

**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
FROM MM/DD/YYYY MM/DD/YYYY
7/1/2017 7/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	19	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	6.6	S.U.	ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	6	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	1.51	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	2,000	120	colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	106	MG/L	ONCE/ MONTH	GRAB	
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	39.3	MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.7	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	72.86	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		20,467	928			

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Kathy Bartlett			479	530-5926	8/8/2017
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)					

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: 1707010058
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 07/18/17

Sample Date : 07/06/17
 Sample Time : 0926
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

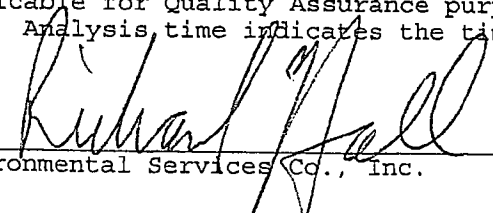
Collected By: JJM
 Delivery By : JJM
 Work Order : 111816-AEG2
 Purchase Order :

<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>
07/10	0935	DWC	Ammonia Nitrogen	1.51 mg/L		SM 1997 4500-NH3 F	3.20	92.9 *
07/11	1430	TCF	Kjeldahl Nitrogen Total	106.00 mg/L		SM 1997 4500-NorgB	6.10	101.5 *
07/14	1300	CLB	Nitrate Nitrogen	39.3000 mg/L		SM 2000 4500-NO3 E	0.59	95.2 *
07/14	1300	CLB	Nitrite Nitrogen	0.7000 mg/L		SM 2000 4500-NO2 B	8.18	108.0 *
07/06	0930	JJM	pH	6.6 S.U.		SM 2000 4500-H+B	0.00	N/A *
07/11	0950	TCF	Phosphorous, Total (as P)	19.000 mg/L		EPA 365.3	1.71	110.8 *
07/11	0900	CLB	Solids, Total Suspended	6.00 mg/L		SM 1997 2540 D	18.18	N/A
07/14	1700	CLB	Nitrogen, Plant Available	72.86 mg/L		33 MSA 2nd Ed	0.00	98.0 *
07/06	1615	CLB	Coliform, Fecal	120 /100ML		SM 1997 9222 D	0.00	N/A *
07/07	0600	DWC	BOD, Carbonaceous	< 2.00 mg/L		SM 2001 5210 B	0.00	114.0 *
07/11	1300	CLB	Solids, % Total	0.070 %		SM 1997 2540 G	0.00	N/A *

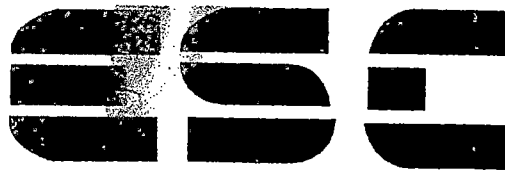
* QA data shown is from a different sample or standard on the same date.

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):	Josh Miller										
Fax:	rhames@nwork.com			and Signature(s):	Josh Miller										
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	1707010058	7/6/17	0925	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		X	X				
	I	I	I	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)	Josh Miller	Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?				
	Josh Miller	7/6/17	1610	Richard Hall		7/6/17	1610	Were samples properly preserved:		Yes	No				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special				
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Flow Data		Field Test	Time	Analyst	Result	Result	Units
Comments:	Site Address: 1364 Cane Island Road							pH:		0930	JJM	6.6			SU
	Flippin, AR 72634							Fecal		1615	CLB	This Document is Page ___ of ___			

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