

ENVIRONMENTAL RESOURCE TECHNOLOGIES, LLC

131 Arlington St.
Ada, OK 74820
(580) 332-8808 Phone (580) 421-9110 Fax
EPA Laboratory Code: OK00921
ODEQ State ID No. 8304 9915

Client Name: **City of Hartshorne**

Report Date: 11/02/18

QUALITY CONTROL REPORT

| Sample Date | Parameter | Methods | Sample RL (mg/L) | RPD % | Blank mg/L | Spike % Recovery | Standard % Recovery |
|-------------|-----------------|----------------|------------------|-------|------------|------------------|---------------------|
| 10/11/08 | CBOD 5 | SM 5210-B | 2.0 | 4.17 | 0.1 | NA | 92.6 |
| | pH | SM 4500-HB | 0.1 | 0.00 | NA | NA | 100 |
| | TSS | SM 2540-D | 2.0 | 3.92 | BDL | NA | 99.6 |
| | NH ₃ | EPA 350.1 | 0.100 | 2.64 | BDL | 94.9 | 98.4 |
| 10/18/18 | CBOD 5 | SM 5210-B | 2.0 | 0.00 | 0.0 | NA | 90.7 |
| | pH | SM 4500-HB | 0.1 | 0.287 | NA | NA | 99.7 |
| | TSS | SM 2540-D | 2.0 | 0.00 | BDL | NA | 97.4 |
| | NH ₃ | EPA 350.1 | 0.100 | 0.34 | BDL | 70.7* | 105 |
| 10/25/18 | CBOD 5 | SM 5210-B | 2.0 | 3.36 | 0.0 | NA | 90.6 |
| | pH | SM 4500-HB | 0.1 | 0.00 | NA | NA | 100 |
| | TSS | SM 2540-D | 2.0 | 0.00 | BDL | NA | 98.1 |
| | NH ₃ | EPA 350.1 | 0.100 | 0.955 | BDL | 97.1 | 100 |
| | E. coli | SM 9223-B 2004 | 1 | NA | 0 | NA | NA |
| 10/18/18 | E. coli | SM 9223-B 2004 | 1 | NA | 0 | NA | NA |

RL = Reporting Limit
BDL = Analyte Detected Below RL

* = Outside of Control Limits


Laboratory Personnel

Analytical Laboratory * Environmental Consulting

Environmental Resource Technologies

131 Arlington St. Ada, Oklahoma 74820
 Phone (580) 332-8808 Fax (580) 421-9110

CHAIN OF CUSTODY

Client Name: HARTSHORNE

PROJECT NAME: _____

| Lab Log # | Date Sample Taken | Time Sample Taken | Matrix Water (W) Soil (S) Sludge (SI) Other | G R A B | C O M P | Client I.D. Sample Location | Temp C, F | No. of Container (p)=plastic (g)=glass | Size of Container 1L, 500mL, 250mL, etc. | Analysis Requested | Sample Presv. |
|-----------|-------------------|-------------------|---|------------------|------------------|--------------------------------|--------------|---|---|-----------------------|--------------------------------|
| 001810282 | 10/11/18 | 0700 | Water (W) | X | | Effluent | | 1 (p) | 1 L | CBOD | |
| | 10/11/18 | 0800 | Water (W) | X | | Effluent | | 1 (p) | 1 L | TSS | |
| | 10/11/18 | 0900 | Water (W) | X | | Effluent | | 1 (p) | 250mL | NH ₃ | H ₂ SO ₄ |
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Comments:

