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	
	4899-WR-3 AFIN NO.

MC	NITORING PERIO	OD .
MM/DD/YYYY	ТО	MM/DD/YYYY
10/1/2020		10/31/2020

			EFFL	UENT	LIMITS, MONITORING,	AND REPORTI	NG R	EQUIREMENTS	3	٠.				
		PARAMETER			PERMIT LIMIT	SAMPLE MEASUREMENT			UNITS		QUENCY OF NALYSIS	SAMPLE TYPE		
CARBONACEO	DUS BIOCHEN	IICAL OXY	GEN DEMAND (CBOD5)	30 45		< 2.0 < 2.50			MG/L					
TOTAL SUSPE	ENDED SOLID	S (TSS)							MG/L					
FECAL COLIFORM BACTERIA (FCB)			2000		19.7		COLONIES/100ml	1	Once per Mon	th / Grab				
pH		6.0 - 9.0		7.2		s.u	1							
TOTAL PHOSE	PHOROUS (T	P)			Report	<	< 2.000		MG/L	7				
TOTAL KJELD	AHL NITROGI	EN (TKN)			Report		3		MG/L					
NITROGEN AN	MONIA NITRO	OGEN (NH s	- N)		Report	< 1.00			MG/L					
NITRITE NITRO	OGEN (NO 3 - 1	N) + NITRA	TE NITROGEN (NO 2 - N)	Report		19.5		MG/L	Once per Quarter / Grab					
PLANT AVAIL	PLANT AVAILABLE NITROGEN (PAN)			Report		20.31		MG/L						
TOTAL FLOW	FOTAL SLOW				MONTHLY TOT	LY TOTAL DAILY MAX		GPD						
						26,527 1,855		<u> </u>	<u> </u>					
	1 1 2	· 	DRIP ZONES	LOADI	NG RATE LIMITS, MON	ITORING AND R	REPO	RTING REQUI		<u> </u>	·	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reporte	d ma	ximum	,		1 , 1			
Zone 1	0.62	1/0.0	15,563	gpď	Daily	1,855			KMMHLY					
Zone 2	0.62	gpd/ft 2	37,529	gpd	Daily	N	ot Use	ed] / \		10,			
NAME/TITLE PR	RINCIPAL EXECUTIV	VE OFFICER	I CERTIFY UNDER PENALTY OF I	AW TH	AT I HAVE PERSONALLY EX	AMINED AND AM				TE	ELEPHONE			
			WITH THE INFORMATION SUBMIT	TED HEF	REIN; AND BASED ON MY INC	QUIRY OF THOSE								
			INDIVIDUALS IMMEDIATELY RES	PONSIBLE FOR OBTAINING THE INFORMATION, I					479	530-5926	11/12/2020			
K:	athy Bartlett		BELIEVE THE SUBMITTED INFORM	MATION IS TRUE, ACCURATE, AND COMPLETE. I AM		SIGNATURE OF PRI		PRINCIPAL	1					
			AWARE THAT THERE ARE SI	IGNIFICANT PENALTIES FOR SUBMITTING FALSE EXECUTIVE OFFICER OR				AREA	ARFA					
TYPE	ED OR PRINTE	:D	INFORMATION, INCLUDING THE PO	OSSIBILITY OF FINE AND IMPRISONMENT. AUTHORIZED AGENT			D AGENT_	CODE	NUMBER	MM/DD/YYYY				
COMMENTS	AND EXPLA	NATION O	F VIOLATIONS (Reference all	attach	ments here)									
ĺ														

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
(479) 750-1170 Fax (479) 750-1

Tel. (479)750-1170 Fax (479)750-1172

Control Number: 2010010036

Customer Name : CANE ISLAND ESTATES POA

Customer Number: 3859
Report Date: 10/08/20

Sample Date : 10/01/20

Sample Time : 1225

Sample Type : GRAB WWATER
Sample From : FINAL EFFLUENT

Collected By: HMK
Delivery By : HMK

Work Order: Purchase Order:

