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.	ij	J
	4899-WR-3		
100 100 100	AFIN NO.		
	45-00214		

- }-	, t 4 .	MONITORING	PERIOD		
	MM/DD/YYYY	TO		MM/DD/YYYY	
	6/1/2019			6/30/2019	

PARAMETER			PERMIT LIMIT SAMPLE		SAMPLE MEA	SAMPLE MEASUREMENT		FREQUENCY OF ANALYSIS		SAMPLE TYPE		
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)			30		< 2		MG/L					
TOTAL SUSPENDED SOLIDS (TSS) FECAL COLIFORM BACTERIA (FCB)			45 2000		< 2.5 72.7		MG/L	Once per Month / Grab				
							COLONIES/100ml					
				6.0 - 9.0 Report		7.3 7.47		s.u				
TAL PHOSP	HOROUS (T	P)						MG/L				
TOTAL KJELDAHL NITROGEN (TKN) NITROGEN AMMONIA NITROGEN (NH 3 - N)					Report	No Report		MG/L				
			- N)		Report			MG/L	Once per Quarter / Grab			
NITRITE NITROGEN (NO 3 - N) + NITRATE NITROGEN (NO 2 - N)		Report		No Report		MG/L		ter/ Grab				
PLANT AVAILABLE NITROGEN (PAN)				Report		No Report		MG/L				
TOTAL FLOW				MONTHLY TOTAL DAILY MAX		GPD						
				<u> </u>		13,423 754		L				
		·	DRIP ZONES I	LOADI	NG RATE LIMITS, MON	ITORING AND REP	ORTING REQUI	REMENTS			<u> </u>	
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported m	naximum					
Zone 1	0.62		15,653	gpd	Daily	754	4					
Zone 2	0.62	gpd/ft2	37,529	gpd	Daily	Not U	sed	1				
AME/TITLE PRI	NCIPAL EXECUT	IVE OFFICER	I CERTIFY UNDER PENALTY OF I						TEL	EPHONE		
			WITH THE INFORMATION SUBMIT	TED HEI	REIN; AND BASED ON MY INC	QUIRY OF THOSE	· who	1	-			
			INDIVIDUALS IMMEDIATELY RES			1//5	mine	Bong	479	790-3813	7/1/2019	
<u>Ka</u>	thy Bartlett		BELIEVE THE SUBMITTED INFORT			1	SIGNATURE OF	-				
TYPED OF SPINITED			SIGNIFICANT PENALTIES FOR SUBMITTING FALSE EXECUTIVE O POSSIBILITY OF FINE AND IMPRISONMENT. AUTHORIZE			AREA NUMBER		MM/DD/YYYY				
MMENTS	AND EXPLA	NATION O	VIOLATIONS (Reference all						<u> </u>		I	
					,					つ		

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: 1906010105

Customer Name : CANE ISLAND ESTATES POA

Collected By: TMO

Customer Number: 3859

Sample Time : 1035

Delivery By : TMO

Sample Type : GRAB WWATER

Sample Date : 06/20/19

Work Order :

Report Date : 06/28/19

Sample From : FINAL EFFLUENT

Purchase Order :

	Quality Assurance				
Analysis	•		,	Precision	Accuracy
Date Time By	Parameter	Result Notes Quantity	<u> Method</u>	% RPD	% Recovery
06/20 1039 TMO	рН	7.3 S.U.	SM 2011 4500-H+B	0.00	N/A *
06/28 1100 PJC	Phosphorous, Total (as P)	7.470 mg/L	HACH 10209	4.53	103.2 *
06/21 1000 PJC	Solids, Total Suspended	< 2.5 mg/L	SM 2011 2540 D	0.00	N/A *
06/20 1720 TMO	Fecal Coliform	72.7 /100ml	06/2012 Colilert18	0.00	N/A
06/21 0700 DWC	BOD, Carbonaceous	< 2.00 mg/L	SM 2011 5210 B	0.00	100.0 *

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.

Signature

Environmental Services Co., Inc.

^{*} OA data shown is from a different sample or standard on the same date.

Environmental Services Company, Inc. Corporate Office

13715 West Markham Little Rock, AR 72211

Phone: 501-221-2565

P.O. Box 55146

Little Rock, AR 72215

Fax: 501-221-1341

website: www.esclabs.com

k, AR 72215



Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

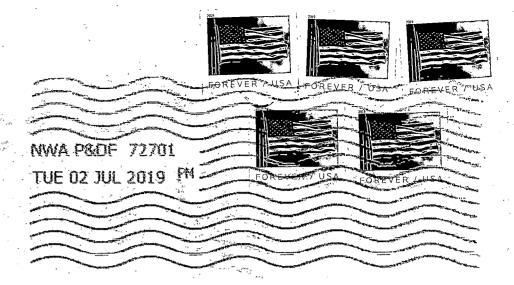
CHAIN OF CUSTODY

	Client Information				Pr	oject Inf	ormation				Req	uest	ed P	aram	eters
Client: Address:			4	Permit/Project #: Purchase Order #:				-							
	Rogers, AR 72758			Work Orde		111816	-AEG2		,	7			}	:	
Phone:	479-619-8450			Sampler N			the C				ļ				
Fax:	ax: <u>rhames@nwark.com</u>		1	_					ြု		Ē				
Contact:				and Signature(s):		VIII	Turnott-O'Vac					m(43			
ESC Client Number:	3859	Monthly					1			, CBOD(70)	22)	Fecal Coliform(43.1F)			
Sample Ide	ntification		Sample	Collection		(Sample (Containers	3	TSS(28),	Total P(25)	Ö	ŀ		
Identification	ESC Control #	Date	Time	Туре	Matrix	Type	Volume	Preserva	tive #	T SS	Tot	Fec			
Final Effluent	1906010 105	6-20-19	1035	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		Х					
		1	· l	Grab	Wwater	Plastic	1 Liter	Cool <u>≤</u> 6° C, H2SO4 to pH <2			X				
	<u> </u>)	Grab	Wwater	Whirlpak	4 oz.	Cool <10°C, Na2S2O3			_	х			$\perp \perp$
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Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received By: (Si	gnature and Printe	ed Name)		Date	Time	Used	ody 56 17	eals:		Intact?	
Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received By: (SI	gnature and Printe	ed Name)		Date	Time	Turn	around ular		<i></i>	Special	
Refinquished By (Signature and Plant	Ling of U. D'Negl	1020-19	1715	Received for Lab	By Signature ar	nd Printed Nam	(lovet	Date 6 20-19	Time /7/5	Wen		oles pro		reserved:	\Box
Comments	<u> </u>		- \	C	Flow L	ata	Field Test	Time	Analyst	Res		Resu	it	Uni	
Site Address	: 1364 Cane Island Roa Flippin, AR 72634	ıd.		 			pH:	1039	TWIC	47	3	/-	5		SU
	. appring a consequence														
· · · · · · · · · · · · · · · · · · ·							Fecal Start:	1720	778.6	This	Doc	mert	is Bos	ge of	
							. Joan Guill		LUVIL	7 1108		MINCHE	is Fau	<u>15 1 01</u>	<u>ـــــــــــــــــــــــــــــــــــــ</u>



GCD P.O. Box 9299 Fayetteville, AR 72703

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ADEQ Water Division Permits Branch 5301 Northshore Dr N Little Rock, AR 72118-5317

