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

Client Name: **City of Hartshorne**

Dates Received: **01/03/19**
01/10/19
01/17/19
01/24/19
01/31/19

Report Date: 02/01/19

- CERTIFICATE OF ANALYSIS -

ERT Lab Log #	Sample ID	Date Sampled	Analysis Date	Time	Analyzed By	Parameter	Results	Units	RL	Method
WW1901225	**Effluent**	**01/10/19**	01/11/19	11:15	LH	**BOD 5**	**BDL**	mg/L	2.0	SM 5210-B
			01/11/19	06:30	LH	**(Lab) pH**	**6.70**	S.U.	0.1	SM 4500-HB
			01/17/19	06:30	LH	**TSS**	**3.18**	mg/L	2.0	SM 2540-D
			01/10/19	16:03	CB	**E. coli**	**BDL**	MPN/100mL	1	SM 9223-B 2004
WW1901361	**Effluent**	**01/17/19**	01/18/19	11:30	LH	**BOD 5**	**BDL**	mg/L	2.0	SM 5210-B
			01/17/19	17:10	LH	**(Lab) pH**	**6.94**	S.U.	0.1	SM 4500-HB
			01/21/19	13:50	LH	**TSS**	**6.25**	mg/L	2.0	SM 2540-D
			01/17/19	17:09	CB	**E. coli**	**BDL**	MPN/100mL	1	SM 9223-B 2004
WW1901456	**Effluent**	**01/24/19**	01/25/19	16:30	LH	**BOD 5**	**BDL**	mg/L	2.0	SM 5210-B
			01/24/19	15:40	LH	**(Lab) pH**	**6.86**	S.U.	0.1	SM 4500-HB
			01/30/19	06:15	LH	**TSS**	**3.73**	mg/L	2.0	SM 2540-D
			01/24/19	15:51	CB	**E. coli**	**BDL**	MPN/100mL	1	SM 9223-B 2004
WW1901097	**Effluent**	**01/03/19**	01/03/19	16:26	CB	**E. coli**	**49.6**	MPN/100mL	1	SM 9223-B 2004
WW1901544	**Effluent**	**01/31/19**	01/31/19	15:29	CB	**E. coli**	**BDL**	MPN/100mL	1	SM 9223-B 2004

RL = Reporting Limit
BDL = Analyte Detected Below RL

Laboratory Personnel

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QUALITY CONTROL REPORT

Sample Date	Parameter	Methods	Sample RL (mg/L)	RPD %	Blank mg/L	Spike % Recovery	Standard % Recovery
01/10/19	BOD 5	SM 5210-B	2.0	0.00	0.1	NA	94.8
	pH	SM 4500-HB	0.1	0.00	NA	NA	99.4
	TSS	SM 2540-D	2.0	0.00	BDL	NA	98.1
	E. coli	SM 9223-B 2004	1	NA	NA	NA	NA
01/17/19	BOD 5	SM 5210-B	2.0	0.00	0.0	NA	93.9
	pH	SM 4500-HB	0.1	0.129	NA	NA	100
	TSS	SM 2540-D	2.0	2.53	BDL	NA	97.2
	E. coli	SM 9223-B 2004	1	NA	NA	NA	NA
01/24/19	BOD 5	SM 5210-B	2.0	1.45	0.0	NA	91.7
	pH	SM 4500-HB	0.1	0.265	NA	NA	99.1
	TSS	SM 2540-D	2.0	2.60	BDL	NA	99.5
	E. coli	SM 9223-B 2004	1	NA	NA	NA	NA
01/03/19	E. coli	SM 9223-B 2004	1	NA	NA	NA	NA
01/31/19	E. coli	SM 9223-B 2004	1	NA	NA	NA	NA

RL = Reporting Limit
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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.
1901097	1/3/19	0900	Water (W)	X		Effluent		1(p)	125mL	E. Coli (MPN/100mL)	$Na_2S_2O_3$

Comments:

Rec'd on ice 2.6°C

Sampled By: Roy Mickle	Date/Time: 1/3/19 0945	Received By:	Date/Time: 1-3-19 0945
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished to Lab By:	Date/Time: 1-3-19 1603	Received at Lab By:	Date/Time: 1-3-19 1603

Report To:	Send Invoice To:
Address:	Address:
Phone/Fax Number:	Phone/Fax Number:

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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	GRAB	COMP	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.
WW1901225	1/10/19	0900	Water (W)	X		Effluent		1 (p)	1 L	BOD	
↓	1/10/19	0900	Water (W)	X		Effluent		1 (p)	1 L	TSS	
↓	1/10/19	0900	Water (W)	X		Effluent		1(p)	125mL	E. Coli (MPN/100mL)	$Na_2S_2O_3$

