

**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
5/1/2019		5/31/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS

PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)	30	5.9	MG/L	Once per Month / Grab	
TOTAL SUSPENDED SOLIDS (TSS)	45	4.4	MG/L		
FECAL COLIFORM BACTERIA (FCB)	2000	104.6	COLONIES/100ml		
pH	6.0 - 9.0	6.8	s.u		
TOTAL PHOSPHOROUS (TP)	Report	8.41	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	
		18,985	1,956		

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	1,956
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.		TELEPHONE		
			479	790-3813	6/7/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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: 1905010061
 Customer Name : CANE ISLAND ESTATES POA
 Customer Number : 3859
 Report Date : 05/24/19

Sample Date : 05/16/19
 Sample Time : 1015
 Sample Type : GRAB WWATER
 Sample From : FINAL EFFLUENT

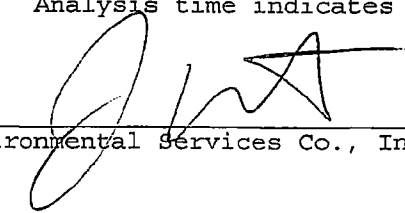
Collected By: TMO
 Delivery By : TMO
 Work Order :
 Purchase Order :

<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>
05/16	1019	TMO	6.8 S.U.			SM 2000 4500-H+B	0.00	N/A
05/23	1500	TCF	8.410 mg/L			HACH 10209	0.52	99.0 *
05/17	1400	PJC	4.4 mg/L			SM 2011 2540 D	0.00	N/A
05/16	1600	PJC	104.6 /100ml			06/2012 Colilert18	0.00	N/A
05/17	0700	DWC	5.90 mg/L			SM 2011 5210 B	0.00	104.3 *

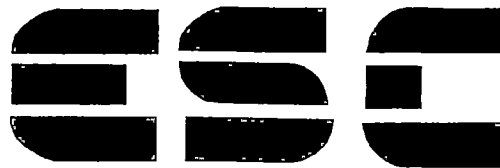
* QA data shown is from a different sample or standard on the same date.

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: 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): Timothy O'Neal											
Fax: rhames@nwork.com				and Signature(s): <i>Timothy O'Neal</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	1905010061	5-16-19	1015	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C		X					
				Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2			X				
				Grab	Wwater	Whirlpak	4 oz.	Cool <10° C, Na2S2O3				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 for Lab By: (Signature and Printed Name)		Date	Time	Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>							
Comments: <i>Site Address: 1364 Cane Island Road</i>								Were samples properly preserved:							
Site Address: 1364 Cane Island Road								Yes <input type="checkbox"/> No <input type="checkbox"/>							
Flippin, AR 72634								Flow Data							
								Field Test							
								Time							
								Analyst							
								Result							
								Result							
								Units							
								pH: 10.19							
								Analyst: TMAO							
								Result: 6.8							
								Result: 6.15							
								Units: SU							
								Fecal Start: 1600 PJC							

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