Red on ice = 6 sc

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|-----------------------|-------------------|------------|-----------------|--------------|--------------------|------------|-----------------|---------------------|--------------------|------------|-----------------|---------------------|--------------------|------------|-----------------|---------------------|--------------------|------------|-----------------|---------------------|--------------------|------------|-----------------|---------------------|--------------------|
| Sampled By: | <i>Rep Mickie</i> | Date/Time: | <i>10/11/18</i> | Received By: | <i>[Signature]</i> | Date/Time: | <i>10-11-18</i> | Received at Lab By: | <i>[Signature]</i> | Date/Time: | <i>10-11-18</i> | Received at Lab By: | <i>[Signature]</i> | Date/Time: | <i>10-11-18</i> | Received at Lab By: | <i>[Signature]</i> | Date/Time: | <i>10-11-18</i> | Received at Lab By: | <i>[Signature]</i> | Date/Time: | <i>10-11-18</i> | Received at Lab By: | <i>[Signature]</i> |
| Reinquired By: | | Date/Time: | | Received By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | |
| Reinquired to Lab By: | | Date/Time: | | Received By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | | Date/Time: | | Received at Lab By: | |

Report To: _____ Send Invoice To: _____

Address: _____ Address: _____

Phone/Fax Number: _____ Phone/Fax Number: _____

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Ada, OK 74820

(580) 332-8808 Phone (580) 421-9110 Fax

EPA Laboratory Code: OK00921

ODEQ State ID No. 8304 9915

Client Name: **City of Hartshorne**

Dates Received: **10/11/18**
10/18/18
10/25/18

Report Date: 11/02/18


- CERTIFICATE OF ANALYSIS -

| ERT Lab Log # | Sample ID | Date Sampled | Analysis | | Analyzed | | Results | Units | RL | Method |
|---------------|-----------------|-----------------|----------|-------|----------|-----------------|-------------|-----------|-------|----------------|
| | | | Date | Time | By | Parameter | | | | |
| WW1810282 | Effluent | 10/11/08 | 10/12/18 | 15:15 | LH | CBOD 5 | BDL | mg/L | 2.0 | SM 5210-B |
| | | | 10/11/18 | 16:15 | LH | (Lab) pH | 7.34 | S.U. | 0.1 | SM 4500-HB |
| | | | 10/16/18 | 16:35 | LH | TSS | 51.0 | mg/L | 2.0 | SM 2540-D |
| | | | 10/20/18 | 13:45 | JER | NH-3 (N) | BDL | mg/L | 0.100 | EPA 350.1 |
| WW1810415 | Effluent | 10/18/18 | 10/19/18 | 09:00 | LH | CBOD 5 | BDL | mg/L | 2.0 | SM 5210-B |
| | | | 10/19/18 | 06:30 | LH | (Lab) pH | 7.28 | S.U. | 0.1 | SM 4500-HB |
| | | | 10/24/18 | 15:30 | LH | TSS | 19.3 | mg/L | 2.0 | SM 2540-D |
| | | | 10/26/18 | 15:37 | JER | NH-3 (N) | BDL | mg/L | 0.100 | EPA 350.1 |
| WW1810528 | Effluent | 10/25/18 | 10/26/18 | 16:20 | LH | CBOD 5 | BDL | mg/L | 2.0 | SM 5210-B |
| | | | 10/26/18 | 08:05 | LH | (Lab) pH | 6.96 | S.U. | 0.1 | SM 4500-HB |
| | | | 10/30/18 | 12:20 | LH | TSS | 9.33 | mg/L | 2.0 | SM 2540-D |
| | | | 10/31/18 | 16:27 | JER | NH-3 (N) | BDL | mg/L | 0.100 | EPA 350.1 |
| | | | 10/25/18 | 15:21 | CB | E. coli | 23.3 | MPN/100mL | 1 | SM 9223-B 2004 |
| WW1810419 | Effluent | 10/18/18 | 10/18/18 | 16:41 | CB | E. coli | 20.3 | MPN/100mL | 1 | SM 9223-B 2004 |

