

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

**PERMITTEE NAME**

Goshen POID #2

**PERMITTEE ADDRESS**

3838 Oaklawn Drive Suite 920  
 Dallas TX 75219

**FACILITY NAME (IF DIFFERENT)**

Waterford estates at Hissom Ranch

**FACILITY ADDRESS**

2323 Bowen Blvd  
 Fayetteville AR 72703

**PERMIT NO.**

4815-WR-4

**AFIN NO.**


72-00974

**WASTEWATER EFFLUENT MONITORING PERIOD**

MM/DD/YYYY		MM/DD/YYYY
4/1/2016		4/30/2016

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.79127	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.029697	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	7.2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	12	mg/l		
Fecal Colliform Bacteria (FCB)	2,000	496	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Phosphorus (TP)	REPORT	8.3	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	61.6	mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT	60.6	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	0.8	mg/l		
Plant Available Nitrogen (PAN)	REPORT	61.7	mg/l		
Loading Rate	REPORT	see attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION		TELEPHONE	DATE
	SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR	 <b>SIGNATURE OF PRINCIPAL</b> <b>EXECUTIVE OFFICER OR</b> <b>AUTHORIZED AGENT</b>	(479) 530-5926	5/5/2016
Kathy Bartlett	OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND			
TYPED OR PRINTED	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.			MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

WATERFORD ESTATES LOADING RATES

Zone Identification	GPD/sq 2
Zone 1A	2,465
Zone 1B	2,346
Zone 2A	2,346
Zone 2B	2,227
Zone 3A	2,346
Zone 3B	2,346
Zone 4A	2,346
Zone 4B	2,346
Zone 5A	2,598
Zone 5B	2,720
Zone 6A	2,598
Zone 6B	2,970

# 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: 1604020236  
Customer Name : GREENFIELD CAP DEV-WATERFORD  
Customer/Permit No. : 1886 / 4815-WR-4  
Report Date : 04/27/16

Sample Date : 04/20/16  
Sample Time : 1100  
Sample Type : GRAB WATERFORD  
Sample From : DOSE TANK EFFLUENT

Collected By: VLP  
Delivery By : VLP  
Work Order :  
Purchase Order :

## Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
04/25	0900	CLS	Ammonia Nitrogen	60.6 mg/L			SM 1997 4500-NH3 F	2.84
04/27	0900	TSB	Kjeldahl Nitrogen Total	61.60 mg/L			SM 1997 4500-NorgB	5.00
04/20	1105	VLP	pH	6.8 S.U.			SM 2000 4500-H+ B	0.00
04/24	2330	CLS	Phosphorous, Total (as P)	8.3 mg/L			EPA 365.3	0.00
04/20	1730	VLP	Solids, Total Suspended	12.0 mg/L			SM 1997 2540 D	11.76
04/20	1605	TSB	Coliform, Fecal	496 /100ml			SM 9222 D 1997	0.00
04/20	1320	TSB	BOD, Carbonaceous	7.2 mg/L			SM 2001 5210 B	10.20
04/25	1200	CLS	Nitrate + Nitrite	0.8 mg/L			SM 2000 4500-NO3 E	1.17
04/28	1100	TSB	Nitrogen, Plant Available	61.7 mg/L			SM 1997 4500-N	
								% Recovery
								101.4 *
								97.9 *
								N/A *
								100.0
								N/A *
								N/A *
								94.8 *
								100.7 *

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

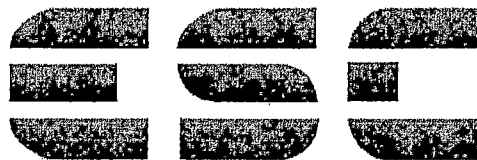
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature

*Richard Brown*

Environmental Services Co., Inc.

Environmental Services Company, Inc.  
Northwest Arkansas  
1107 Century Street  
Springdale, Arkansas 72762  
website: [www.esclabs.com](http://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 #:					pH(23)	F. Coliform(43)	CBOD(70), TSS(28), PAN(99.99)	NH3(15.A), Phos(25)	TKN(16.A), N+N(91)				
Address: 1695 Electric Avenue						Purchase Order #:													
Springdale AR 72764																			
Telephone: (479)751-8868						Sampler Name(s): V. L. Pate													
FAX: (479)757-7650						and Signature(s):													
ESC Client Number: 1886																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	1604020236	4/20/16	11:00	Grab	Water	Teflon	150 ml	none	1	x									
Waterford Estates				Grab	Water	whirlpak	300 ml	none/ice	1		x								
				Grab	Water	Plastic	1 qt	none/ice	1			x							
				Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH <2	1				x	x					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:											
V. L. Pate		4/20/16	12:10					Used? <input 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 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:											
				Damon Brooks		4/20/16	12:10	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units						
						Analyst:		pH:	11:09	9/27	6.8	6.8							
						Time:		Temp.:					°C °F						
						Reading:		DO:											
						Units:		Debris:											
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___									