## 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									
6/1/2020		6/30/2020									

PARAMETER				ļ	PERMIT LIMIT SAMPLE ME			REMENT	UNITS		QUENCY OF SAMPLE			
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)			ID (CBOD5) 30					MG/L						
TOTAL SUSPENDED SOLIDS (TSS)				45		_		MG/L						
FECAL COLIFORM BACTERIA (FCB)			<u> </u>	2000				COLONIES/100ml	Once per Month / Grab					
рН			<del></del>	6.0 - 9.0	s.u				7					
TOTAL PHOSPHOROUS (TP)				Report				MG/L						
TOTAL KJELDAHL NITROGEN (TKN)				Report				MG/L						
NITROGEN AMMONIA NITROGEN (NH 3 - N)				Report			<del></del>	MG/L	†					
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	CDD						
			L		21,981 1,086									
	···		DRIP ZONES	LOADI	NG RATE LIMITS, MON	ITORING AND R	EPOF	RTING REQUIR	REMENTS					
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reporte	d max	kimum						
Zone 1	0.62	gpd/ft 2	15,563	gpd	Daily		1,086		i					
Zone 2	0.62	gpantz	37,529	gpd	Daily	Not Used			1					
NAME/TITLE PR	INCIPAL EXECUT	IVE OFFICER	I CERTIFY UNDER PENALTY OF I	AW TH	AT I HAVE PERSONALLY EX	AMINED AND AM				TE	LEPHONE			
				TED HEREIN; AND BASED ON MY INQUIRY OF THOSE PONSIBLE FOR OBTAINING THE INFORMATION, I					hitt 1					
								9000	UNII	479	530-5926	7/15/2020		
Ka	athy Bartlett		BELIEVE THE SUBMITTED INFORM					SIGNATURE OF						
TYPED OR PRINTED I				IGNIFICANT PENALTIES FOR SUBMITTING FALSE EXECUTIVE OF COSSIBILITY OF FINE AND IMPRISONMENT.  AUTHORIZED				AREA CODE	NUMBER	MM/DD/YYY				
OMMENTS.	AND EXPLA		F VIOLATIONS (Reference al					. 10 17101111111		3002				

## 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: 2006010100 Customer Name : CANE ISLAND ESTATES POA Sample Date : 06/04/20

Collected By: NTR

Customer Number: 3859

Sample Time : 1026

Delivery By : NTR

Report Date : 06/10/20

Sample Type : GRAB WWATER Sample From : FINAL EFFLUENT

Work Order : Purchase Order :

				ı		
	Quality A	Assurance				
Analysis					Precision	Accuracy
Date Time By	<u> Parameter</u>	Result Note	s <u>Quantity</u>	<u>Method</u>	_ % RPD	<pre>% Recovery</pre>
06/04 1027 NTR	рН	7.1 S.U.		SM 2011 4500-H+B	1.42	N/A
06/08 1000 KNM	Phosphorous, Total (as P)	5.360 mg/L		HACH 10209	0.00	110.0 *
06/09 0815 KNM	Solids, Total Suspended	< 3.30 mg/L		SM 2011 2540 D	2.70	N/A *
06/04 1555 NTR	Fecal Coliform	< 1.0 /100ml		06/2012 Colilert18	0.00	N/A *
06/05 0640 DWC	BOD, Carbonaceous	2.60 mg/L		SM 2011 5210 B	0.00	100.6 *

\* OA 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.

21981

## Environmental Services Company, Inc. Corporate Office

13715 West Markham

P.O. Box 55146

Little Rock, AR 72211

Phone: 501-221-2565

Little Rock, AR 72215

Fax: 501-221-1341

website: www.esclabs.com

Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

	Client	Information						Project Information								ane:	sted	Para	me	ters	_
Client:	Can	e Island Estat	es PC	)A			Permit/Pr	Permit/Project #:						╀	T	<del>                                     </del>	T		<u></u>	1013	
Address:	39 Nottingham Lane						Purchase Order #:						1								
	Rogers, AR 72758							Work Order # 111816-AEG2						1					-		
Phone:	479-619-8450						Sampler I	Sampler Name(s): Ned Ryerson						1							
Fax:	rhames@nwark.com						1				jersun			1_						j	
Contact:	Mr. Rusty Hames						and Signa	and Signature(s):					18		13.F			- 1			
ESC Client Number: 3859 Monthly					1 0.9	and digitatule(s).					CBOD(70)		Ě			-					
Sampl	e Identificat		T		Sa	mple	e Collection Same				Sample Containers				Total P(25)	Fecal Coliform(43.IF)					
Identification ESC Control #			ate		ime	Туре	Matrix	Туре	Volume	Preserv	_	#	TSS(28),	華	le Scal			1			
Final Effluent		6010100	+	-20	162		Grab	Wwater		1					ب	Œ.		<b></b>	$\dashv$	<del></del>	
	- JUK	01010	1-7	1	10%	10	Grab		Plastic	1/2 Gal	Cool <u>&lt;</u> 6° (		1	X				$\vdash \vdash$	-	_	
			╂	<del> </del>		-	<del> </del>	VVwater	Plastic	1 Liter	H2SO4 to pH <2 Cool <16° C,		1		X				_		_
		╁┈	<del>-</del>		<u> </u>	Grab	Wwater	Whirlpak	4 oz.	Na2S2O3		1			X			_	_		
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Relinquished By: (Signature an	id Printed Name)		<del> </del>	ate	4:	me															
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Relinquished By: (Signature and Printed Name)			E	Date Time			Received By: (Signature and Printed Name)			e) Date Time			e	Turna	round:		_				1
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George Ned Jug 6-4-20 1550					Krest	Mull	Knstra	Mullins	6/4/20	1559	<u> </u>		Yes	$\mathbf{M}$		N		I	╝		
Site Address: 1364 Cane Island Road								Flow Da	ita .	Field Test	Time	Analys		Result Result			Units		4		
		n, AR 72634						\$ <sup>3</sup>		pH:	1627	NM		7.		72	러		SU		-
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<del></del>	<del></del>			<del></del>						Fecal Start:	1355			Thin *							4
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NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

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



NWA FOUT FERNI









