	8 8	1	Ŋ.	ifor		
Sample Id	entification		Sample	Collection			Sample (Container	S.	TSS(28).	Nitrate(18), Nitrite(19)	TKN(16.A),	PAN(33.PN), Total P(25)	8		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserv	ative #	135	N. Str	X	PAN	Fecal		
Final Ffluer	170/11/01/50	1-5-17	11.54	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° (x	Х					
	1	į,	1	Grab	Wwater	Plastic	1 Liter	Cool <u>≤</u> 6° C, H28O4 to pH <2				X	Х			
				Grab	Wwater	Whirlpak	4 oz.	Cool <10° C, Na28203						Х		T
															\top	T
				1												
· · · · · · · · · · · · · · · · · · ·							-									
	,															
Relinquished By: (Signature and Pri	inted Name)	Date	Time	Received By: (Si	mature and Printe	d Name)		Date	Time	Cust	ody Se	eals:	<u></u>	Intact?	———	
Relinquished By: (Signature and Printed Name) Date Time		Time	Received By: (Sig	nature and Printe	d Name)		Date	Time		around		<u>!</u>	Intactr	<u> </u>		
Relinquished By: (Signature and Printed Name) Date Time			Time ,	Received for Lah	By: (Signature and	d Printed Name	<u>,, </u>	Date	Time		ılar Samr	oles pr	operly	Specia preserve		
Tunall O'leal Timoty O'New 1-5-17 1046			Received for Lab	sut Deve	y (67)	but	15/17	16:20		Yes			No		1	
Comments: Site Address: 1364 Cane Island Road			C:	Flow D	ata	Field Test	Time	Analyst	Res	-	Resi	ılt	U	nits		
v Site Addre	Flippin, AR 72634	iu .			 		pH:	1109	TMO	4	_/_			1	SU	
												二				
					<u></u>		· · · · · · · · · · · · · · · · · · ·	155S	TMO	This	Doci	imen	t is Pa	ane/	of (
	he			-				11200	1 1110	11115		7111011		- No [فسيمي



