

**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 3/1/2015 TO MM/DD/YYYY 3/31/2015

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	0.27	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	6.72	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	< 0.1	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	2,000	< 2	colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	0.38	MG/L	ONCE/ MONTH	GRAB	
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.44	MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.6	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		0	38,400			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND 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	4/5/2015
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)					

Arkansas Testing Laboratories

3301 Langley Drive · Searcy, AR 72143 (501) 268-6431 f(501) 268-9314

NPDES Wastewater Monitoring
 Water and Wastewater Analysis
 Concrete, Asphalt, and Aggregate Testing
 Geotechnical Testing
 Industrial and Construction Quality Control

CANE ISLAND

Collection Date: March 4, 2015
 Collection Time: 9:00 AM
 Collected By: THS

Wastewater Analysis

Collection Place: Final Discharge Point

Parameter	Analysis Begin		Analysis End		Results	Unit	Loading	Analyst	% Spike	Rel %	Sample Type	Ref #
	Date / Time		Date / Time				lb/dy					
CBOD	03/04	2:30 PM	03/09	9:00 AM	< 2	mg/l	NA	KLB/KLB	88.5	1.68	Grab	1
TSS	03/05	10:10 AM	NA		1	mg/l	NA	EET	NA	14.29	Grab	2
Fecal Coliform	03/04	1:00 PM	03/05	3:00 PM	< 2	N/100mls	NA	THS/EET	NA	0.00	Grab	3
pH	03/04	9:00 AM	NA		6.72	S.U.	NA	THS	NA	0.61	Grab	4
Ammonia Nitrogen	03/05	9:00 AM	NA		< 0.1	mg/l	NA	EET	85.0	0.00	Grab	7
Total Kjeldahl Nitrogen	03/05	9:00 AM	NA		0.38	mg/l	NA	EET	85.0	0.00	Grab	7
Total Phosphorus	03/06	8:30 AM	NA		0.27	mg/l	NA	KLB	89.3	3.39	Grab	8
Nitrate Nitrogen	03/06	9:00 AM	NA		0.44	mg/l	NA	KLB	89.5	4.44	Grab	9
Nitrite Nitrogen	03/06	9:00 AM	NA		0.000	mg/l	NA	KLB	89.5	4.44	Grab	9
Nitrate + Nitrite					0.45	mg/l					CALC	
Solids, Percent (%)	03/06	10:40 AM	NA		0.014	%	NA	KLB	NA	8.70	Grab	10
Plant Available Nitrogen					0.60	mg/l					CALC	

Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven and sterilizing apparatus. Ammonia Nitrogen and Oil & Grease Analysis include duplication and spike studies at a rate of at least 10%.

Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂: Oil & Grease, Ammonia, COD

References:

Analysis complies with 40 CFR Part 136:

- | | |
|-----------------|------------------|
| 1. SM 5210 B | 6. SM 4500-OG |
| 2. SM 2540 D | 7. SM 4500 NH3-G |
| 3. SM 9222 D | 8. SM 4500-P-E |
| 4. SM 4500-HB | 9. SM 4500NO3 E |
| 5. SM 4500-CI-G | 10. SM 2540 B |


 Neville Adams, Manager

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CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

CLIENT: Cane Island Estates		4899-WR-2								PARAMETERS								
		SAMPLED BY: THS				FECAL COLIFORM				# = no of bottles Q, L, H = Qrt, Ltr, Half Gal P, G = Plastic, Glass								
						De-chlorinated w/ Na2S2O3 Preserved w/ice				CALIBRATION 209 T				PRESERVATIVES				
SAMPLE TYPE		W=H2O S=SLUDGE D=SOIL C=WELL	DATE	TIME	Flow	Grab	FECAL COLIFORM	DISH #	START TIME	MLS	pH				NP CBOD, TSS Tot. Solids	H2SO4 NH3, TKN NO3, NO2 TP		
Effluent		W	3-4-15	9:00 AM		X				1-120-P	6.72				1-H-P	1-L-P		

Comments:

Number of bottles: _____
 Sample on ice: _____

COLLECT:

Relinquished by:	Date/Time	Received by:	Date/Time
<i>[Signature]</i>	3/4/15 1:00 pm	<i>[Signature]</i>	3-4-15 1:00 pm