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

| PERMITTEE NAME  |                    |   | PERMIT NO                  | . 7              |                               |                          |             |  |  |  |
|---|--------------------|---|----------------------------|------------------|-------------------------------|--------------------------|-------------|--|--|--|
| Waterford Estates at Hisson Ra  | nch POA            |   | 4815-WR-4                  |                  |                               |                          |             |  |  |  |
| PERMITTEE ADDRESS   | S                  | -   | FACILITY ADDR              | ESS              |                               | AFIN NO.                 | 7           |  |  |  |
| 3567 W New Hope Rd  |                    | Transfer & A.P. Applicable Col., No. 1, No. | 2323 Bowen Bl              | vd               |                               | 72-00974                 |             |  |  |  |
| Rogers, AR 72756  |                    |   |                            | <del></del>      | _                             |                          |             |  |  |  |
|   | ]                  |   |                            |                  |                               |                          |             |  |  |  |
|   |                    | MM/DD/YYYY  | TEWATER EFFLUENT MC        | MM/DD/YYYY       | 7                             |                          |             |  |  |  |
|   |                    | 2/1/2017  |                            | 2/28/2017        |                               |                          |             |  |  |  |
| TREATED WASTEWATER EFFLUE   | NT SAMPLING        |   |                            |                  |                               |                          | ]           |  |  |  |
| PARAMETER   |                    | Limit   | Sample Measurement         | UNITS            | Monitoring                    | Reporting                |             |  |  |  |
| Flow, Monthly total   |                    | REPORT  | 0.751405                   | MG               | Total Flow per calendar month |                          | _           |  |  |  |
| Flow, dally maximun   |                    | REPORT  | 0.028561                   | MGD              | Daily                         |                          |             |  |  |  |
| Carbonaceous Biochemical Oxygen Demand (CBOD5)                                  |                    | 15  | < 2                        | mg/l             |                               |                          |             |  |  |  |
| Total Suspended Solids (TSS)  |                    | 15  | 12                         | mg/l             |                               |                          |             |  |  |  |
| Fecal Coliform Bacteria (FCB)   |                    | 2,000   | 32                         | colonies/100ml   | Grab Sample once per month    |                          |             |  |  |  |
| рН  |                    | 6.0 - 9.0   | 7.7                        | s.u.             |                               | Prior to the 15th of the |             |  |  |  |
| Total Phosphorus (TP)   |                    | REPORT  | 7.4                        | mg/l             |                               | following Month          |             |  |  |  |
| Total Kjeldahi Nitrogen (TKN)   |                    | REPORT  | No Report                  | mg/l             |                               |                          |             |  |  |  |
| Ammonia Nitrogen (NH3-N)  |                    | REPORT  | No Report                  | mg/l             | Grab sample once per quarter  |                          | 1           |  |  |  |
| Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N) |                    | REPORT  | No Report                  | mg/l             |                               |                          |             |  |  |  |
| 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 PE | NALTY OF LAW THAT I HAVE PERSONALI  | 5/                         | TELEPHONE        | DATE                          |                          |             |  |  |  |
|   | SUBMITTED HEREIN;  | AND BASED ON MY INQUIRY OF THOSE  | Ka the fill                |                  |                               |                          |             |  |  |  |
|   | ORTAINING THE INF  | ORMATION, I BELIEVE THE SUBMITTE  | James degung               | (479) 530-       | 3/14/2017                     |                          |             |  |  |  |
| Kathy Bartlett  | <u> </u>           |   | ·                          |                  | SIGNATURE OF PRINCIPAL        | . (479) 530-             |             |  |  |  |
|   | COMPLETE. I AM AW  | ARE THAT THERE ARE SIGNIFICANT PEN  | ALTIES FOR SUBMITTING FALS | E INFORMATION,   | EXECUTIVE OFFICER OR          | 0020                     | <del></del> |  |  |  |
| TYPED OR PRINTED  |                    | BIBILITY OF FINE AND IMPRISONMENT.  |                            | AUTHORIZED AGENT |                               | MM/DD/YYYY               |             |  |  |  |
| COMMENTS AND EXPLANATION O  | r violations (Re   | rerence all attachments here)   | ·                          |                  |                               |                          |             |  |  |  |

| /ATERFORD ESTATES LOADING RAT | ES Feb 2017, 28,561GPD Max |
|-------------------------------|----------------------------|
| Zone Identification           | GPD/sq 2                   |
| Zone 1A                       | 2,371                      |
| Zone 1B                       | 2,256                      |
| Zone 2A                       | 2,256                      |
| Zone 2B                       | 2,142                      |
| Zone 3A                       | 2,256                      |
| Zone 3B                       | 2,256                      |
| Zone 4A                       | 2,256                      |
| Zone 4B                       | 2,256                      |
| Zone 5A                       | 2,499                      |
| Zone 5B                       | 2,616                      |
| Zone 6A                       | 2,499                      |
| Zone 6B                       | 2,856                      |

