## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION NO DISCHARGE MONTHLY MONITORING REPORT

PERMITTEE NAME	
Cane Island Estates LLC	
PERMITTEE ADDRESS	
Danny Hames	
39 Nottingham Lane	
Rogers, AR 72758	

FACILITY NAME (IF DIFFERENT)	
Cane Island Subdivision	
FACILITY ADDRESS	
CR 7002 Bull Shoals Rd. Marion County	_

 PERMIT NO.	
4899-WR-3	
AFIN NO.	Ţ
45-00214	

MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
8/1/2020		8/31/2020						

··· ·			EFFL	UENT	LIMITS, MONITORING,	AND REPORT	ING R	EQUIREMENTS	3		· ·			
PARAMETER			iR		PARAMETER			SAMPLE	MEAS	UREMENT	UNITS		QUENCY OF	SAMPLE TYPE
CARBONACE	OUS BIOCHEN	IICAL OXYO	EN DEMAND (CBOD5)	30		< 2.0			MG/L					
TOTAL SUSPE	ENDED SOLID	S (TSS)		45		< 3.10			MG/L					
FECAL COLIFORM BACTERIA (FCB)			2000		14.5		COLONIES/100ml	1	Once per Mor	th / Grab				
рН		6.0 - 9.0			7.2		s.u							
TOTAL PHOSE	PHOROUS (T	P)			Report		6.96		MG/L					
TOTAL KJELD	DAHL NITROGE	EN (TKN)			Report				MG/L					
NITROGEN AMMONIA NITROGEN (NH 3 - N)			Report			MG/L	1							
NITRITE NITROGEN (NO 3 - N ) + NITRATE NITROGEN (NO 2 - N )			Report				MG/L	Once per Quarter / Grab						
PLANT AVAIL	PLANT AVAILABLE NITROGEN (PAN)			Report				MG/L	1					
TOTAL FLOW						MONTHLY TOTAL DAILY MAX 18,849 1.031		GPD						
<del></del>			DRIP ZONES	LOADI	NG RATE LIMITS, MON	ITORING AND	REPO	RTING REQUI	REMENTS			· · · · · · · · · · · · · · · · · · ·		
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported maximum			/					
Zone 1	0.62	gpd/ft 2	15,563	gpd	Daily		1,031		1m	AND	J 4 TT			
Zone 2	0.62	gpuntz	37,529	gpd	Daily		Not Use	ed	/ / / /					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  I CERTIFY UNDER PENALTY OF LAW WITH THE INFORMATION SUBMITTED INDIVIDUALS IMMEDIATELY RESPONSE					REIN; AND BASED ON MY INC LE FOR OBTAINING THE	QUIRY OF THOSE INFORMATION, I		SIGNATURE OF	PRINCIPAL	479	530-5926	9/16/2020		
TYP	TYPED OR PRINTED  AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SI INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISON				BMITTING FALSE EXECUTIVE OFFICER OR			AREA CODE	MM/DD/YYYY					
TYPED OF PRINTED				GNIFICA OSSIBILI	NT PENALTIES FOR SUB	MITTING FALSE		EXECUTIVE O	FFICER OR		NUMBER	MM/DD/Y		

## 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: 2008010117

Sample Date : 08/06/20

Collected By: HMK

Customer Name : CANE ISLAND ESTATES POA

Sample Time: 1220

Delivery By : HMK

Customer Number: 3859

Sample Type : GRAB WWATER

Work Order :

Report Date : 08/14/20

Sample From : FINAL EFFLUENT

Purchase Order :

	Quality Assurance					
Analysis	<del></del>				Precision	Accuracy
Date Time By	Parameter	Result Notes	Quantity	Method	% RPD	<pre>% Recovery</pre>
08/06 1220 HMK	Н	7.2 S.U.		SM 2011 4500-H+B	4.08	N/A
08/07 1430 KNM	Phosphorous, Total (as P)	6.960 mg/L		HACH 10209	0.74	125.0 *
08/10 0950 KNM	Solids, Total Suspended	< 3.10 mg/L		SM 2011 2540 D	4.25	N/A *
	Fecal Coliform	14.5 /100ml		06/2012 Colilert18	0.00	N/A *
	BOD, Carbonaceous	< 2.00 mg/L		SM 2011 5210 B	0.00	102.0 *

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.

<sup>\*</sup> OA data shown is from a different sample or standard on the same date.

## Environmental Services Company, Inc. Corporate Office

13715 West Markham

Phone: 501-221-2565

P.O. Box 55146

Little Rock, AR 72211

Little Rock, AR 72215

website: www.esclabs.com

Fax: 501-221-1341



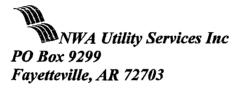
Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

Client Information				Project Information						Requested Parameters								
Client:	Cane Island Estate	Cane Island Estates POA Permit/Project #:																
Address:	39 Nottingham Lar	ne		Purchase	Order#:													
<del></del>	Rogers, AR 72758		Rogers, AR 72758 479-619-8450			Work Orde	er#	111816	-AEG2			7					İ	
Phone:	479-619-8450					Sampler N	ame(s):	Hand	House less hells							.		
Fax:	rhames@nwark.co	1			- Total					(HF)								
Contact:	Mr. Rusty Hames				ure(s):	Hom	Jon !	Xa (De	1 /	CBOD(70)		(43)						
ESC Client Number:				1 *	` '	+ Ug	my resident				2)	Coliform(43.1F)						
Sample Ide			Sample	Collection		1	Sample (	Containers	· ·	TSS(28),	1P(2	ပို့						
Identification ESC Control #				Type Matrix		Туре	Volume			# 128	Total P(25)	Fecal						
Final Effluent	2008010117	8/1/20	1220	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	x	Τ				1	十		
Trici Emdone	4	1	1	Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1	-	x				$\top$			
	1			Grab	Wwater	Whirlpak	4 oz.	Cool <10° C, Na2S2O3	1			Х				$\bot$		
																士		
										╀	├	-			-	+		
															1	1		
Relinquished By: (Signature and Pri Hunden Pelly Relinquished By: (Signature and Pri	nted Name)	8/6/2-P	IF(O Time	Received By: (Signature of Secure of Received By: (Signature of Signature of Received By: (Signature o	gnature and Print walk, gnature and Print	COOP		8/6/20 Date	Time   171   0	Use	around	4	 	Intact?		<u>_</u>		
Relinquished By: (Signature and Printed Name) Date Time		Received for Lab	By: (Signature a	e and Printed Name) ISHin Mwlins		Date 8/7/20	Time 0900	Wer	Regular Were samp Yes		mples properly p		No					
Comments:					Flow L	ata	Field Test	Time	Analyst	Res	ult	Resu	ilt	Ü	nits			
Site Address: 1364 Cane Island Road Flippin, AR 72634							pH: <i>₽</i> ₩ !	1720	HAR	- 7	<u>. a</u>	7.	5		\$U			
	, appar, are 12004						7.91		1/- V	1		7.						
received from	Secure codar K	un					Fecal Start:	1720	HMIL	- This	Doc	ıment	is Pa	ige 📗	of			

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ADEQ WATER DIVISION/PERMITS BRANCH 5301 Northshore Drive N Little Rock, AR 72118-5317