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

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 Kathy Bartlett COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MM/DD/	PERMITTEE NAME			FACILITY NAME (IF DI			PERMIT NO.	
	Waterford Estates at Hisson Ra	nch POA		Waterford Estates at Hissor	m Ranch POA		4815-WR-4	
Rogers, AR 72756 MAM/DD/YYY 1/1/2017 MM/DD/YYY 1/31/2017 MM/DD/YYYY 1/31/2017 MM/DD/YYY 1/31/2017 MM/DD/YYYY 1/31/2017 MM/DD/YYY 1/31/2017 MM/DD/YYY 1/31/2017 MM/DD/YYYY MM/DD/YYYY 1/31/2017 MM/DD/YYYY MM/DD/YYYY	PERMITTEE ADDRES	s		FACILITY ADDR	ESS		AFIN NO.	
MM/DD/YYYY Monitoring Reporting	3567 W New Hope Ro			2323 Bowen Bl	vd		72-00974	
MM/DD/YYYY 1/1/2017	Rogers, AR 72756							
TREATED WASTEWATER EFFLUENT SAMPLING			WAS	STEWATER EFFLUENT MO	NITORING PERI	OD		
TREATED WASTEWATER EFFLUENT SAMPLING PARAMETER Limit Sample Measurement UNITS Monitoring Report O.922765 MG Total Flow per calendar month Flow, daily maximun REPORT O.9322765 MG Total Flow per calendar month Flow, daily maximun REPORT O.9322765 MG Total Flow per calendar month REPORT O.932276 MG To								
Flow, Monthly total REPORT 0.922765 MG Total Flow per calendar month			1/1/2017			1/31/2017		
Flow, Monthly total REPORT 0.922765 MG Total Flow per calendar month Flow, daily maximum	TREATED WASTEWATER EFFLUE	NT SAMPLING						
Flow, dally maximum	PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Carbonaceous Blochemical Oxygen Demand (CBOD5) 15 <2 mg/l 7 total Suspended Solids (TSS) 15 <2 mg/l Pecal Coliform Bacteria (FCB) 2,000 56 colonies/100ml PH 6,0,-9,0 7,8 s.u. Total Phosphorus (TP) REPORT 7,2 mg/l Ammonia Nitrogen (NN-N) REPORT 53,76 mg/l Nitrate Nitrogen (NO-N)+ Nitrite Nitrogen (NO-N) REPORT 7,8 mg/l Plant Available Nitrogen (NO-N)+ Nitrite Nitrogen (NO-N) REPORT REPORT 50.8 mg/l Plant Available Nitrogen (PAN) REPORT See Attached gpd/ft 2 Daily TOTAL (Seldahi Nitrogen (PAN) REPORT See Attached gpd/ft 2 Daily TOTAL (Seldahi Nitrogen (PAN) REPORT See Attached gpd/ft 2 Daily TOTAL SUBMITTED HERREIN; 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, AUTHORIZED AGENT TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. TOTAL SUBMITTED REPORT See JUBINITING FALSE INFORMATION, I STRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, AUTHORIZED AGENT TOTAL PROPRIED Prior to the 15th of the following Information of Submitted Information of Submitting FALSE INFORMATION, AUTHORIZED AGENT TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	Flow, Monthly total		REPORT	0.922765	MG	Total Flow per calendar month		
Total Suspended Solids (TSS) 15 < 2 mg/l Pecal Colform Bacteria (FCB) 2,000 56 colonies/100ml H 6,0 - 9.0 7.8 s.u. Total Phosphorus (TP) REPORT 7.2 mg/l Total Kjeldahl Nitrogen (TKN) REPORT 53.76 mg/l Ammonia Nitrogen (N9-N) + Nitrite Nitrogen (N02-N) REPORT 7.8 mg/l Plant Available Nitrogen (N03-N) + Nitrite Nitrogen (N02-N) REPORT 60.8 mg/l Plant Available Nitrogen (PAN) REPORT See Attached gpd/fi 2 Daily 1 CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION IN TRUE, ACCURATE, AND OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. 15 < 2 mg/l 6 rab Sample once per month of the 15th	Flow, daily maximun		REPORT	0.036265	MGD	Daily		
Fecal Coll/form Bacteria (FCB) 2,000 56 colonies/100ml pH 6.0 - 9.0 7.8 s.u. Total Phosphorus (TP) REPORT 7.2 mg/l Total Kjeldahi Nitrogen (TKN) REPORT 53.76 mg/l Ammonia Nitrogen (No3-N) + Nitrite Nitrogen (No2-N) REPORT 52.7 mg/l Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N) REPORT 7.8 mg/l Plant Available Nitrogen (PAN) REPORT 60.8 mg/l Loading Rate REPORT See Attached gpd/lt 2 Daily NAME/ITILE PRINCIPAL EXECUTIVE OFFICER SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION, I STRUE, ACCURATE, AND KAITHY EXECUTIVE OFFICER OR SIGNALTY EXAMINED AND AM WITH THE INFORMATION, STRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, STRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, AUTHORIZED AGENT MINODICAL MINORIZED AGENT MINORIZED	Carbonaceous Biochemical Oxygen De	mand (CBOD5)	15	< 2	mg/l			
PH 6.0 - 9.0 7.8 s.u. Total Phosphorus (TP) REPORT 7.2 mg/l Total Kjeldahi Nitrogen (TKN) REPORT 53.76 mg/l Ammonia Nitrogen (Nds-N) REPORT 52.7 mg/l Grab sample once per quarter Grab sample once per quarter Prior total 15th of the following Month Nitrate Nitrogen (Nds-N) REPORT 52.7 mg/l Grab sample once per quarter Grab sample once per quarter Prior total 15th of the fibth of the following Month Grab sample once per quarter Note of prior total 15th of the following Month Grab sample once per quarter Prior total 15th of the following Month Prior total 15th of the following Month Prior total 15th of the following Month Month Grab sample once per quarter Prior total 15th of the following Month Prior total 15th of the following Month Prior total 15th of the fibrio Month Prior total 15th of the fibrio Month Prior total 15th of the fibrio Month								

WATERFORD ESTATE:	S LOADING RATES Jan 2017
Zone Identification	GPD/sq 2
Zone 1A	3,010
Zone 1B	2,865
Zone 2A	2,865
Zone 2B	2,720
Zone 3A	2,865
Zone 3B	2,865
Zone 4A	2,865
Zone 4B	2,865
Zone 5A	3,173
Zone 5B	3,322
Zone 6A	3,173
Zone 6B	3,627

.

