

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

PERMITTEE NAME

Waterford Estates at Hissom Ranch POA

PERMITTEE ADDRESS

3567 W New Hope Rd
Rogers, AR 72756

FACILITY NAME (IF DIFFERENT)

Waterford Estates at Hissom Ranch POA

FACILITY ADDRESS

2323 Bowen Blvd
Fayetteville AR 72703

PERMIT NO.

4815-WR-4

AFIN NO.

72-00974

WASTEWATER EFFLUENT MONITORING PERIOD

MM/DD/YYYY

4/1/2018

MM/DD/YYYY

4/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.982321	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.037786	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	6.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	2.8	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	44	colonies/100ml		
pH	6.0 - 9.0	7.7	s.u.		
Total Phosphorus (TP)	REPORT	8.8	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	70.5	mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT	62.2	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	0.6	mg/l		
Plant Available Nitrogen (PAN)	REPORT	65.3	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Kathy Bartlett

TYPED OR PRINTED

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.

Kenneth Regey
SIGNATURE OF PRINCIPAL
EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TELEPHONE

(479) 530-5926

DATE

5/10/2018

MM/DD/YYYY

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: 1804020186

Customer Name : WATERFORD UTILITY, LLC

Customer/Permit No. : 1886 / 4815-WR-4

Report Date : 05/04/18

Sample Date : 04/18/18

Sample Time : 0855

Sample Type : GRAB WATERFORD

Sample From : DOSE TANK EFFLUENT

Collected By: JCB

Delivery By : JCB

Work Order :

Purchase Order :

Laboratory Analysis

Analysis							Precision	Accuracy	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	% RPD	% Recovery
04/19	1015	TSB	Ammonia Nitrogen	62.2 mg/L			SM 1997 4500-NH3 F	1.94	103.0 *
05/02	1100	VLP	Total Kjeldahl Nitrogen	70.5 mg/L			02/2014 HACH 10242	10.14	88.0 *
04/18	0815	JCB	pH	7.7 S.U.			SM 2000 4500-H+ B	0.00	N/A *
04/23	1300	TSB	Phosphorous, Total (as P)	8.8 mg/L			EPA 365.3	0.00	110.0 *
04/24	1600	AEU	Solids, Total Suspended	2.8 mg/L			SM 1997 2540 D	16.73	N/A *
04/18	1800	CLS	Coliform, Fecal	44 /100ml			SM 9222 D 1997	22.22	N/A *
04/18	1400	TSB	BOD, Carbonaceous	6.1 mg/L			SM 2001 5210 B	3.13	115.0 *
04/24	1100	TSB	Nitrate + Nitrite	0.6 mg/L			01/2013 HACH 10206	0.00	100.0 *
05/04	1255	VLP	Nitrogen, Plant Available	65.3 mg/L			SM 1997 4500-N		
04/18	0855	JCB	Sample Collection/Travel	1 each					

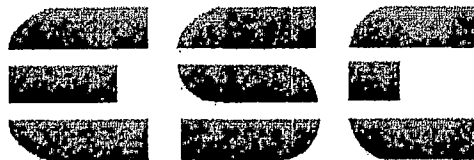
* QA data shown is from a different sample or standard on the same date.

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.
Northwest Arkansas
1107 Century Street
Springdale, Arkansas 72762
website: www.esclabs.com



Corporate Office, Little Rock, Arkansas
501-221-2565

Carlsbad, New Mexico
575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters					
Company Name: Waterford Estates				Permit/Project #: _____						<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">pH(23)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">F. Coliform(43)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28), PAN(99.99)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">NH3(15.A), Phos(25)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TKN(16.A), N+N(91)</div> </div>					
Address: 1695 Electric Avenue				Purchase Order #: _____											
Springdale AR 72764															
Telephone: (479)751-8868				Sampler Name(s): <i>John Byrd</i>											
FAX: (479)757-7650				and Signature(s): <i>John Byrd</i>											
ESC Client Number: 1886															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	F. Coliform(43)	CBOD(70), TSS(28), PAN(99.99)	NH3(15.A), Phos(25)	TKN(16.A), N+N(91)	
Dose Tank/Effluent	1804030186	4/18/18	855	Grab	Water	Teflon	150 ml	none	1	x					
Waterford Estates	I	I	I	Grab	Water	whirlpak	300 ml	none/ice	1		x				
				Grab	Water	Plastic	1/2 gal	none/ice	1			x			
				Grab	Water	Plastic	8 oz	H2SO4, pH <2	1				x	x	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:							
<i>John Byrd</i> John Byrd		4/18/18	1050					Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:							
								Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:							
				<i>Chris Steger</i>		4/18/18	1050	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units			
				Analyst:		pH:		855	SCB	77	77				
				Time:		Temp.:		I	I	16.9	16.9	°F			
				Reading:		DO:									
				Units:		Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1					

April 2018 WATERFORD ESTATES LOADING RATES 37,786 Max Day

Zone Identification	GPD/sq 2
Zone 1A	3,136
Zone 1B	2,985
Zone 2A	2,985
Zone 2B	2,834
Zone 3A	2,985
Zone 3B	2,985
Zone 4A	2,985
Zone 4B	2,985
Zone 5A	3,306
Zone 5B	3,461
Zone 6A	3,306
Zone 6B	3,779