

**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

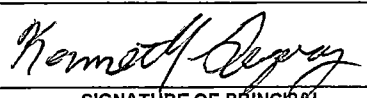
PERMITTEE ADDRESS
DANNY HAMES
6800 SHADOW VALLEY ROAD
Rogers, AR 72756

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**
11/1/2017 11/30/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	6.07		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	4		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	0.15		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	43.5		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	41.2		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.172		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	54.53		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		15,859	681			

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	12/5/2017
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: 1711010053
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 11/30/17

Sample Date : 11/02/17
 Sample Time : 1625
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

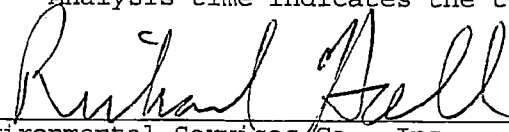
Collected By: CBJ
 Delivery By : CBJ
 Work Order : 111816-AEG2
 Purchase Order :

<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>
11/08	0745	CLB	Ammonia Nitrogen	0.15 mg/L		SM 1997 4500-NH3 F	10.29	109.3 *
11/07	1530	DWC	Kjeldahl Nitrogen Total	43.50 mg/L		SM 1997 4500-NorgB	0.00	92.8 *
11/06	0900	PJC	Nitrate Nitrogen	41.2000 mg/L		SM 2000 4500-NO3 E	0.00	95.2 *
11/04	1100	PJC	Nitrite Nitrogen	0.1720 mg/L		SM 2000 4500-NO2 B	0.00	98.0 *
11/02	1025	CBJ	pH	6.6 S.U.		SM 2000 4500-H+B	0.00	N/A
11/08	1400	CLB	Phosphorous, Total (as P)	6.070 mg/L		EPA 365.3	0.00	98.0 *
11/10	0800	PC	Solids, Total Suspended	4.00 mg/L		SM 1997 2540 D	28.57	N/A
11/13	1520	CLB	Nitrogen, Plant Available	54.53 mg/L		33 MSA 2nd Ed	0.00	100.0 *
11/02	3165	TMO	Fecal Coliform	1.0 /100ml		06/2012 Colilert18		
11/03	0630	DWC	BOD, Carbonaceous	< 2.00 mg/L		SM 2001 5210 B	0.00	102.0 *
11/02	1600	RAH	Solids, % Total	0.120 %		SM 1997 2540 G	4.07	N/A *

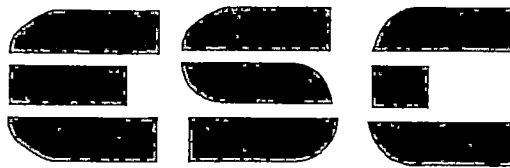
* QA data shown is from a different sample or standard on the same date.

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 Rogers, AR 72758				Purchase Order #:										
Phone:		479-619-8450				Work Order #:		111816-AEG2								
Fax:		rhamas@nwark.com				Sampler Name(s):		Caleb Jones								
Contact:		Mr. Rusty Hames				and Signature(s):										
ESC Client Number:		3859														
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#							
Final Effluent	1711010053	11-2-17	1625	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		X	X					
I	I	I	I	Grab	Wwater	Plastic	8 oz	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:		Site Address: 1364 Cane Island Road Flippin, AR 72634				Flow Data	Field Test	Time	Analyst	Result	Result	Units				
						pH:		1025	CBJ	6.6	6.6	SU				
						Fecal Start		1645	CBJ	This Document is Page 1 of 1						

Handwritten initials