

**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

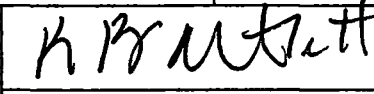
FACILITY NAME (IF DIFFERENT)
Cane Island Subdivision
FACILITY ADDRESS
CR 7002 Bull Shoals Rd. Marion County

PERMIT NO.
4899-WR-3
AFIN NO.
45-00214

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
9/1/2019		9/3/2019

EFFLUENT LIMITS, MONITORING, AND REPORTING REQUIREMENTS					
PARAMETER	PERMIT LIMIT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD ₅)	30	2.5		MG/L	Once per Month / Grab
TOTAL SUSPENDED SOLIDS (TSS)	45	< 2.50		MG/L	
FECAL COLIFORM BACTERIA (FCB)	2000	< 1.0		COLONIES/100ml	
pH	6.0 - 9.0	7.2		s.u	
TOTAL PHOSPHOROUS (TP)	Report	6.91		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	
		23,994	1,785		

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	1,785	gpd	Daily	1,785
Zone 2	0.62		Not Used	gpd	Daily	Not Used

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH 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	530-5926	10/14/2019
			AREA CODE	NUMBER	MM/DD/YYYY
Kathy Bartlett		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED					

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: 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 From : FINAL EFFLUENT

Collected By: NTR
 Delivery By : NTR
 Work Order :
 Purchase Order :

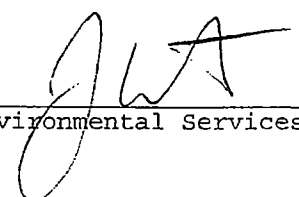
Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
09/05	0928	NTR	pH	7.2	S.U.		SM 2011 4500-H+B	0.00	N/A *
09/06	1130	PJC	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.

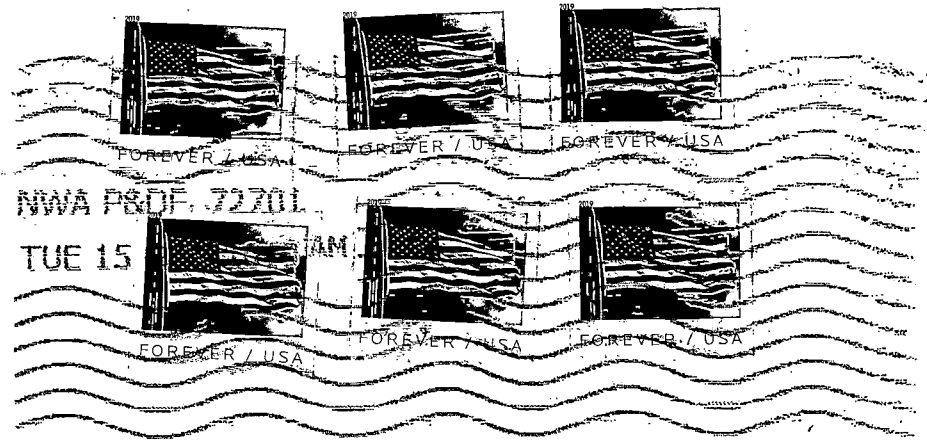
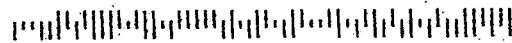
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

NWA Utility Service
PO BOX 9299
Fayetteville, AR

72703



ADEQ
Water Division
Permits Branch
5301 Northshore Drive
N. Little Rock, AR

72118-5317