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

MC	ONITORING PE	RIOD
MM/DD/YYYY	ТО	MM/DD/YYYY
9/1/2019		9/3/2019

			EFFL	UENT	LIMITS, MONITORING,	AND REPORTING	REQUIREMENTS	3					
PARAMETER			PERMIT LIMIT	SAMPLE MEA	SUREMENT	UNITS	1	EQUENCY OF ANALYSIS	SAMPLE TYPE				
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD5)				30	2.5		MG/L						
TOTAL SUSPENDED SOLIDS (TSS)			45		< 2.50		MG/L						
FECAL COLIFORM BACTERIA (FCB)		2000		< 1.0		COLONIES/100ml		th / Grab					
pH			6.0 - 9.0		7.2		s.u						
TOTAL PHOSPHOROUS (TP)			Report		6.91		MG/L	1 ,					
TOTAL KJELDAHL NITROGEN (TKN)				_	Report	No Re	port	MG/L					
NITROGEN AN	AMONIA NITRO	DGEN (NH 3	- N)	Report		No Report		MG/L	1				
NITRITE NITRO	OGEN (NO 3 - I	N) + NITRA	TE NITROGEN (NO 2 - N)	Report		No Report		MG/L	Once per Quarter / Grab				
PLANT AVAILABLE NITROGEN (PAN)			•	Report		No Report		MG/L	1				
				MONTHLY TOTAL	DAILY MAX	GPD							
TOTAL FLOW		,				23,994 1,785				····			
			DRIP ZONES I	LOADI	NG RATE LIMITS, MON	ITORING AND REP	ORTING REQUIR	REMENTS		· · · · · · · · · · · · · · · · · · ·	··· ·-· · · · · · · · · · · · · · · · ·		
Zone ID	Limit	Units	Maximum Volume Limit	Units	Monitoring	Reported n	naximum						
Zone 1	0.62	apd/ft 2	1,785	gpd	Daily	1,78							
Zone 2	0.62	gpunt 2	Not Used	gpd	Daily	Not U							
NAME/TITLE PR	RINCIPAL EXECUTI	VE OFFICER	I CERTIFY UNDER PENALTY OF I				1 120 1	With	Ī	ELEPHONE			
			WITH THE INFORMATION SUBMIT INDIVIDUALS IMMEDIATELY RES		· · · · ·	: 7	OF THOSE A		470	500 5000	404440040		
			MATION IS TRUE, ACCURATE, AND COMPLI					479	530-5926	10/14/2019			
AWARE THAT THERE ARE S		IGNIFICANT PENALTIES FOR SUBMITTE		(OIONATORE OF			AREA ANNAPED						
TYPED OR PRINTED INFORMATION, INCLUDING THE P		OSSIBILITY OF FINE AND IMPRISONMENT.				D AGENT	CODE	NUMBER	MM/DD/YYYY				
COMMENTS	AND EXPLA	NATION O	F VIOLATIONS (Reference all	attach	ments 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: 1909010094

Customer Name : CANE ISLAND ESTATES POA

Customer Number: 3859
Report Date: 09/12/19

Sample Date : 09/05/19

Sample Time : 0927 Sample Type : GRAB WWATER

Sample Type . GRAD WWATER
Sample From : FINAL EFFLUENT

Collected By: NTR Delivery By : NTR

Work Order : Purchase Order :

	Quality Assurance				
Analysis				Precision	Accuracy
Date Time By	<u>Parameter</u>	Result Notes Q	uantity Method	% RPD	% Recovery
09/05 0928 NTR	pН	7.2 S.U.	SM 2011 4500-H+B	0.00	N/A *
	Phosphorous, Total (as P)	6.910 mg/L	HACH 10209	0.19	104.4 *
09/09 1045 PJC	Solids, Total Suspended	< 2.50 mg/L	SM 2011 2540 D	9.52	N/A *
09/05 1710 NTR	Fecal Coliform	< 1.0 /100ml	06/2012 Colilert18	0.00	N/A
09/06 0700 DWC	BOD, Carbonaceous	2.50 mg/L	SM 2011 5210 B	3.92	106.1

* 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

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

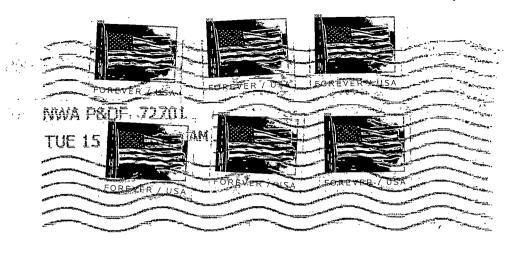
CHAIN OF CUSTODY

Client Information				Project Information					\Box	Requested Parameters						
Client:	Cane Island Estates POA				oject #:									I		
Address:	39 Nottingham Lane			Purchase Order #:												
	Rogers, AR 72758				er#	111816	1816-AEG2									
Phone:	479-619-8450	Sampler Name(s): Ned			d Rye						1					
Fax:	rhames@nwark.co			· / / · · /				2	E.			ļ				
Contact:	Mr. Rusty Hames	and Signature(s): Aud Gold			02/2009	5	n(43									
ESC Client Num	nber: 3859	Monthly		1							Coliform(43.IF)					
Sam	ple Identification		Sample	Collection			Sample	Container	s	# #	Total P(25)	100				
Identification	on ESC Control#	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	# 2	7 5	Fecal				
Final Effluent	1909010094	9-5-19	0927	Grab	Wwater	Plastic	1/2 Gal	Cool ≤ 6° (c	1)						
		(Grab	Wwater	Plastic	1 Liter	Cool ≤ 6° C. H2SO4 to pH <2]"	1	X	 				1
				Grab	Wwater	Whirlpak	4 oz.	Coo! < 10° C, Na2S2O3		1		X			\top	1
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Relinquished By: (Signatu	re and Printed Name)	Date	Time					Custody Seals:					 			
Relinquished By: (Signatu	re and Printed Name)	Date	Time	Received By: (Signature and Printed I		ed Name)		Date	Time	Used? Turnarou		1/9				
D. F. Communication of the Com	and Original Manual	Date	Time			Time		gular	X Special]				
Relinquished By: (Signatu	re and Printed Name)	Date	rime	Received for Lab)By (Signature and Printed Name)		ne) 	Date Time 9-5-19 / 705		5	vvere samp Yes		oles properly preserved:			7	
Comments:					() Flow L	ata <i>y</i>	Field Test	Time	Analyst		sult	Res		Ún		
Site Address: 1364 Cane Island Road Flippin, AR 72634							pH:	0928	NLV	+7	: 2	7.	2-1		SÜ	
							Fecal Start:	1-1.0	17	7 74	io Do-		<u></u>			
					L		recai Start:	1710	I NO	- I N	IS DOC	umen	t is Pa	ge <u> </u>	f <u>L</u>	



NWA Utility Service
PO BOX 9299
FMATTEVILLE, AR
72703

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ADEQ Water DIVISION Permits Branch 5301 Northshore Drive-N. Little Rock, AR 72118-5317