RL = Reporting Limit

BDL = Analyte Detected Below RL

JER =Subcontracted to ODEQ State ID 9915


Laboratory Personnel

Environmental Resource Technologies

131 Arlington St. Ada, Oklahoma 74820
 Phone (580) 332-8803 Fax (580) 421-9110

CHAIN OF CUSTODY

Client Name: HARTSHORNE

PROJECT NAME: _____

| Lab Log # | Date Sample Taken | Time Sample Taken | Matrix: Water (W) Soil (S) Sludge (Sl) Other | G R A B | | | | C O M P | Client I.D. Sample Location | Temp C, F | No. of Container (p)=plastic (g)=glass | Size of Container 1L, 500mL, 250mL, etc. | Analysis Requested | Sample Presv. |
|-----------|-------------------|-------------------|--|---------|---|---|---|------------------|--------------------------------|--------------|---|---|--------------------------------|------------------|
| | | | | X | X | X | X | | | | | | | |
| 10/18/18 | 10/18/18 | 1300 | Water (W) | X | | | | | | 1 (p) | 1 L | CBOD | | |
| ↓ | 10/18/18 | 1300 | Water (W) | X | | | | | | 1 (p) | 1 L | TSS | | |
| | 10/18/18 | 1300 | Water (W) | X | | | | | | 1 (p) | 250mL | NH ₃ | H ₂ SO ₄ | |
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Comments:

held on ice 46 °C

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|--|---------------------------------|--|---------------------------------|
| Sampled By: <u>Roy Mickle</u> | Date/Time: <u>10/18/18/1345</u> | Received By: <u>[Signature]</u> | Date/Time: <u>10-18-18</u> |
| Relinquished By: | Date/Time: | Received By: | Date/Time: |
| Relinquished to Lab By: <u>[Signature]</u> | Date/Time: <u>10-18-18 1627</u> | Received at Lab By: <u>[Signature]</u> | Date/Time: <u>10-18-18 1627</u> |

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Environmental Resource Technologies

13526 CR 3630 / 131 Arlington Ada, Oklahoma 74820
 Phone (580) 332-8808 Fax (580) 421-9110

CHAIN OF CUSTODY

Client Name: Hantshorne

Project Name: _____

| Lab Log # | Date Sample Taken | Time Sample Taken | Matrix Water (W) Soil (S) Sludge (Sl) Other | G R A B | C O M P | Client I.D. Sample Location | Temp C, F | No. of Container (p)=plastic (g)=glass | Analysis Requested | Sample Presv. |
|------------|-------------------|-------------------|---|------------------|------------------|--------------------------------|--------------|---|-----------------------|------------------|
| 1001810419 | 10/18/18 | 1330 | | X | | Effluent | | | ecoli | |
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Comments: held on ice 4°C

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|--|---------------------------------|--|---------------------------------|
| Sampled By: <u>Roy Mickel</u> | Date/Time: <u>10/18/18 1345</u> | Received By: <u>[Signature]</u> | Date/Time: <u>10-18-18 1345</u> |
| Relinquished By: | Date/Time: | Received By: | Date/Time: |
| Relinquished to Lab By: <u>[Signature]</u> | Date/Time: <u>10-18-18 1627</u> | Received at Lab By: <u>[Signature]</u> | Date/Time: <u>10-18-18 1627</u> |

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CHAIN OF CUSTODY

Client Name: HARTSHORNE

PROJECT NAME :

| Lab Log # | Date Sample Taken | Time Sample Taken | Matrix: Water (W) Soil (S) Sludge (Sl) Other | G R A B | C O M P | Client I.D. Sample Location | Temp C, F | No. of Container (p)=plastic (g)=glass | Size of Container 1L, 500mL, 250mL, etc. | Analysis Requested | Sample Presv. |
|-----------|-------------------|-------------------|--|------------------|------------------|--------------------------------|--------------|---|---|-----------------------|--------------------------------|
| ww1810528 | 10/25/18 | 0900 | Water (W) | X | | Effluent | | 1 (p) | 1 L | CBOD | |
| | 10/25/18 | 0900 | Water (W) | X | | Effluent | | 1 (p) | 1 L | TSS | |
| | 10/25/18 | 0900 | Water (W) | X | | Effluent | | 1 (p) | 250mL | NH ₃ | H ₂ SO ₄ |
| | 10/25/18 | 0900 | Water | X | | Effluent | | 1 p | 125ml | ecoli | |

Comments:

