

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

PERMITTEE NAME
Goshen Municipal POID #2
PERMITTEE ADDRESS
3567 W New Hope Rd Rogers, AR 72756


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
8/1/2020		8/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	1,234,940	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.047,173	MGD	Daily	
Carbonaceous Blochemical Oxygen Demand (CBOD5)	15	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	3.7	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	4	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	8.18	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT	30	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 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.	<div style="text-align: center;">  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT </div>	TELEPHONE	DATE
Kathy Bartlett			(479) 530-5926	9/16/2020
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)				

August 2020 WATERFORD ESTATES LOADING RATES

Daily Max

47,173

Zone Identification

GPD/sq 2

Zone 1A

3,915

Zone 1B

3,727

Zone 2A

3,727

Zone 2B

3,604

Zone 3A

3,727

Zone 3B

3,727

Zone 4A

3,727

Zone 4B

3,727

Zone 5A

4,128

Zone 5B

4,321

Zone 6A

4,128

Zone 6B

4,717

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: 2008020063	Sample Date : 08/19/20	Collected By: HNS
Customer Name : WATERFORD UTILITY, LLC	Sample Time : 1230	Delivery By : HNS
Customer/Permit No. : 1886 / 4815-WR-4	Sample Type : GRAB	Work Order :
Report Date : 09/01/20	Sample From : DOSE TANK EFFLUENT	Purchase Order :

<u>Laboratory Analysis</u>						<u>Quality Assurance</u>	
<u>Analysis</u>						<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>
08/19	1232	HNS	pH	7.6 S.U.			SM 2011 4500-H+ B
08/24	1415	HNS	Phosphorous, Total (as P)	8.18 mg/L			EPA 365.3
08/24	0900	HNS	Solids, Total Suspended	3.7 mg/L			SM 2011 2540 D
08/19	1630	TWM	Fecal Coliform (MPN/100mL)	4.0 /100ml			06/2012 Colilert18
08/21	0730	TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B

<u>% RPD</u>	<u>% Recovery</u>
1.38	N/A *
1.39	104.0 *
14.81	N/A *
0.00	N/A *
0.00	84.0 *

* 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.

KNM

Environmental Services Company, Inc.
Northwest Arkansas
1107 Century Street
Springdale, Arkansas 72762
website: www.esclabs.com



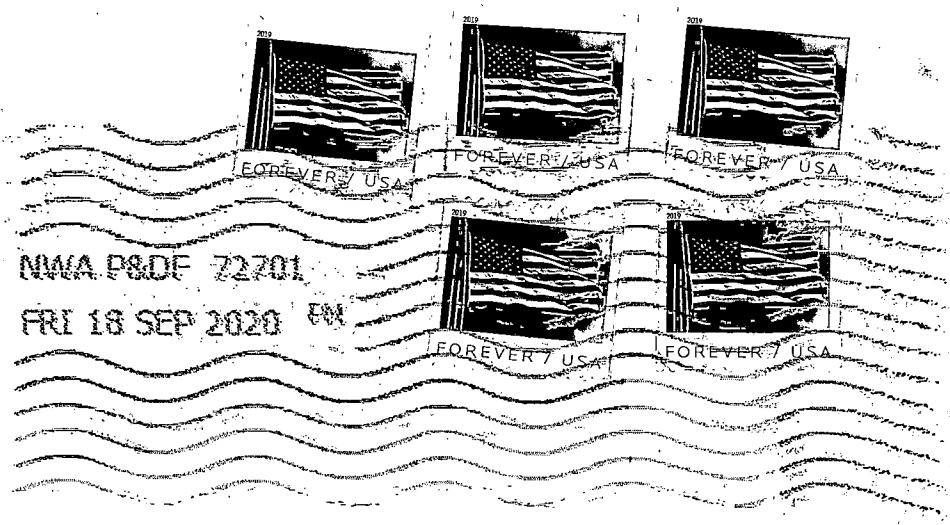
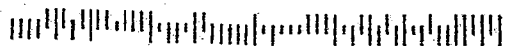
Corporate Office, Little Rock, Arkansas
501-221-2565


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 #:					CBOD (70), TSS (28)	T-Phos (25)	Fecal Coliform (43.1F)	pH (23)						
Address: 1695 Electric Avenue						Purchase Order #:														
Springdale AR 72764						Sampler Name(s): Hayden Smith														
Telephone: (479)751-8868						and Signature(s): Hayden Smith														
FAX: (479)757-7650																				
ESC Client Number: 1886																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	2068620043	8/19/20	1236	Grab	Water	Plastic	1/2 gal	None, Cool	1	X										
Dose Tank/Effluent	8-63	↓	↓	Grab	Water	Plastic	250 mL	H2SO4, pH < 2	1		X									
Dose Tank/Effluent	8-63	↓	↓	Grab	Water	Sterile	100 mL	Na2S2O3, Cool	1			X								
Dose Tank/Effluent	8-63	↓	↓	Grab	Water	Glass	8 oz	None	0				X							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
				Hayden Smith		8/19/20	1236	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:												
Hayden Smith		8/19/20	1600	HNS		8/19/20	1600	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA		Field Test		Time	Analyst	Result	Result	Units						
						Analyst:		pH:		1232	HNS	7.6	7.6	°C °F						
						Time:		Temp.:												
						Reading:		DO:												
HNS						Units:		Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___										



 **NWA Utility Services Inc**
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
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N Little Rock, AR 72118-5317