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

PERMITTEE NAME Waterford Estates at Hisson Rai	nch POA	<u> </u>	FACILITY NAME (IF DIFFERENT) Waterford Estates at Hissom Ranch POA						
PERMITTEE ADDRESS 3567 W New Hope Rd Rogers, AR 72756			FACILITY ADDRESS 2323 Bowen Blvd 72-00974 Fayetteville AR 72703						
		WASTE MM/DD/YYYY	WATER EFFLUENT MO	OD					
		8/1/2017	8/1/2017 8/31/						
TREATED WASTEWATER EFFLUE	NT SAMPLING			* '&	The state of the s	u u	-\$5.		
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	R	Reporting		
Flow, Monthly total		REPORT	REPORT 0.900828 MG Total Flow per calendar month						
Flow, daily maximun		REPORT	0.039737	MGD	Daily				
Carbonaceous Biochemical Oxygen De	mand (CBOD5)	15	< 2	mg/l				•	
Total Suspended Solids (TSS)		15	< 2.5	mg/l					
Fecal Coliform Bacteria (FCB)		2,000	2,000 4 colonies/100ml Grab Sample of Samp		Grab Sample once per month				
рН		6.0 - 9.0				Prior to	the 15th of the		
Total Phosphorus (TP)		REPORT	6.6	mg/l		folio	owing Month		
Total Kjeldahl Nitrogen (TKN)		REPORT	No Report	mg/l					
Ammonia Nitrogen (NH3-N)		REPORT	No Report	mg/l					
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)		REPORT	No Report	mg/l	Grab sample once per quarter				
Plant Available Nitrogen (PAN)		REPORT	No Report	mg/l					
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PEN	NALTY OF LAW THAT I HAVE PERSONALLY	EXAMINED AND AM WITH TH	E INFORMATION	2 11		TELEPHONE	DATE	
	SUBMITTED HEREIN; A	AND BASED ON MY INQUIRY OF THOSE IN	IDIVIDUALS IMMEDIATELY RE	SPONSIBLE FOR	remet of Down				
	OBTAINING THE INFO	ORMATION, I BELIEVE THE SUBMITTED	INFORMATION IS TRUE, A	CCURATE, AND	SIGNATURE OF PRINCIPAL		(479) 530-	9/8/2017	
Kathy Bartlett	COMPLETE. I AM AWA	ARE THAT THERE ARE SIGNIFICANT PENAL	TIES FOR SUBMITTING FALS	EXECUTIVE OFFICER OR	5926				
TYPED OR PRINTED		IBILITY OF FINE AND IMPRISONMENT.			AUTHORIZED AGENT			MM/DD/YYYY	
COMMENTS AND EXPLANATION OF	F VIOLATIONS (Re	rerence all attachments here)							

Aug 2017 WATERFORD ESTATES LOADING RATES 39,737 Max Day							
Zone Identification	GPD/sq 2						
Zone 1A	3,298						
Zone 1B	3,139						
Zone 2A	3,139						
Zone 2B	2,980						
Zone 3A	3,139						
Zone 3B	3,139						
Zone 4A	3,139						
Zone 4B	3,139						
Zone 5A	3,477						
Zone 5B	3,640						
Zone 6A	3,477						
Zone 6B	3,974						

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: 1708020174

Customer Name : GREENFIELD CAP DEV-WATERFORD

Sample Date : 08/16/17 Sample Time : 0902

Collected By: AEU

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

Delivery By : AEU

Sample Type : GRAB WATERFORD

Work Order :

Report Date : 08/22/17

Sample From : DOSE TANK EFFLUENT

Purchase Order :

	Quality Assurance				
Analysis				Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity Method	% RPD	<pre>% Recovery</pre>
08/16 0906 AEU	pН	7.8 S.U.	SM 2000 4500-H+ B	0.00	N/A *
08/18 1500 TSB	Phosphorous, Total (as P)	6.6 mg/L	EPA 365.3	0.00	99.0 *
08/21 1200 JCB	Solids, Total Suspended	< 2.5 mg/L	SM 1997 2540 D	15.19	N/A *
08/16 1615 JCB	Coliform, Fecal	4 /100ml	SM 9222 D 1997	0.00	N/A *
08/16 1400 TSB	BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	0.00	91.1
08/16 0906 AEU	Sample Collection/Travel	1 each		1	

* 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.

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

CHAIN OF CUSTODY

Phone: 479-750	-1170	Fax: 479-750-1172		CF	IAIN C	OF CU	STO	DY											
Client Information				Project Information						Requested				Parameters					
Company Name: Waterford Estates			Permit/Project #:																
Address: 1695 Electric Avenue				Purchase	Purchase Order #:							i						ĺ	
		Springdale AR 727		•	1							h							
Telephone: (479)751-8868			 -	Sampler Name(s):		dr	imber Undawad				\bigcup					.			
FAX:		(479)757-7650		· · ·			7711	711000 00 0000000				7		28					
	···	(170)101 7000		······································							1	13)), TSS(28)						
ESC Client Nur	mbor:	1886	··	ano		and Signature(s):		de tem) H	_		,		ı
											-	€	F. Coliform(43)	CBOD(70),	Phos(25)				
	nple Iden	7 · · · · · · · · · · · · · · · · · · ·	Sample C					Sample Cor				pH(23)	8	100)SOL			•	ı
Identificat		ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preservative		#	효	ш	$\overline{\mathcal{O}}$	<u>a</u>	—		_	
Dose Tank/B	Effluent	1708020174	8/16/17	0902	Grab	Water	Teflon	150 ml	none	none		x							
Waterford E	states		<u> </u>		Grab	Water	whirlpak	300 ml	none/ice		1	L_	х						
					Grab	Water	Plastic	1 qt	none/ice		1	_		x					
					Grab	Water	Plastic	8 oz	H ₂ SO ₄ ,pH <2		1	l			x				
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1	/ /						<u> </u>									\dashv	\dashv	\dashv	
Relinquished By: (Signal	ure and Pfinted	Name)	Date	Time	Received By: (Signature and Printed Name) Date Time			e	Custody Seals:										
Relifiquished By: (Signature and Printed Name) Date Time		Time	Received Bur /Sir	Received By: (Signature and Printed Name) Di			Date	Time		Used? () Turnaround:				Intact?					
)				Date				gular X Special					ļ			
Relinquished By: (Signature and Printed Name) D		Date	Time	Received for ab By: ((Signature and		Printed Name)		College Pale				samples properly		operly					
Comments:			WINOCIOE	FLOW DA		Field Test		Analys		Resu	Yes	X Resu	111		No Units				
					Analyst:		pH:	0906		AEU 3		8 7.8							
						Time:		Temp.:	F	エ		25	7	25	Ξ	<u>(C)</u>		°F	
					· · · · · · · · · · · · · · · · · · ·	Reading: Units:		DO: Debris:					\dashv						
Cool all samples to 6 degrees C.							Chlorinated	? Yes No)		This	Doc	ume	nt is	Page	<u>, 1</u>	of <u>/</u>	\Box	