

**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
3/1/2019		3/31/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS					
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	2.2	MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	< 2.5	MG/L		
FECAL COLIFORM BACTERIA (FCB)	2000	< 1	COLONIES/100ml		
pH	6.0 - 9.0	8.7	s.u		
TOTAL PHOSPHOROUS (TP)	Report	2.9	MG/L		
TOTAL KJELDAHL NITROGEN (TKN)	Report	No Report	MG/L	Once per Quarter / Grab	
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report	No Report	MG/L		
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report	No Report	MG/L		
PLANT AVAILABLE NITROGEN (PAN)	Report	No Report	MG/L		
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD	
		14,625	803		

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	15,653	gpd	Daily	803
Zone 2	0.62		37,529	gpd	Daily	Not Used

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Kathy Bartlett	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		
				479	790-3813	4/2/2019
TYPED OR PRINTED				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: 1903010126
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 03/21/19

Sample Date : 03/07/19
 Sample Time : 1210
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

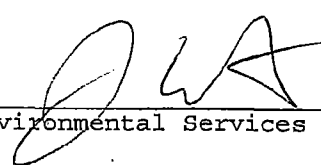
Collected By: PDH
 Delivery By : PDH
 Work Order :
 Purchase Order :

<u>Laboratory Analysis</u>						<u>Quality Assurance</u>		
Analysis			Result	Notes	Quantity	Method	Precision	Accuracy
Date	Time	By					Parameter	% RPD
03/07	1215	PDH	pH	8.7 S.U.		SM 2000 4500-H+B	1.26	N/A *
03/12	1515	TCF	Phosphorous, Total (as P)	2.900 mg/L		HACH 10209	0.71	99.5 *
03/14	1430	TCF	Solids, Total Suspended	< 2.50 mg/L		SM 2011 2540 D	6.45	N/A *
03/07	1650	PJC	Fecal Coliform	< 1.0 /100ml		06/2012 Colilert18	0.00	N/A
03/08	0700	DWC	BOD, Carbonaceous	2.20 mg/L		SM 2011 5210 B	0.00	101.6 *

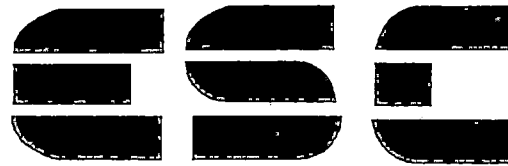
* QA data shown is from a different sample or standard on the same date.

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.

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: <u>Cane Island Estates POA</u>			Address: <u>39 Nottingham Lane</u> <u>Rogers, AR 72758</u>			Phone: <u>479-619-8450</u>			Fax: <u>rhames@nwark.com</u>			Contact: <u>Mr. Rusty Hames</u>			ESC Client Number: <u>3859 Monthly</u>			<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:20%;">TSS(28), CBOD(70)</td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td>Total P(25)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Fecal Coliform(43,IF)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>					TSS(28), CBOD(70)										Total P(25)										Fecal Coliform(43,IF)																													
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Permit/Project #:						Purchase Order #:						Work Order # <u>111816-AEG2</u>																																																												
Sampler Name(s): <u>Preston Hunt</u>						and Signature(s): <u>[Signature]</u>																																																																		
Sample Identification						Sample Collection					Sample Containers																																																													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	TSS(28), CBOD(70)	Total P(25)	Fecal Coliform(43,IF)																																																												
Final Effluent	<u>1903010126</u>	<u>3-7-19</u>	<u>1210</u>	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		X																																																														
	<u>/</u>	<u>/</u>	<u>/</u>	Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C H2SO4 to pH <2			X																																																													
				Grab	Wwater	Whirlpak	4 oz.	Cool <10° C, No2S2O3				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:																																																																
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>																																																													
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:																																																																
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>																																																													
Comments:						Flow Data	Field Test	Time	Analyst	Result	Result	Units																																																												
Site Address: <u>1364 Cane Island Road</u> <u>Flippin, AR 72634</u>							pH:	<u>1215</u>	<u>PDR</u>	<u>8.7</u>		SU																																																												
						Fecal Start:	<u>1650</u>	<u>PDR</u>	This Document is Page <u>1</u> of <u>1</u>																																																															

[Signature]