

**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	9/1/2018
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MM/DD/YYYY	9/30/2018
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TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	6.84		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	3.5		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7.4		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	3.2		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	50.8		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	42		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.291		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	59.77		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		27,986	1,424			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett TYPED OR PRINTED	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	10/4/2018
			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: 1809010079
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 09/13/18

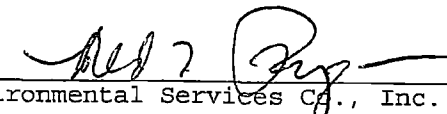
Sample Date : 09/06/18
 Sample Time : 1205
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

Collected By: TMO
 Delivery By : TMO
 Work Order :
 Purchase Order :

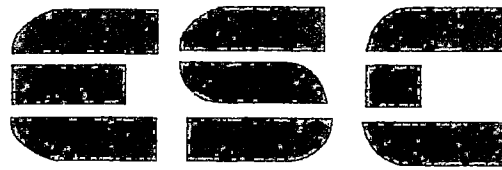
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
09/10	1100	PJC	Ammonia as N, (HACH 10205	3.20 mg/L		SM 2011 4500-NH3 F	1.18	100.9 *
09/11	1200	PJC	Total Kjeldahl Nitrogen	50.8 mg/L		02/2014 HACH 10242	1.34	97.4 *
09/10	1400	PJC	Nitrate Nitrogen	42.0000 mg/L		SM 2000 4500-NO3 E	6.30	105.6 *
09/10	1445	PJC	Nitrite Nitrogen	0.2910 mg/L		HACH 10206	1.30	95.9
09/06	1208	TMO	pH	7.4 S.U.		SM 2000 4500-H+B	0.00	N/A *
09/10	1500	PJC	Phosphorous, Total (as P)	6.840 mg/L		HACH 10209	1.14	103.5 *
09/10	0900	DWC	Solids, Total Suspended	< 1.00 mg/L		SM 1997 2540 D	0.00	N/A *
09/11	1300	PJC	Nitrogen, Plant Available	59.77 mg/L		33 MSA 2nd Ed		
09/06	1700	TMO	Fecal Coliform	1.0 /100ml		06/2012 Colilert18	0.00	N/A
09/07	0700	DWC	BOD, Carbonaceous	3.50 mg/L		SM 2001 5210 B	0.00	107.8 *
09/10	1040	DWC	Solids, % Total	0.106 %		SM 1997 2540 G	1.64	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) Oil & Grease (21.)							
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	1809010079	9-6-18	1205	Grab	Wwater	Plastic	1/2 Gal	Cool $\leq 6^{\circ}C$		X	X						
				Grab	Wwater	Plastic	1 Liter	Cool $\leq 6^{\circ}C$, H2SO4 to pH <2				X	X				
				Grab	Wwater	Whirlpak	4 oz.	Cool $<10^{\circ}C$, Na2S2O3						X			
				Grab	Wwater	Glass	1 liter	Cool $<6^{\circ}C$, H2SO4 to pH <2							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 for Lab By: (Signature and Printed Name)		Date	Time	Turnaround:	<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	Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>						
Comments:		Site Address: 1364 Cane Island Road Flippin, AR 72634		Flpw Data		Field Test	Time	Analyst	Result	Result	Units						
						pH:	1208	TMO	7.4	7.4	SU						
						Fecal Start:	170	TMO	This Document is Page 1 of 1								

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