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: 1701020172

Customer Name : GREENFIELD CAF DEV-WATERFORD

Customer/Permit No.: 1886 / 4815-WR-4

Report Date : 01/25/17

Sample Date : 01/18/17

Sample Time : 0915

Laboratory Analysis

Sample Type : GRAB WATERFORD

Sample From : DOSE TANK EFFLUENT

Collected By: JB Delivery By : JB Work Order : Purchase Order :

Quality Assurance

			l	Quuli L	75 5 6 7 68 8 C C
Analysis				Precision	Accuracy
<u>Date Time By</u>	<u> Parameter</u>	Result Notes Quantity	Method	% RPD	%_Recovery
01/18 1530 TSB	Ammonia Nitrogen	52.7 mg/L	SM 1997 4500-NH3 F	0.00	100.9 *
01/23 0930 TSB	Kjeldahl Nitrogen Total	53.76 mg/L	SM 1997 4500-NorgB	1.74	101.1 *
01/18 0915 JCB	рН	7.8 S.U.	SM 2000 4500-H+ B	0.00	N/A *
01/19 1130 TSB	Phosphorous, Total (as P)	7.2 mg/L	EPA 365.3	1.65	104.7 *
01/19 1150 AEU	Solids, Total Suspended	< 2.0 mg/L	SM 1997 2540 D	35.29	N/A *
	Coliform, Fecal	56 /100ml	SM 9222 D 1997	22.22	N/A *
	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	0.17	104.4 *
	Nitrate + Nitrite	7.8 mg/L	SM 2000 4500-NO3 E	0.90	104.7 *
	Nitrogen, Plant Available	60.8 mg/L	SM 1997 4500-N	-,	_, ,
01/18 0915 JCB	Sample Collection/Travel	1 each			

* 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.

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762 website: www.esclabs.com

Fax: 479-750-1172

Phone: 479-750-1170



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

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

		lient Information			Project Information							Req	ues	ted	Par	ame	eter	5	
Company Nan	ne:	Waterford Estates			Permit/Pro	oject#:								(66			-		
Address:		1695 Electric Aven	ue		Purchase Order #:							1		TSS(28),PAN(99.99)					ļ
	_	Springdale AR 727	64						,			1		AN					
Telephone:		(479)751-8868			Sampler N	Sampler Name(s): Shn BWd								G.	2)		į	ľ	
FAX:		(479)757-7650		- ······· - · · · · · · · · · · · · · ·			- Cal	20 1200	ad -	·····		1		22	Phos(25)	91)		ļ	
		(170)107 1000		~~~~	and Signa	turo/o\s		a uza	200				13)	<u> </u>	Pho	}N÷	٠		'
ESC Client Nu	janu Signa	ure(s).	-,						Coliform(43)		A), I	TKN(16.A),N+N(91)							
	Sample Identification			Sample	Collection			Sample	Containers	S		<u>(8</u>	olifo	CBOD(70),	NH3(15.A),	(16.			
Identifica	tion	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume			#	pH(23)	F. C	ਲ	NH	IKN			
Dose Tank/l	Effluent	1701020172	1/18/17	09/5	Grab	Water	Teflon	1.50 ml	none		1	х							
Waterford B	Estates		["]	1	Grab	Water	whirlpak	300 ml	none/ice		1.		х				٠.		Ī.
	·				Grab	Water	Plastic	1 qt	none/ice		1			x		, ,	,		Ī.
					Grab	Water	Plastic	8 oz	H ₂ SO ₄ ,pH	<2	1			П	x	x			
			/						1120021111	-		_				<u> </u>			\vdash
					 -	-			-				-						_
				<u> </u>					 										-
····	•					ļ								Н					<u> </u>
						 				,							-	_	
		······································			 	 			 - 			\vdash					<u> </u>		<u> </u>
Relinquished By: (Signa	ture and Brinted	Name) But	1/18/17	Time	Received By: (Si	gnature and Printed	(Name)	<u> </u>	Date	Tin			dy Se						
Relinquished By (Signa	hurs and Printed	Shu VIIOI		1030	Paraivad Bur (Si	gnature and Printed	(Nisma)	•	Date	Tin		Used	? iround	W		Intac	xt? · ·		
(Cignata) and Filling Halley			Date	******	ــــــــــــــــــــــــــــــــــــــ	,	À		L Date	'"	, j	Regu	_	X	l	Spe	cial		1 .
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Leb	Brinled Name	Marind	1/18/17	Date / Time					operly	ly preserved: No			1		
Comments:					مريسور ا	FLOW DA	ATA	Field Test		Analy		Rest	_	Resu	ılt		Units		
	~					Analyst:		pH:	09/5	34	3	7 ,	8	7.	8	_			
						Time:		Temp.; DO;	سعر	مسملحه ا		12.	3	13,	3	(C)	-	°F	
	· · · · · · · · · · · · · · · · · · ·		•			Reading: Units:		DO: Debris:		 			_	····		- : :	. .	•	<u></u>
		Cool all samples to 6 de	grees C.	·				Chlorinated	? Yes N			This	Doc	ume	nt is	Page	e \	of	7