

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

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

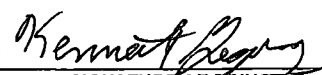
<b>FACILITY NAME (IF DIFFERENT)</b>
Cane Island Subdivision
<b>FACILITY ADDRESS</b>
CR 7002 Bull Shoals Rd. Marion County

<b>PERMIT NO.</b>
4899-WR-3
<b>AFIN NO.</b>
45-00214

<b>MONITORING PERIOD</b>		
MM/DD/YYYY	TO	MM/DD/YYYY
7/1/2019		7/31/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS					
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	< 2	MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	< 2.5	MG/L		
FECAL COLIFORM BACTERIA (FCB)	2000	4	COLONIES/100ml		
pH	6.0 - 9.0	7.5	s.u		
TOTAL PHOSPHOROUS (TP)	Report	8.03	MG/L	Once per Quarter / Grab	
TOTAL KJELDAHL NITROGEN (TKN)	Report	75	MG/L		
NITROGEN AMMONIA NITROGEN (NH <sub>3</sub> - N)	Report	0.04	MG/L		
NITRITE NITROGEN (NO <sub>2</sub> - N) + NITRATE NITROGEN (NO <sub>3</sub> - N)	Report	30.2	MG/L		
PLANT AVAILABLE NITROGEN (PAN)	Report	52.57	MG/L		
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD	
		15,140	1,005		

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 <sup>2</sup>	15,653	gpd	Daily	987
Zone 2	0.62		37,529	gpd	Daily	Not Used

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		
			479	790-3813	8/6/2019
<b>TYPED OR PRINTED</b>			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: 1907010119  
 Customer Name : CANE ISLAND ESTATES POA  
 Customer Number : 3859  
 Report Date : 07/31/19

Sample Date : 07/18/19  
 Sample Time : 1110  
 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>
07/19	1030	PJC	Ammonia as N, (HACH/SM)	0.04 mg/L		H/SM 11 10205/4500	2.20	100.7 *
07/29	1015	PJC	Total Kjeldahl Nitrogen	74.5 mg/L		02/2014 HACH 10242	0.52	97.9 *
07/18	1115	JGK	pH	7.5 S.U.		SM 2011 4500-H+B	0.00	N/A
07/25	1230	TCF	Phosphorous, Total (as P)	8.030 mg/L		HACH 10209	0.00	100.4 *
07/25	1410	TCF	Solids, Total Suspended	< 2.50 mg/L		SM 2011 2540 D	0.00	N/A
07/25	1000	PJC	Nitrogen, Plant Available	52.57 mg/L		33 MSA 2nd Ed	0.00	100.0
07/18	1745	TMO	Fecal Coliform	4.0 /100ml		06/2012 Colilert18	0.00	N/A *
07/19	0645	DWC	BOD, Carbonaceous	< 2.00 mg/L		SM 2011 5210 B	0.00	98.2
07/29	1100	PJC	Nitrate + Nitrite	30.20 mg/L		HACH 10206	0.10	99.9 *

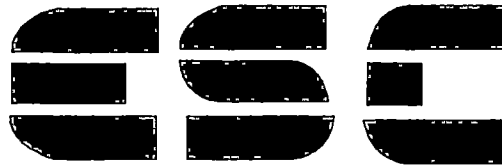
\* QA data shown is from a different sample or standard on the same date.

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 \_\_\_\_\_

*Ashley Lane*  
 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) *Ammonia(NH <sub>3</sub> -N) Total P(25), NO <sub>3</sub> -NO <sub>2</sub> (91), TKN/L(I) Fecal Coliform(43.IF) *PAN (33.PN)						
Address:	39 Nottingham Lane Rogers, AR 72758			Purchase Order #:													
Phone:	479-619-8450			Work Order #	111816-AEG2												
Fax:	rhames@nwark.com			Sampler Name(s):	J. Kroemerschid												
Contact:	Mr. Rusty Hames			and Signature(s):													
ESC Client Number:	3859 Monthly Qtrly																
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	TSS(28), CBOD(70)	Total P(25), NO <sub>3</sub> -NO <sub>2</sub> (91), TKN/L(I)	Fecal Coliform(43.IF)	*PAN (33.PN)				
Final Effluent	1907010119	7/18/19	1110	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X							
				Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H <sub>2</sub> SO <sub>4</sub> to pH < 2	1		X						
				Grab	Wwater	Whirpak	4 oz.	Cool < 10° C, Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1			X					
				Grab	Wwater	Glass	1 Liter	Cool ≤ 6° C	1				X				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:									
								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:									
		7/18/19	1730			7/18/19	1730	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 Flippin, AR 72634					pH:	115	JW	7.5	7.5	SU							
* Extra Qtrly testing per permit. JH				Fecal Start:		1745	TMO	This Document is Page 1 of 1									