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

A Park F	FACILITY NAME (IF DIFFERENT)
	Cane Island Subdivision
	FACILITY ADDRESS
west side	of CR 7002 in northern Marion County

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

MM/DD/YYYY MM/DD/YYYY FROM 7/1/2018 7/21/2018									
	MM/DD/YYYY	MM/DD/YYYY							
FROM	7/1/2018	7/31/2018							

PARAMET	ER	PERMIT REQUIREMENT	SAMPLE MEAS	SAMPLE MEASUREMENT			QUENCY OF	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT		6.43 MG/I			ONCE/ MONTH	GRAB		
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	6.6		MG/L		ONCE/ MONTH	GRAB		
PH EFFLUENT GROSS VALUE		6 to 9	6.8		S.U.		ONCE/ MONTH	GRAB		
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		15	10		MG/L	ONCE/ MONTH		GRAB		
IITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE		REPORT	4.4		MG/L		ONCE/ MONTH	GRAB		
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		2,000	> 241	colonies/100ml		ONCE/ MONTH	GRAB			
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE		REPORT	38.5		MG/L		ONCE/ MONTH	GRAB		
NITRATE NITROGEN EFFLUENT GROSS VALUE		REPORT	40.21		MG/L	ONCE/ MONTH		GRAB		
ITRITE NITROGEN FFLUENT GROSS VALUE		REPORT	0.172		MG/L	ONCE/ MONTH		GRAB		
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE		REPORT	55.01		MG/L		ONCE/ MONTH	GRAB		
LOW, THRU CONDUIT OR TREAT	MENT UNIT	REPORT	MONTHLY TOTAL 19,998	DAILY MAX 797	GPD		ONCE/ MONTH	TOTAL FLOW		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE								
Kathy Bartlett	INDIVIDUALS IMMEDIATELY RES BELIEVE THE SUBMITTED INFOR	479	179 530-5926 8/8/20							
TYPED OR PRINTED		IGNIFICANT PENALTIES FOR SUI OSSIBILITY OF FINE AND IMPRISONN	EXECUTIVE O	D AGENT	AREA CODE	NUMBER	MM/DD/YYYY			
COMMENTS AND EXPLANATION C		ll attachments here)	We feel the higher	Fecal is due to		ich is al	owing the fecal t	o repopulate		

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: 1807010054

Customer Name : CANE ISLAND ESTATES POA

Customer Number: 3859
Report Date: 07/13/18

Sample Date : 07/05/18

Sample Time : 1045

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

Work Order : Purchase Order :

		Laboratory Analysis					Assurance
Analysis						Precision	Accuracy
Date Time By	Parameter	Result	Notes Quar	ntity _	Method	% RPD	% Recovery
07/06 1300 PJC	Ammonia Nitrogen	4.40 mg/L			HACH 10205	0.68	102.5 *
	Kjeldahl Nitrogen Total	38.50 mg/L		S	M 1997 4500-NorgB	0.00	95.7
	Nitrate Nitrogen	40.2100 mg/L		S	M 2000 4500-NO3 E	0.99	100.8 *
• . ,	Nitrite Nitrogen	0.1720 mg/L			HACH 10206	2.67	99.2 *
• • • • • • • • • • • • • • • • • • • •	<u> </u>	6.8 S.U.		9	M 2000 4500-H+B	1.60	N/A *
07/05 1049 TMO		a de la companya de			ACH 10209	3.56	96.0 *
07/10 1640 CLB	Phosphorous, Total (as P)				M 1997 2540 D	0.00	N/A *
07/09 1300 DWC		10.00 mg/L		-	3 MSA 2nd Ed	0.00	100.0
	Nitogen, Plant Available	55.01 mg/L	-	-	•	0.00	100.0
07/05 1615 CLB	Fecal Coliform	> 2419.6 /100m	.1		6/2012 Colilert18	0.00	100 0 4
07/06 0730 DWC	BOD, Carbonaceous	6.60 mg/L			M 2001 5210 B	0.00	100.9 *
07/06 0945 PJC	Solids, % Total	0.085 %		S	M 1997 2540 G	0.00	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. Applysis time indicates the time of the start of the analytical batch in which the specific sample was included.

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Signature

Environmental Services C

o. Inc.

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

Environmental Services Company, Inc. Corporate Office

13715 West Markham

Phone: 501-221-2565

P.O. Box 55146

Little Rock, AR 72211 Little Rock, AR 72215

website: www.esclabs.com

Fax: 501-221-1341



Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters							
Client:		Cane Island Estate	es POA Permit/Pr			ject #:											
Address:	39 Nottingham Lane		Purchase Order #:					%(82)									
	Rogers, AR 72758			Work Order # 111816-		6-AEG2			Sol %								
Phone:	479-619-8450			Sampler Name(s):		Tim	Timothe O'Neal					Ammonia(15.A)	5)				
Fax:		rhames@nwark.co	<u>m</u>				1				6	6	onia(Total P(25)	Œ	İ	
Contact:	Mr. Rusty Hames		and Signature(s):		Timoth o'lla				CBOD(70),	Nitrite(19)	in in	Tota	₹ <u></u>				
ESC Client Numb						- printing of the				18				Coliform(43.IF)			
Sampl	e Ident	ification		Sample	Collection			Sample Containers			8	Nitrate(18),	TKN(16.A),	PAN(33.PN),			
Identification ESC Control #		Date	Tìme	Туре	Matrix	Туре	Volume	Preserva	ative #	TSS(28)	Nitra	X X	PAN	Fecal			
Final Effluent		1407010054	7.5.18	1045	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		x	х				\top	十
ſ			1	1	Grab	'Wwater	Plastic	1 Liter	Cool ≤ 5° C, H25O4 to pH <2				Х	X		\top	
					Grab	Wwater	Whirlpak	4 oz.	Cod <10° C, Na2S2O3						Х	\perp	$oldsymbol{\mathbb{I}}$
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Relinquished By: (Signature	and Printed	Name)	Date	Time	Received By: (Signature	nature and Printe	d Name)		Date	Time	Turn Regu	around		7	Specia		–
Relinquished By: (Signature	and Printed	Name)	7-5-18	Time	Received for Lab	By (Signature an	d Printed Name	e)	Date	Time			oles pr	operly	preserv		_ _
Commente:	Llim	Hy D'Neal	7-5-18	1555/	Mustinia	Flow D	hostic	Field Test			Res	Yes	Resu		N-	o inits	ユ
Site Address: 1364 Cane Island Road				\smile) 1 1007 E	ala	pH:	1049	Analyst	_					SU		
U		Flippin, AR 72634															
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