Refrigerate < 6°C

| | | | |
|---|------------------------|---|------------------------|
| Sampled By: <i>Roy Mickle</i> | Date/Time: 10/25/18 | Received By: <i>[Signature]</i> | Date/Time: 10-25-18 |
| Relinquished By: | Date/Time: | Received by Lab By: | Date/Time: |
| Relinquished to Lab By: <i>[Signature]</i> | Date/Time: 10-25-18 | Received by Lab By: <i>[Signature]</i> | Date/Time: 10-25-18 |

Report To:

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Phone/Fax Number:

**National Pollutant Discharge Elimination System (NPDES)
Oklahoma Department of Environmental Quality Discharge Monitoring Report (DMR)**

PERMITTEE NAME: Hartshorne, City of
 MAILING 1101 Penn Ave
 ADDRESS: Hartshorne, OK 74547
 FACILITY: CITY OF HARTSHORNE
 LOCATION: 1101 Penn Ave
 Hartshorne, OK 74547

PERMIT NUMBER: **OK0022861**
 MONITORING POINT:
 001A

COUNTY:

Pittsburg

Monitoring Period : 2018-10-01 To: 2018-10-31

NO DISCHARGE FROM SITE:

()

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--|---------------------|-------|--|---------|---------|-----------------------|-----------------|
| OXYGEN, DISSOLVED (DO) | Sample Measurement | ***** | | 3.9 | | 1 | Daily | GRAB |
| PARAM CODE: 00300 | Permit Requirement | ***** | | 4 | | | Daily | GRAB |
| Stage Code: 1 | | | | Monthly Minimum | | | | |
| Effluent Gross | | | | 6.7 | | 0 | Daily | GRAB |
| PH | Sample Measurement | ***** | | 6.5 | | | Daily | GRAB |
| PARAM CODE: 00400 | Permit Requirement | ***** | | Minimum | | | Daily | GRAB |
| Stage Code: 1 | | | | ***** | | | Daily | GRAB |
| Effluent Gross | | | | 49.7 | | 1 | Three Per Month | COMP-3 |
| SOLIDS, TOTAL SUSPENDED | Sample Measurement | ***** | | ***** | | | Three Per Month | COMP-3 |
| PARAM CODE: 00530 | Permit Requirement | ***** | | 62.6 | 26 | | Three Per Month | COMP-3 |
| Stage Code: 1 | | | | Monthly Average | lbs/day | | Three Per Month | COMP-3 |
| Effluent Gross | | | | < 0.201 | | 0 | Three Per Month | COMP-3 |
| NITROGEN, AMMONIA TOTAL (AS N) | Sample Measurement | ***** | | ***** | | | Three Per Month | COMP-3 |
| PARAM CODE: 00610 | Permit Requirement | ***** | | 16.68 | 26 | | Three Per Month | COMP-3 |
| Stage Code: 1 | | | | Monthly Average | lbs/day | | Three Per Month | COMP-3 |
| Effluent Gross | | | | 0.192 | | 0 | Three Per Month | COMP-3 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | Sample Measurement | 0.385 | 03 | ***** | MGD | | Daily | INSTAN |
| PARAM CODE: 50050 | Permit Requirement | Report | | ***** | | | Daily | INSTAN |
| Stage Code: 1 | | Maximum Daily | | ***** | | | Three Per Month | COMP-3 |
| Effluent Gross | | ***** | | < 4.0 | | 0 | Three Per Month | COMP-3 |
| BOD, CARBONACEOUS 05 DAY, 20C | Sample Measurement | ***** | | ***** | | | Three Per Month | COMP-3 |
| PARAM CODE: 80082 | Permit Requirement | 41.7 | 26 | ***** | lbs/day | | Three Per Month | COMP-3 |
| Stage Code: 1 | | Monthly Average | | 10 | | | Three Per Month | COMP-3 |
| Effluent Gross | | ***** | | Monthly Average | | | Three Per Month | COMP-3 |
| Name/Title of Principal Executive Officer Or Authorized Agent | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | Signature of Principal Executive Officer Or Authorized Agent | | | Telephone No | Date (MM/DD/YY) |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | | |