

**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
	4/1/2018	4/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.6		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	6.2		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	6.7		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	2		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	5.72		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	2,000	61		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	64.4		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	53.4		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.382		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	77.11		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		26,449	910			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett	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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		DATE
			479	530-5926	5/6/2018
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: 1804010124  
 Customer Name : CANE ISLAND ESTATES POA  
 Customer Number : 3859  
 Report Date : 04/16/18

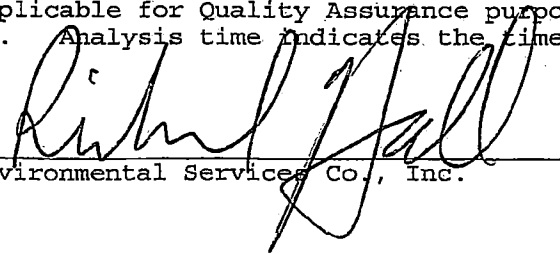
Sample Date : 04/05/18  
 Sample Time : 1220  
 Sample Type : GRAB WWATER  
 Sample From : FINAL EFFLUENT

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

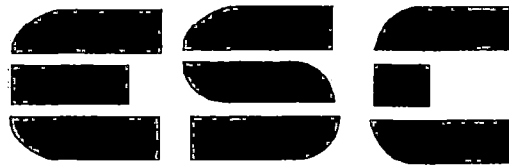
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
04/10	0830	TMO	Ammonia Nitrogen	5.72 mg/L		HACH 10205	0.71	100.7 *
04/13	0615	NTR	Kjeldahl Nitrogen Total	64.40 mg/L		SM 1997 4500-NorgB	0.00	100.0 *
04/06	1300	NTR	Nitrate Nitrogen	53.4000 mg/L		SM 2000 4500-NO3 E	0.32	101.4 *
04/06	1230	NTR	Nitrite Nitrogen	0.3820 mg/L		HACH 10206	0.42	99.4
04/05	1223	JGK	pH	6.7 S.U.		SM 2000 4500-H+B	0.00	N/A
04/13	1000	NTR	Phosphorous, Total (as P)	7.600 mg/L		HACH 10209	0.40	101.0 *
04/09	0630	NTR	Solids, Total Suspended	2.00 mg/L		SM 1997 2540 D	0.00	N/A *
04/13	0630	NTR	Nitrogen, Plant Available	77.11 mg/L		33 MSA 2nd Ed		
04/05	1715	JK	Fecal Coliform	60.8 /100ml		06/2012 Colilert18	0.00	N/A
04/06	0630	DWC	BOD, Carbonaceous	6.20 mg/L		SM 2001 5210 B	0.00	101.1 *
04/06	1655	NTR	Solids, % Total	0.056 %		SM 1997 2540 G	6.90	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](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: <u>Cane Island Estates POA</u>				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: <u>39 Nottingham Lane</u>				Purchase Order #:																
<u>Rogers, AR 72758</u>				Work Order # <u>111816-AEG2</u>																
Phone: <u>479-619-8450</u>				Sampler Name(s): <u>Jason Koernschill</u>																
Fax: <u>rhames@nwark.com</u>				and Signature(s): <u>[Signature]</u>																
Contact: <u>Mr. Rusty Hames</u>																				
ESC Client Number: <u>3859</u>																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Final Effluent	<u>1804010124</u>	<u>4/5/18</u>	<u>1220</u>	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							
			<u>4</u>	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	Tumaround:		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:		Flow Data		Field Test		Time	Analyst	Result	Result	Units										
Site Address: <u>1364 Cane Island Road</u>				pH:		<u>1223</u>	<u>OK</u>	<u>6.7</u>	<u>6.7</u>	SU										
<u>Flippin, AR 72634</u>																				
						Fecal Start:	<u>1715</u>	<u>JK</u>	This Document is Page <u>1</u> of <u>1</u>											

*Handwritten initials*