

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

PERMITTEE NAME	и.,		,
Cane Island Estates LLC			
PERMITTEE ADDRESS	,	٠, ١	1.
Danny Hames			
39 Nottingham Lane			
Rogers, AR 72758			

, , , t	FACILITY NAME (IF DIFFERENT)		
	Cane Island Subdivision		
4.00	FACILITY ADDRESS	2.	
	CR 7002 Bull Shoals Rd. Marion Coun	ty	

1, 3	PERMIT NO.	
	4899-WR-3	
1,19,	AFIN NO.	73l
	45-00214	

	MONITORING PERIOD	a,
MM/DD/YYYY	TO	MM/DD/YYYY
5/1/2020		5/31/2020

PARAMETER			PERMIT LIMIT SAMPLE MEA		SAMPLE MEAS	MEASUREMENTS MEASUREMENT UNITS		FREQUENCY OF ANALYSIS		SAMPLE TYPE			
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)			30		< 2.0		MG/L	5/L					
TOTAL SUSPENDED SOLIDS (TSS)				45	< 10.0	MG/L	-						
FECAL COLIFORM BACTERIA (FCB)				2000		145.0 COLONIES/100m			ml Once per Month / Grab				
рН			6.0 - 9.0			6.7 s.u			7				
TOTAL PHOSPHOROUS (TP)				Report	5.81	· · · · · · · · · · · · · · · · · · ·	MG/L						
TOTAL KJELDAHL NITROGEN (TKN)				Report	52		MG/L						
NITROGEN AMMONIA NITROGEN (NH 3 - N)				Report	0.11		MG/L						
NITRITE NITROGEN (NO 3 - N) + NITRATE NITROGEN (NO 2 - N)		Report		19.6		MG/L		ter / Grab					
PLANT AVAILABLE NITROGEN (PAN)		Report		35.21		MG/L	1						
TOTAL FLOW				MONTHLY TOTAL	DAILY MAX	GPD							
						19,829 1,079							
1 e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DRIP ZONES	LOADI	NG RATE LIMITS, MON	ITORING AND REPO	RTING REQUI	REMENTS	47 5 S		1.5		
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported ma	eximum	, ,		10			
Zone 1	0.62		15,563	gpd	Daily	1,079)	1 KM	~# N ·	11,91	\		
Zone 2	0.62	gpd/ft 2	37,529	gpd	Daily	Not Use		1 / 1//			•		
NAME/TITLE PR	INCIPAL EXECUT	VE OFFICER	I CERTIFY UNDER PENALTY OF I	LAW TH	AT I HAVE PERSONALLY EX	AMINED AND AM			TE	ELEPHONE			
			WITH THE INFORMATION SUBMIT	TED HE	REIN; AND BASED ON MY INC	QUIRY OF THOSE							
				SPONSIBLE FOR OBTAINING THE INFORMATION, I						530-5926	6/15/2020		
Ka	athy Bartlett			MATION IS TRUE, ACCURATE, AND COMPLETE. I AM							""		
TYPE	ED OR PRINT	 ED					EXECUTIVE OF		AREA	NUMBER	MM/DD/YYYY		
ONANCHIC	AND EVOLA	NATION O	INFORMATION, INCLUDING THE PO			ENT.	AUTHORIZE	D AGENT	CODE	HOMBER			
CIVINIENTS	AND EXPLA	NATION OF	F VIOLATIONS (Reference all	attach	ments nere)								

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: 2005010146

Customer Name : CANE ISLAND ESTATES POA

Customer Number: 3859
Report Date: 05/14/20

Sample Date : 05/07/20

Sample Time : 1042

Sample Type : GRAB WWATER
Sample From : FINAL EFFLUENT

Collected By: NTR Delivery By : NTR

Work Order :
Purchase Order :

71		Laboratory Analysis			Quality A	Assurance
Analysis				İ	Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	% RPD	% Recovery
05/07 1043 NTR	рн	6.7 S.U.		SM 2011 4500-H+B	0.00	N/A
	Phosphorous, Total (as P)	5.810 mg/L		HACH 10209	0.68	90.0
05/11 1330 KNM	Solids, Total Suspended	< 10.00 mg/L		SM 2011 2540 D	2.15	N/A *
05/07 1600 KNM	Fecal Coliform	145.0 /100ml		06/2012 Colilert18		. N/A *
05/08 0645 DWC	BOD, Carbonaceous	< 2.00 mg/L		SM 2011 5210 B	0.00	102.4

* 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

19,829

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· 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

website: www.esclabs.com

Fax: 501-221-1341



Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information					Pr	oject In	ormation	1			F	₹eq	ues	ted	Par	ame	ters	
Client:	Cane Island Estates POA			Permit/Project #:						\exists								
Address: _	39 Nottingham Lane			Purchase Order #:									,				,	
	Rogers, AR 72758			Work Ord	er#	111816	-AEG2				-							
Phone:	479-619-8450				Sampler Namé(s): Ned Ruerson								1					
ax: <u>rhames@nwark.com</u>				1					\exists	6	ļ	Ē						
Contact:	Contact: Mr. Rusty Hames				ture(s):	\neg	red F	Paris -	_	\neg	CBOD(70)	İ	1(43					
ESC Client Number: 3859 Monthly				1	` '			0				(G)	iform	-	il			
Sar	mple Identification		Sample	Collection			Sample	Container	s	\neg	(38)	P(25)	8	İ				
Identification ESC Control #		Date	Time	Туре	Matrix	Туре	Volume	Preserva		#	TSS(28),	Total	Fecal Coliform(43.IF)					
Final Effluent	2005010146	5-7-20	1042	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° (3	1	x	\dashv						_
		ſ		Grab	Wwater	Plastic	1 Liter	Cool <u>≤</u> 6° C. H2SO4 to pH <2		1	\top	Х						
			1	Grab	Wwater	Whirlpak	4 oz.	Cool <10° C, Na2S2O3		1.	\neg	\neg	X	\neg	\Box		一	
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Relinquished By: (Signat	iture and Printed Name)	Date	Time	Received By: (Si	gnature and Printe	d Name)		Date	Time			y Sea	ilš:					\exists
Relinquished By: (Signat	iture and Printed Name)	Date	Time	Received By: (Si	gnature and Printe	d Name)		Date	Time		sed? umarc	ound:	<i>u</i>		Intact	?		\dashv
Relinbáished Bv: (Signat	iture and Printed Name)	Date	Time	Received for Lab By: (Signature and Printed Name)			Data			Regular		刀	Special properly preserved:			_		
	lue and Printed Name) Py Curs ~	5-7-20	1545	Krost			» Uulis	5/7/20	Time			Yes /		properly prese		No No		
Comments: ()	ite Address: 1364 Cane Island Roa				Flow D	ata	Field Test	Time	Analyst		esult		Resul			Units		
Flippin, AR 72634			·			рН;	1043	MM	4	25	十	65	7+		SL	<u> </u>	\dashv	
										土		士		士	,			\exists
	·						Fecal Start:	1600	KNN	-		\perp		$\prod_{n=1}^{\infty}$				二
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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