

**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 1/1/2018	1/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	5.78		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	6.7		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	< 1		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	2.1		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	2,000	12		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	43.8		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	51.6		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.152		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	66.36		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		14,578	831			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett	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
			479 530-5926	2/5/2018
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: 1801010087
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 01/26/18

Sample Date : 01/11/18
 Sample Time : 1015
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

Collected By: TMO
 Delivery By : TMO
 Work Order : 111816-AEG2
 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>	<u>% Recovery</u>
01/15	1430	PDH	Ammonia Nitrogen	2.10 mg/L		HACH 10205	11.13	108.0 *
01/17	1000	CLB	Kjeldahl Nitrogen Total	43.80 mg/L		SM 1997 4500-NorgB	1.79	94.5
01/12	0930	CLB	Nitrate Nitrogen	51.6000 mg/L		SM 2000 4500-NO3 E	2.11	107.9
01/16	0930	JJM	Nitrite Nitrogen	0.1520 mg/L		HACH 10206	0.00	98.0
01/11	1019	TMO	pH	6.7 S.U.		SM 2000 4500-H+B	1.50	N/A
01/16	1000	PJC	Phosphorous, Total (as P)	5.780 mg/L		HACH 10209	13.95	95.2 *
01/15	1300	JJM	Solids, Total Suspended	< 1.00 mg/L		SM 1997 2540 D	0.00	N/A *
01/17	1630	CLB	Nitrogen, Plant Available	66.36 mg/L		33 MSA 2nd Ed		
01/11	1750	TMO	Fecal Coliform	12.0 /100ml		06/2012 Colilert18	0.00	N/A
01/12	0700	PDH	BOD, Carbonaceous	< 2.00 mg/L		SM 2001 5210 B	0.00	87.0 *
01/11	1200	PJC	Solids, % Total	0.081 %		SM 1997 2540 G	0.00	N/A

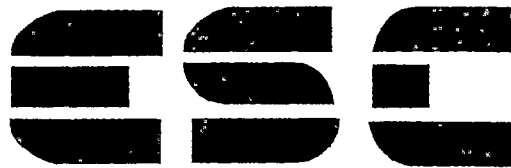
* QA data shown is from a different sample or standard on the same date.

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:	rhamess@nwark.com			and Signature(s):	<i>Timothy O'Neal</i>										
Contact:	Mr. Rusty Hames														
ESC Client Number:	3859														
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
Final Effluent	1801810087	1-11-18	1015	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:		Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received 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		Flow Data		Field Test		Time	Analyst	Result	Result	Units					
Site Address: 1364 Cane Island Road				pH:		1019	TMA	6.7	6.6	SU					
Flippin, AR 72634															
													This Document is Page 1 of 1		

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