Comments:

Rec'd on ice <6°C

Sampled By: Roy Mickle	Date/Time: 1/10/19 / 0940	Received By: [signature]	Date/Time: 0940 1-10-19
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished to Lab By: [signature]	Date/Time: 1526 1-10-19	Received at Lab By: Lisa Hudson	Date/Time: 1-10-19 1526

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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	GRAB	COMP	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.
WW1901361	1/17/19	1300	Water (W)	X		Effluent		1 (p)	1 L	BOD	
	1/17/19	1300	Water (W)	X		Effluent		1 (p)	1 L	TSS	
	1/17/19	1300	Water (W)	X		Effluent		1(p)	125mL	E. Coli (MPN/100mL)	$Na_2S_2O_3$

Comments:

Rec'd on ice <6°C

Sampled By: Roy Mickle	Date/Time: 1/17/19 / 1300	Received By: [signature]	Date/Time: 1/17-19 1300
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished to Lab By: [signature]	Date/Time: 1600 1-17-19	Received at Lab By: [signature]	Date/Time: 1-17-19 1600

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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	GRAB	COMP	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.
W01901456	1/24/19	0900	Water (W)	X		Effluent		1 (p)	1 L	BOD	
	1/24/19	0900	Water (W)	X		Effluent		1 (p)	1 L	TSS	
	1/24/19	0900	Water (W)	X		Effluent		1(p)	125mL	E. Coli (MPN/100mL)	$Na_2S_2O_3$

Comments:

Rec'd on ice <6°C

Sampled By: Roy Mickle	Date/Time: 1/24/19 0922	Received By:	Date/Time: 1-24-19 0922
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished to Lab By:	Date/Time: 1-24-19 1444	Received at Lab By: Lisa Henderson	Date/Time: 1-24-19 1444

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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	GRAB	COMP	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.
W19015444	1/31/19	0900	Water (W)	X		Effluent		1(p)	125mL	E. Coli (MPN/100mL)	$Na_2S_2O_3$

Comments:

Received on Ice <6°C

Sampled By: Roy Mickle	Date/Time: 1/31/19 / 0920	Received By: [signature]	Date/Time: 1-31-19 0920
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished to Lab By: [signature]	Date/Time: 1442 1-31-19	Received at Lab By: [signature]	Date/Time: 1-31-19 14:42

Report To:	Send Invoice To:
Address:	Address:
Phone/Fax Number:	Phone/Fax Number:

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

PERMITTEE NAME: Hartshorne, City of
PERMIT NUMBER: *OK0022861*
MAILING ADDRESS: 1101 Penn Ave, Hartshorne, OK74547
MONITORING POINT: 001A
COUNTY: Pittsburg
FACILITY: CITY OF HARTSHORNE
LOCATION: 1101 Penn Ave, Hartshorne, OK 74547
Monitoring Period : 2019-01-01To: 2019-01-31
NO DISCHARGE FROM SITE: ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
OXYGEN, DISSOLVED (DO)	Sample Measurement	*****	*****		6.0	*****	*****	19 mg/l	0	Daily	GRAB
PARAM CODE: 00300 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		4 Monthly Minimum	*****	*****			Daily	GRAB
BOD, 5-DAY (20 DEG. C)	Sample Measurement	< 2.7	*****	26 lbs/day	*****	< 2.0	< 2.0	19 mg/l	0	Three Per Month	GRAB
PARAM CODE: 00310 Stage Code: 1 Effluent Gross	Permit Requirement	83.4 Monthly Average	*****		*****	20 Monthly Average	30 Weekly Average			Three Per Month	GRAB
PH	Sample Measurement	*****	*****		6.9	*****	7.5	12 S.U.	0	Daily	GRAB
PARAM CODE: 00400 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		6.5 Minimum	*****	9 Maximum			Daily	GRAB
SOLIDS, TOTAL SUSPENDED	Sample Measurement	6.74	*****	26 lbs/day	*****	4.99	6.25	19 mg/l	0	Three Per Month	GRAB
PARAM CODE: 00530 Stage Code: 1 Effluent Gross	Permit Requirement	125 Monthly Average	*****		*****	30 Monthly Average	45 Weekly Average			Three Per Month	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	0.193	0.410	03 MGD	*****	*****	*****		0	Daily	INSTAN
PARAM CODE: 50050 Stage Code: 1 Effluent Gross	Permit Requirement	Report Monthly Average	Report Maximum Daily		*****	*****	*****			Daily	INSTAN

Name/Title of Principal Executive Officer Or Authorized Agent	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)