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## 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: 1702020189 Customer Name : GREENFIELD CAP DEV-WATERFORD Sample Date : 02/15/17 Sample Time : 0930

Collected By: JCB Delivery By : JCB

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

Sample Type : GRAB

Work Order :

Report Date : 02/21/17

Sample From : DOSE TANK/ EFFLUENT

Purchase Order:

|                     | Quality Assurance         |              |          |                   |           |            |
|---------------------|---------------------------|--------------|----------|-------------------|-----------|------------|
| Analysis            |                           |              |          |                   | Precision | Accuracy   |
| <u>Date Time By</u> | Parameter                 | Result Notes | Quantity | <u> Method</u>    | % RPD     | % Recovery |
| 02/15 0930 JCB      | PH                        | 7.7 S.U.     |          | SM 2000 4500-H+ B | 0.00      | N/A *      |
| 02/21 0800 TSB      | Phosphorous, Total (as P) | 7.4 mg/L     |          | EPA 365.3         | 1.90      | 100.0 *    |
| 02/17 1234 AEU      | Solids, Total Suspended   | 12.0 mg/L    |          | SM 1997 2540 D    | 20.00     | N/A *      |
| 02/16 1450 JCB      | Coliform, Fecal           | 32 / 100 ml  |          | SM 9222 D 1997    | 55.56     | N/A *      |
| 02/15 1400 AEU      | BOD, Carbonaceous         | < 2.0 mg/L   |          | SM 2001 5210 B    | 0.00      | 100.9      |
| 02/15 0930 JCB      | Sample Collection/Travel  | 1 each       |          |                   |           |            |

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 Co., Inc.

