

**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

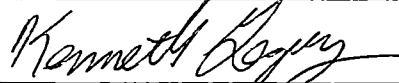
**PERMITTEE ADDRESS**  
DANNY HAMES  
6800 SHADOW VALLEY ROAD  
Rogers, AR 72756

**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  
10/1/2017 10/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	5.52		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	7		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	< 0.01		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	2,000	< 5		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	45.1		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	39.1		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.154		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	52.78		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		16,541	794			

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	11/9/2017
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: 1710010120  
 Customer Name : CANE ISLAND ESTATES POA  
 Customer Number : 3859  
 Report Date : 10/20/17

Sample Date : 10/05/17  
 Sample Time : 1000  
 Sample Type : GRAB WWATER  
 Sample From : FINAL EFFLUENT

Collected By: JJM  
 Delivery By : JJM  
 Work Order :  
 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>
10/06	1500	CLB	Ammonia Nitrogen	< 0.01 mg/L		SM 1997 4500-NH3 F	4.22	96.8 *
10/10	0830	CLB	Kjeldahl Nitrogen Total	45.10 mg/L		SM 1997 4500-NorgB	1.88	96.1 *
10/10	1530	CLB	Nitrate Nitrogen	39.1000 mg/L		SM 2000 4500-NO3 E	5.32	92.3 *
10/06	0800	CLB	Nitrite Nitrogen	0.1540 mg/L		SM 2000 4500-NO2 B	0.77	101.3 *
10/05	1005	JJM	pH	7.0 S.U.		SM 2000 4500-H+B	0.00	N/A *
10/09	1400	TCF	Phosphorous, Total (as P)	5.520 mg/L		EPA 365.3	1.99	96.7 *
10/09	1130	DWC	Solids, Total Suspended	4.00 mg/L		SM 1997 2540 D	0.00	N/A *
10/10	1700	CLB	Nitrogen, Plant Available	52.78 mg/L		33 MSA 2nd Ed	0.00	100.0 *
10/05	1630	CLB	Coliform, Fecal	< 5 /100ML		SM 1997 9222 D	0.00	N/A *
10/06	0630	DWC	BOD, Carbonaceous	< 2.00 mg/L		SM 2001 5210 B	0.00	95.9 *
10/09	1130	DWC	Solids, % Total	0.052 %		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 \_\_\_\_\_

*Ronald Hall*  
 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](http://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 Rogers, AR 72758			Purchase Order #:											
Phone:	479-619-8450			Work Order #	111816-AEG2										
Fax:	rhamess@nwark.com			Sampler Name(s):	Josh Miller										
Contact:	Mr. Rusty Hames			and Signature(s):	<i>Josh Miller</i>										
ESC Client Number:	3859														
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
Final Effluent	1710010120	10/9/17	1000	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		X	X				
	↓	↓	↓	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)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input 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 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 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:	1005	33M	7.0		SU					
					Fecal	1630	CLB	This Document is Page ___ of ___							

*JA*