

**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.
45-00214

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
12/1/2019		12/31/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS						
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	< 2.00		MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	< 2.5		MG/L		
FECAL COLIFORM BACTERIA (FCB)	2000	24.9		COLONIES/100ml		
pH	6.0 - 9.0	7.4		s.u		
TOTAL PHOSPHOROUS (TP)	Report	5.56		MG/L		
TOTAL KJELDAHL NITROGEN (TKN)	Report			MG/L	Once per Quarter / Grab	
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report			MG/L		
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report			MG/L		
PLANT AVAILABLE NITROGEN (PAN)	Report			MG/L		
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD		
		27,764	849			

DRIP ZONES LOADING RATE LIMITS, MONITORING AND REPORTING REQUIREMENTS						
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported maximum
Zone 1	0.62	gpd/ft ²	849	gpd	Daily	975
Zone 2	0.62		Not Used	gpd	Daily	Not Used

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		
			479	530-5926	1/13/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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: 1912010101
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 12/12/19

Sample Date : 12/05/19
 Sample Time : 1055
 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>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
									<u>% RPD</u>	<u>% Recovery</u>
	12/05	1059	TMO	pH	7.4	S.U.				
	12/06	1000	TCF	Phosphorous, Total (as P)	5.560	mg/L		SM 2011 4500-H+B	0.00	N/A *
	12/06	0830	PJC	Solids, Total Suspended	< 2.50	mg/L		HACH 10209	0.70	100.7 *
	12/05	1650	TMO	Fecal Coliform	24.9	/100ml		SM 2011 2540 D	0.00	N/A *
	12/06	0630	DWC	BOD, Carbonaceous	< 2.00	mg/L		06/2012 Colilert18	0.00	N/A *
								SM 2011 5210 B	0.00	106.7

* 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.

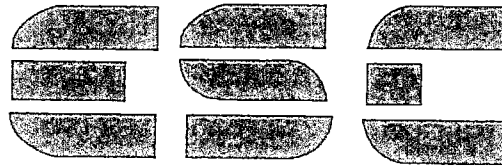
21764
849

Signature _____


 Environmental Services Co., Inc.

AW

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 P(25)	Fecal Coliform(43.IF)					
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 Monthly												
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
Final Effluent	1912010101	12-5-19	1055	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X								
				Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1	X								
				Grab	Wwater	Whirlpak	4 oz.	Cool <10° C, Na2S2O3	1		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 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:						Flow Data	Field Test	Time	Analyst	Result	Result	Units						
Site Address: 1364 Cane Island Road							pH:	1059	TMJ	7.4	7.4	SU						
Flippin, AR 72634																		
						Fecal Start:	1650	TMJ	This Document is Page 1 of 1									

TMJ

NWA UTILITY SERVICES, INC

PO Box 9299
Fayetteville, AR
72703



ADEQ
WATER DIVISION / Permits
Branch
5301 Northshore Dr.
N. Little Rock, AR

72118

