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

PERMITTEE NAME		4.5
Cane Island Estates LLC		
PERMITTEE ADDRESS	11	er de
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
1.7	AFIN NO.
	45-00214

N The Ser N		
MM/DD/YYYY	TO	MM/DD/YYYY
2/1/2021		2/28/2021

i			EFFL	UENT	LIMITS, MONITORING	, AND REPORTING R	REQUIREMENT	S					
PARAMETER			PERMIT LIMIT		SAMPLE MEAS	UNITS		EQUENCY OF ANALYSIS	SAMPLE TYPE				
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBODS)				30	2.6	MG/L	Once per Month / Grab						
TOTAL SUSPENDED SOLIDS (TSS)				45	< 3.3	MG/L							
FECAL COLIFORM BACTERIA (FCB)				2000	46.4	COLONIES/100ml							
рН			6.0 - 9.0 7.4			_k:	S.U						
TOTAL PHOSPHOROUS (TP)				Report	5.920	5.920		†					
TOTAL KJELDAHL NITROGEN (TKN)				Report		MG/L							
NITROGEN AMMONIA NITROGEN (NH 3 - N)			- N)	<u> </u>	Report					-			
NITRITE NITROGEN (NO 3 - N) + NITRATE NITROGEN (NO 2 - N)		Report				MG/L	Once per Quarter / Grab						
PLANT AVAILABLE NITROGEN (PAN)		Report				MG/L	1						
TOTAL FLOW				MONTHLY TOTAL	DAILY MAX	GPD	<u> </u>						
··	TOTAL LOW					15,024	978						
, ,	<u> </u>		DRIP ZONES I	LOADI	NG RATE LIMITS, MON	ITORING AND REPO	RTING REQUI	REMENTS	,	18 115			
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported ma	aximum	,		10	1		
Zone 1	0.62	gpd/ft 2	15,563	gpd	Daily	978] 1/ p	month				
Zone 2	0.62	gpuntz	37,529	gpd	Daily	Not Us	ed	$1 / \bigcirc$					
NAME/TITLE PR	RINCIPAL EXECUT	IVE OFFICER	I CERTIFY UNDER PENALTY OF L					<u> </u>	TI	ELEPHONE			
			WITH THE INFORMATION SUBMIT										
T T T T T T T T T T T T T T T T T T T			SPONSIBLE FOR OBTAINING THE INFORMATION, I					479	530-5926	3/10/2021			
			MATION IS TRUE, ACCURATE, AND COMPLETE. I AM			SIGNATURE OF PRINCIPAL							
			IGNIFICANT PENALTIES FOR SUBMITTING FALSE OSSIBILITY OF FINE AND IMPRISONMENT.			EXECUTIVE OFFICER OR AUTHORIZED AGENT			NUMBER	MM/DD/YYYY			
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all at				attach	ments here	ENT.	AUTHORIZE	DAGENI	CODE	<u> </u>	ļ		
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								e ^c					

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: 2102010195

Customer Name : CANE ISLAND ESTATES POA

Customer Number: 3859 Report Date: 02/12/21 Sample Date : 02/04/21

Sample Time : 1250

Sample Type : GRAB WWATER Sample From : FINAL EFFLUENT Collected By: JGK Delivery By : JGK

Work Order : Purchase Order :

	Quality Assurance				
Analysis				Precision	Accuracy
Date Time By	Parameter	Result Notes Qua	ntity Method	응 RPD	% Recovery
	На	7.4 S.U.	SM 2011 4500-H+B	0.00	N/A
02/08 1030 KNM	Phosphorus, Total (as P)	5.920 mg/L	HACH 10209	1.93	102.0 *
	Solids, Total Suspended	< 3.30 mg/L	SM 2011 2540 D	18.26	N/A *
	Fecal Coliform	46.4 /100ml	06/2012 Colilert18	0.00	N/A *
• •	BOD. Carbonaceous	2.6 mg/L	SM 2011 5210 B	0.00	102.0 *

* 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.

15024

En imental 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



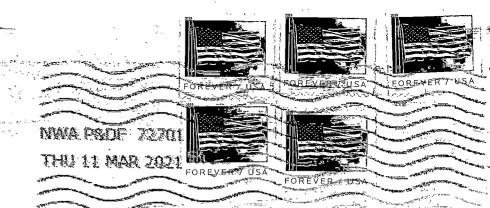
Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information				Project Information					Requested				Parameters					
Client: Address: Phone: Fax: Contact:	Cane Island Estates POA 39 Nottingham Lane Rogers, AR 72758 479-619-8450 rhames@nwark.com Mr. Rusty Hames Imber: 3859 Monthly				Purchase Order #: 72758 Work Order # 11: Sampler Name(s): ark.com mes and Signature(s):				111816-AEG2 J. Knoemen id				Coliforn(43.IF)					
ESC Client Number:	lentification	wonthly	Sample	Collection	***************************************	T	Sample Containers				28), CBOD(70)	Total P(25)	등 등					
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume Preservative #		.TSS(28),	Total	Fecal							
Final Effluent	2102610195	214121	1250	Grab	Wwater	Plastic	1/2 Gai	Cool ≤ 6° C		1	X						(
	1	1		Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2		1		х	\Box					
	+	2	2 1	Grab	Wwater	Whirlpak	4 oz.	Cool < 10° C. Na2S2O3		1			Х					
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Relinguished By: (Signature and Pr	inted Nama)	Date	Time	Received By: (Sig	nature and Printe	d Name)	<u> </u>	Date	Time	<u> </u>	Custo	ody Se	als:		ـــا			
								Used	!?	NA.		Intac	t?					
Relinquished By: (Signature and Pr	inted Name)	Date	Time	Received By: (Signature and Printed Name) Date Time				Regu	around ılar			Spec	ial		i			
Relinquished By: (Signature and Printed Name) Date Time 2141211015				Rectified for Lab By: (Signafure and Printed Name) Date 2-4-21		l Ce C	Time Were		samp Yes	implés proper es /					<u></u>			
Ø6mments:					Flow D	ata	Field Test		Analys		Rest		Result			Units		
Site Address: 1364 Cane Island Road							pH:	1255	P	<u>~</u>	_Z	. 4	ד, כ	1-1		SI	<u> </u>	
	Flippin, AR 72634	·					-:							_				
				Fecal Start:	(700)	LEW	M	This	Docu	ıment i	s Pa	ige _	_lof_	1				





NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

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