

**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 6/1/2018	6/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.71		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	7.2		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	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	6.15		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	15.9		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	40.2		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.195		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	49.2		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		11,834	662			

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	7/2/2018
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: 1806010103	Sample Date : 06/07/18	Collected By: TMO
Customer Name : CANE ISLAND ESTATES POA	Sample Time : 1030	Delivery By : TMO
Customer Number : 3859	Sample Type : GRAB WWATER	Work Order : 111816-AEG2
Report Date : 06/18/18	Sample From : FINAL EFFLUENT	Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>		
Analysis							Precision	Accuracy	
<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>% RPD</u>	<u>% Recovery</u>
06/08	0900	TMO	Ammonia Nitrogen	6.15 mg/L			HACH 10205	0.00	96.9 *
06/15	0830	TCF	Kjeldahl Nitrogen Total	15.90 mg/L			SM 1997 4500-NorgB	2.92	103.3 *
06/12	1000	PJC	Nitrate Nitrogen	40.2000 mg/L			SM 2000 4500-NO3 E	3.64	97.3 *
06/12	0945	PJC	Nitrite Nitrogen	0.1950 mg/L			HACH 10206	1.99	100.6 *
06/07	1054	TMO	pH	7.0 S.U.			SM 2000 4500-H+B	1.34	N/A *
06/12	1030	PJC	Phosphorous, Total (as P)	7.710 mg/L			HACH 10209	1.67	97.7 *
06/11	1300	PJC	Solids, Total Suspended	< 1.00 mg/L			SM 1997 2540 D	2.33	N/A *
06/15	1700	CLB	Nitrogen, Plant Available	49.47 mg/L			33 MSA 2nd Ed	0.00	100.0
06/07	1640	CLB	Fecal Coliform	1.0 /100ml			06/2012 Colilert18	0.00	N/A *
06/08	0600	DWC	BOD, Carbonaceous	7.20 mg/L			SM 2001 5210 B	2.14	96.7 *
06/11	0900	CLB	Solids, % Total	0.099 %			SM 1997 2540 G	0.61	N/A *

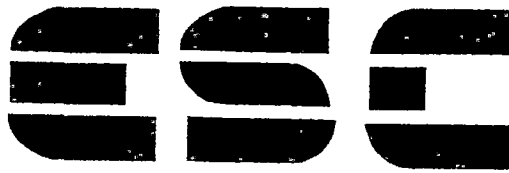
\* QA data shown is from a different sample or standard on the same date.

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.IF)	
Address:	39 Nottingham Lane			Purchase Order #:											
	Rogers, AR 72758			Work Order #	111816-AEG2										
Phone:	479-619-8450			Sampler Name(s):	Timothy O'Neal										
Fax:	rhames@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	18060101A3	6-7-18	1030	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		X	X				
				Grab	Wwater	Plastic	1 Liter	Cool ≤ 8° 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 By: (Signature and Printed Name)		Date	Time	Turnaround: <input checked="" type="checkbox"/>		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:							
Relinquished By: <i>Timothy O'Neal</i>		6-7-18	1030	Received By: <i>Christina Brown</i>		6-7-18	1030	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:	1054	7100	7.0	7.0	SU				
						Fecal Start:	1046	CLA	This Document is Page 1 of 1						

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