

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION  
MONTHLY MONITORING REPORT**


<b>PERMITTEE NAME</b>
Joyce Street Cottages Property Owners Association Inc
<b>PERMITTEE ADDRESS</b>
4200 Gabel Dr Fayetteville AR 72703

<b>FACILITY NAME</b>
Joyce Street Cottages
<b>FACILITY ADDRESS</b>
3578 E Joyce Blvd Fayetteville AR 72703

<b>PERMIT NO.</b>
4957-WR-3
<b>AFIN NO.</b>
72-01805

<b>WASTEWATER EFFLUENT MONITORING PERIOD:</b>	
MM/DD/YYYY	MM/DD/YYYY
6/1/2019	6/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.242106	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	9,968	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	< 2.5	mg/l		
Fecal Coliform Bacteria (FCB)	3,000	73	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	7.47	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l		
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER	Ken Gregory	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.	 SIGNATURE OF COGNIZANT OFFICIAL	<b>TELEPHONE</b>
				(479) 530-5926
TYPED OR PRINTED				<b>DATE</b>
				7/1/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE					
Zone 1	1425.42	Zone 5	2173.02		
Zone 2	1774.30	Zone 6	817.38		
Zone 3	1873.98				
Zone 4	1903.89				

# 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: 1906010105  
 Customer Name : CANE ISLAND ESTATES POA  
 Customer Number : 3859  
 Report Date : 06/28/19

Sample Date : 06/20/19  
 Sample Time : 1035  
 Sample Type : GRAB WWATER  
 Sample From : FINAL EFFLUENT

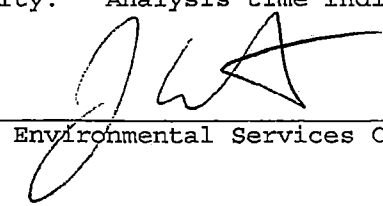
Collected By: TMO  
 Delivery By : TMO  
 Work Order :  
 Purchase Order :

<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>	<u>% Recovery</u>
06/20	1039	TMO	pH	7.3	S.U.	SM 2011 4500-H+B	0.00	N/A *
06/28	1100	PJC	Phosphorous, Total (as P)	7.470	mg/L	HACH 10209	4.53	103.2 *
06/21	1000	PJC	Solids, Total Suspended	< 2.5	mg/L	SM 2011 2540 D	0.00	N/A *
06/20	1720	TMO	Fecal Coliform	72.7	/100ml	06/2012 Colilert18	0.00	N/A
06/21	0700	DWC	BOD, Carbonaceous	< 2.00	mg/L	SM 2011 5210 B	0.00	100.0 *

\* 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

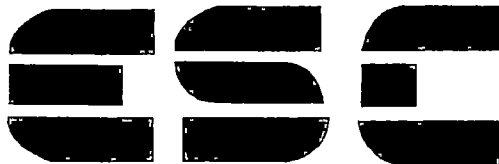
13715 West Markham

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

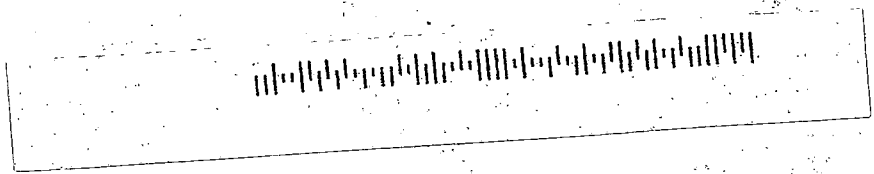
Phone: 501-221-2565

Fax: 501-221-1341

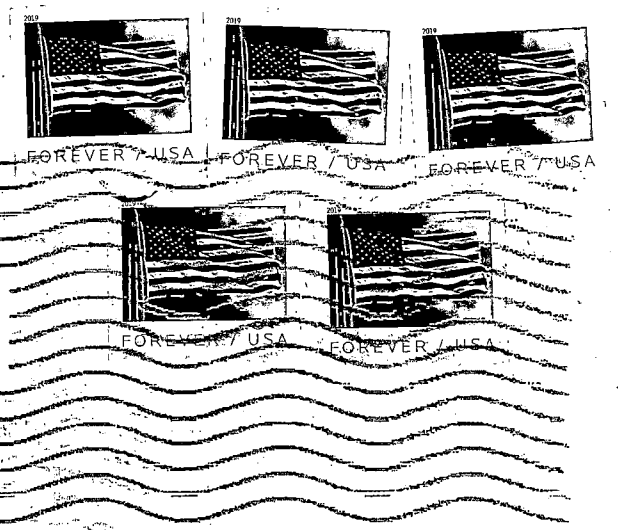
### CHAIN OF CUSTODY

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 Rogers, AR 72758			Purchase Order #:																
Phone:	479-619-8450			Work Order #:		111816-AEG2														
Fax:	rhames@nwark.com			Sampler Name(s):		Timothy O'Neal														
Contact:	Mr. Rusty Hames			and Signature(s):																
ESC Client Number:	3859 Monthly																			
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Final Effluent	1906010105	6-20-19	1035	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:			Used?	Intact?								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:			Regular	Special								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:			Yes	No								
Comments:		Site Address: 1364 Cane Island Road Flippin, AR 72634				Flow Data	Field Test	Time	Analyst	Result	Result	Units								
						pH:	1039	TMO	7.3	7.3	SU									
						Fecal Start:	1720	TMO	This Document is Page 1 of 1											

GCD  
P.O. Box 9299  
Fayetteville, AR 72703



NWA P&DF 72701  
TUE 02 JUL 2019 PM



ADEQ Water Division  
Permits Branch  
5301 Northshore Dr  
N Little Rock, AR 72118-5317