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

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







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

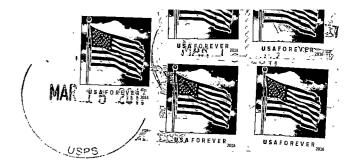
> Carlsbad, New Mexico 575-887-1ESC

Phone: 479-750-1170

## CHAIN OF CUSTODY

| Phone: 479-750-1170   | rax. 479-750-1172                                |  | <u> </u>  | 11/4/114  | <i>)</i>   |          |  |          |        |  |              |                     |   |            |          |          |               |   |
|---|--|--|---|---|--|----------|--|----------|--------|--|--------------|---------------------|---|------------|----------|----------|---------------|---|
| Client Information  |  |  |   | Project Information   |  |          |  |          |        | Requested Paramete                       |              |                     |   |            |          | eters    | <u> </u>      |   |
| Company Name:   | Waterford Estates                                |  |   | Permit/Project #:   |  |          |  |          |        |  | Γ            |                     |   |            |          |          |               |   |
| Address:  | 1695 Electric Avenue                             |  |   | Purchase  | Purchase Order #:  |          |  |          |        |  |              |                     |   |            |          |          |               |   |
|   | 764  | 64   |   |   |  | _        |  |          |        | 1  |              |                     |   |            |          |          |               |   |
| Telephone:  | (479)751-8868                                    |  |   | Sampler N   | Sampler Name(s): John Bind                               |          |  |          |        |  |              |                     | ~   |            | .,       |          |               |   |
| FAX:  | (479)757-7650                                    |  |   | 1   | Sampler Name(s): John Byrd  John Byrd  and Signature(s): |          |  |          |        | 1  | '            | 132                 |   |            | Ì        |          |               |   |
|   | <u> </u>   |  | =   |   | and Signature(s);  |          | source Colorer                         |          |        |  | 1            | 43)                 | TSS(28)                                       |            |          | .        |               |   |
| ESC Client Number:  | 1886   |  |   | Jana Oigna  | and Signature(s),  |          |  |          |        |  |              | F. Coliform(43)     |   |            |          |          |               |   |
| Sample Ide  |  | T  | Sample  | Collection Sa   |  |          | Sample Containers                      |          |        |  | ଳ            | 얥                   | CBOD(70),                                     | Phos(25)   |          |          | l             |   |
| Identification  | ESC Control#                                     | Date   | Time  | Type  | Matrix   | Time     | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |          | #      | pH(23)                                   | ŭ            | 8                   | hos   |            | j        |          |               |   |
| Dose Tank/Effluent  | <del>-  </del>                                   | <del></del>                                      |   | 1   |  | Туре     |  |          | ative  |  |              | 14                  | 9   | <u>-</u> - | _        | -        | $\dashv$      |   |
| <del></del>   | 1702020 189                                      | al16/17  | 0930  | Grab  | Water  | Teflon   | 150 ml                                 | none     |        | 1  | X            | <del> </del>        | <b> </b> -                                    | $\vdash$   | $\vdash$ | $\dashv$ | $\rightarrow$ |   |
| Waterford Estates   | <del></del>                                      | <del>                                     </del> | <del></del>   | Grab  | Water  | whirlpak | 300 ml                                 | none/ice |        | 1  | _            | X                   |   |            |          |          | $\dashv$      |   |
|   | <del>                                     </del> |  | 1   | Grab  | Water  | Plastic  | 1 qt                                   | none/ice |        | 1  |              | <b> </b>            | X   | <b>  </b>  |          |          | <del> </del>  | · |
| <u> </u>  |  | /  |   | Grab  | Water .  | Plastic  | 8 oz                                   | H₂SO₄,pH | <2     | 1  |              |                     |   | х          |          | _        | $\dashv$      |   |
|   | <u> </u>   | <b> </b>   |   | ļ   |  |          |  | ļ        | а.     |  |              |                     |   |            |          | _        |               |   |
| <del></del>   |  |  |   |   | ļ  |          |  | ļ        |        |  |              |                     |   |            |          | _        |               |   |
| · · · · · · · · · · · · · · · · · · ·   |  |  | *   |   |  |          |  |          |        |  |              |                     |   |            |          | $\Box$   | $\perp$       |   |
|   |  |  |   |   |  | <u> </u> |  | <u></u>  |        |  |              |                     |   |            |          |          |               |   |
| <u></u>   |  |  |   |   |  |          |  |          |        |  |              |                     |   |            |          |          |               |   |
|   |  |  |   |   |  | ,        |  |          |        |  |              |                     |   |            |          |          |               |   |
| Relinguished By: (Signature and Printed Name)  Was Bellie (64 n Blood 2/15/17 10 50 |  | 1045   | Received By: (Signature and Printed Name) Date Time |   |  | 18       | Custody Seals: Used? // Intact?        |          |        |  |              |                     |   |            |          |          |               |   |
| Www. Byw. Tokin Byrd  Relinquished Byr (Signature and Printed Name)                 |  | Date   | Time  | Received By: (Signature and Printed Name)  Date  Time           |  |          | 18                                     |          | around |  | <del></del>  | IIIIau              | <u>.                                     </u> | <u> </u>   |          |          |               |   |
| Relinquished By: (Signature and Printed Name)                                       |  | Date   | Time  |   |  |          |  | Regul    |        | Special Special plés properly preserved: |              |                     |   |            |          |          |               |   |
| reiniquisned by: (bignature and Primed Raine)                                       |  | Date   |   | Received for Leb Bu 19 Ignature and Printed Name) 200 Date 1045 |  | 5        |  |          | Ž      | pheny                                    |              | veu.<br>No <b>T</b> |   |            |          |          |               |   |
| Comments:   |  |  |   | .FLOW DATA Field Test   |  | Time     | Analys                                 | _        |        |  | Result Units |                     |   |            |          |          |               |   |
|   |  |  |   |   | Analyst:   |          | pH:<br>Temp.:                          | 0936 Jus |        | 77                                       |              | 7.7<br>11.3 19 °F   |   |            | ·F       |          |               |   |
| · · · · · · · · · · · · · · · · · · ·   |  |  |   |   | Reading: DO:   |          | ://:<br>                               |          |        | _  | <u>,×</u>    |                     | <u></u>                                       |            |          |          |               |   |
|   |  |  |   |   | Units: Debris:   |          |  |          |        |  |              |                     |   | <u> </u>   |          |          |               |   |
| Cool all samples to 6 degrees C.  |  |  |   |   |  |          | Chlorinated                            | ? Yes N  | 0      |  | This         | Doc                 | umer  | nt is      | Page     | : /_c    | of            |   |

GCD P.O. Box 9299 Fayetteville, AR 72703



ADEQ Water Division
Permits Branch
5301 Northshore Dr
N Little Rock, AR 72118-5317