•	Quality P	Assurance					
Analysis						Precision	Accuracy
Date Time By	<u> Parameter</u>	Result	<u>Notes</u>	Quantity	<u> Method</u>	<u>% RPD</u>	% Recovery
10/05 1338 BXW	Ammonia as N, (HACH/SM)	< 1.00 r	mg/L		H/SM 11 10205/4500	2.39	108.0 *
10/05 1430 BXW	Total Kjeldahl Nitrogen	2.7 r	mg/L		02/2014 HACH 10242	6.73	102.0 *
10/01 1225 HMK	На	7.2 8	S.U.		SM 2011 4500-H+B	0.00	N/A
10/02 1045 KNM	Phosphorus, Total (as P)	< 2.000 r	ng/L		HACH 10209	11.66	105.0 *
10/05 1112 BXW	Solids, Total Suspended	< 2.50 r	ng/L		SM 2011 2540 D	0.00	N/A *
10/06 1353 KNM	Nitrogen, Plant Available	20.31 r	ng/L		33 MSA 2nd Ed		
10/01 1638 BXW	Fecal Coliform	19.7	/100ml		06/2012 Colilert18	5.48	N/A *
10/02 0805 BXW	BOD, Carbonaceous	< 2.00 r	ng/L		SM 2011 5210 B	0.00	91.0 *
10/05 1030 MRR	Nitrate + Nitrite	19.50 r	mg/L		HACH 10206	1.90	99.2 *

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

W 2652-

^{*} OA data shown is from a different sample or standard on the same date.

Environmental Services Company, Inc. Corporate Office

13715 West Markham Little Rock, AR 72211 P.O. Box 55146

Little Rock, AR 72215

website: www.esclabs.com

Phone: 501-221-2565 Fax: 501-221-1341



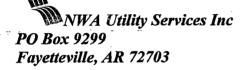
Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Client Information					Project Information						Requested Parameters						
Client:	Cane Island Estate	es POA		Permit/Pro	ject#:												
Address:	dress: 39 Nottingham Lane F		Purchase Order #:										ł				
Rogers, AR 72758			Work Order # 111816-AEG2									2					
Phone:	479-619-8450			Sampler Name(s): Harden Kelly				lly			1		15.7	- 1			
Fax:	rhames@nwark.com Mr. Rusty Hames				1								onia	- 1	Ē		
Contact:					and Signature(s):								Ammonia(15.A)		1(43	(Ñ	
ESC Client Number: 3859 Quarterly			4							CBOD(70)	2 (9	- 1	(S)	liforn			
Sample	Identification		Sample	Collection		T	Sample	Container	3		(82)	NO3+NO2 (91)	TKN(16.A)	Total P (25)	Fecal Coliform(43.IF)	PAN (33.PN)	
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	TSS(28)	Š	X	Tota	Fec	PAN	
Final Effluent	2010010036	10/1/20	1225	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	;	1	\mathbf{x}			\neg			
	1	1	,	Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C, H2SO4 to pH <2		1		х	х	х			
				Grab	Wwater	Plastic	100mls	Cool <10° C, Na2S2O3		1	\top				Х		
			1	Grab	Wwater	NA	NA	NA			$\neg \uparrow$	\exists				х	
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Relinquished By: (Signature and	Printed Name)	Date	Time	Received By: (Si	gnature and Printe	d Name)		Date	Time			y Sea	ils:				
Relinquished By: (Signature and	1 Printed Name)	Date	Time	Received By: (Signature and Printed Name) Date Time			_	Used? Intac				:(?					
D-11-4-5-1-1-2-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1	I de la	5-1-	¥:	Descination of	By: (Signature an	3 6 days 3 8 a s	-1	Date			legula		V		Spe		
Relinquished By (Signature and	ranted Names	19/1/2-9	1620	Ma la	ay: (Signature and American)	on Riv	16/2r	10-1-20	Time				es pro	peny		No No	
Comments:	/	·			Flow D		Field Test		Analys	t F	Resul		Resul	_		Units	
Site Add	dress: 1364 Cane Island Ro Flippin, AR 72634	ad		 			pH:	1225	411	- :	ጆඨ	-	7. ə	식		S	<u>U</u>
	Filiphii, AN 72034							<u> </u>		+		-		\neg			
												\Box		그			,
					<u> </u>		Fecal Start:	1638	BX	<u>آليا</u>	nis E	Jocur	nent	is Pa	age _	_ of _	<u>.l.</u>

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

