

**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
3/1/2021		3/31/2021

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS					
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	< 2.0		MG/L	Once per Month / Grab
TOTAL SUSPENDED SOLIDS (TSS)	45	< 2.5		MG/L	
FECAL COLIFORM BACTERIA (FCB)	2000	53.0		COLONIES/100ml	
pH	6.0 - 9.0	7.4		s.u	
TOTAL PHOSPHOROUS (TP)	Report	5.880		MG/L	
TOTAL KJELDAHL NITROGEN (TKN)	Report			MG/L	Once per Quarter / Grab
NITROGEN AMMONIA NITROGEN (NH ₃ - N)	Report			MG/L	
NITRITE NITROGEN (NO ₂ - N) + NITRATE NITROGEN (NO ₃ - N)	Report			MG/L	
PLANT AVAILABLE NITROGEN (PAN)	Report			MG/L	
TOTAL FLOW		MONTHLY TOTAL	DAILY MAX	GPD	
		24,120	1,827		

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	15,563	gpd	Daily	1,827
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 AWARE OF 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			
					479	530-5926	4/13/2021	
					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: 2103010144
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 03/11/21


Sample Date : 03/04/21
 Sample Time : 1340
 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>	
<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>	<u>% Recovery</u>
03/04	1345	PDH	pH	7.4	S.U.	SM 2011 4500-H+B	0.00	N/A *
03/05	1525	KNM	Phosphorus, Total (as P)	5.880	mg/L	EPA 365.1	0.49	101.4 *
03/09	1005	AKA	Solids, Total Suspended	< 2.50	mg/L	SM 2011 2540 D	15.91	N/A *
03/04	1750	PDH	Fecal Coliform	53.0	/100ml	06/2012 Colilert18	0.00	N/A
03/05	0635	BXW	BOD, Carbonaceous	< 2.0	mg/L	SM 2011 5210 B	0.00	96.0 *

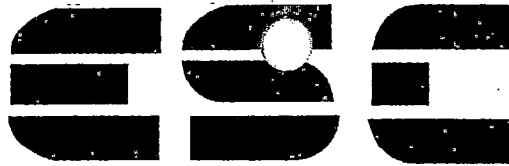
* QA data shown is from a different sample or standard on the same date.

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.

KNM
 24120
 1827

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



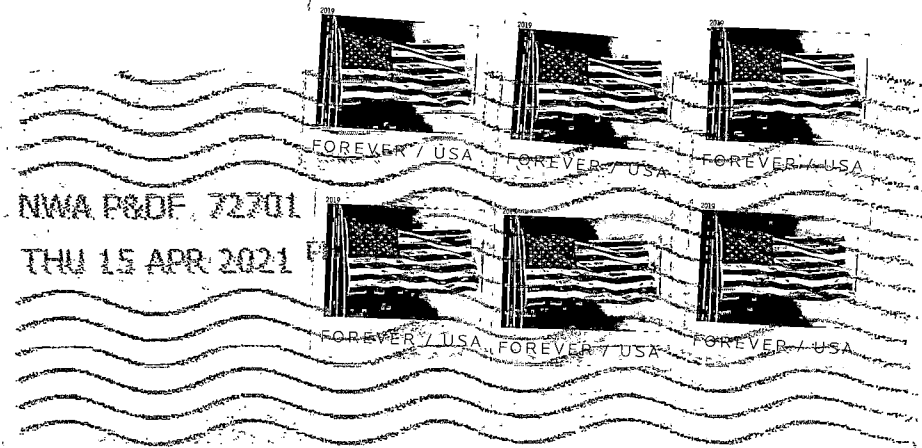
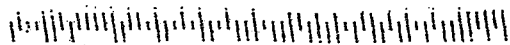
Springdale, Arkansas
 479-750-1170
 Carlsbad, New Mexico
 575-887-1ESC


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)	Total P(25)	Fecal Coliform(43.IF)									
Address:	39 Nottingham Lane			Purchase Order #:															
	Rogers, AR 72758			Work Order #	111816-AEG2														
Phone:	479-619-8450			Sampler Name(s):	Preston Hunt														
Fax:	rhames@nwork.com			and Signature(s):	<i>P.Hunt</i>														
Contact:	Mr. Rusty Hames																		
ESC Client Number:	3859 Monthly																		
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Final Effluent	2103010144	3-4-21	1340	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X									
	/	/	/	Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2	1		X								
				Grab	Wwater	Whirlpak	4 oz.	Cool <10° C, Na2S2O3	1			X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No								
Comments:		Flow Data		Field Test		Time	Analyst	Result	Result	Units									
Site Address: 1364 Cane Island Road				pH:		1345	PDH	7.4	7.4	SU									
Flippin, AR 72634																			
PDH Relinquished to Walk In Cooler																			
received by secure cooler 31521 0600 (BXW)																			
						Fecal Start:	1750	PDH	This Document is Page 1 of 1										

KUM



 ***NWA Utility Services Inc***
PO Box 9299
Fayetteville, AR 72703

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