

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

**PERMITTEE NAME**

Waterford Estates at Hisson Ranch POA

**PERMITTEE ADDRESS**

3567 W New Hope Rd  
Rogers, AR 72756

**FACILITY NAME (IF DIFFERENT)**

Waterford Estates at Hisson 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

2/1/2019

MM/DD/YYYY

2/28/2019

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	1.00497	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.043041	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	13.5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	8	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	58	colonies/100ml		
pH	6.0 - 9.0	7.9	s.u.		
Total Phosphorus (TP)	REPORT	7.5	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-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 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.

Kathy Bartlett

TYPED OR PRINTED

*Kenneth B. B...*  
**SIGNATURE OF PRINCIPAL**  
**EXECUTIVE OFFICER OR**  
**AUTHORIZED AGENT**

TELEPHONE

(479) 530-5926

DATE

3/7/2019

MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

Feb 2019 WATERFORD ESTATES LOADING RATES Max Day 43,041

Zone Identification	GPD/sq 2
Zone 1A	3,572
Zone 1B	3,400
Zone 2A	3,400
Zone 2B	3,228
Zone 3A	3,400
Zone 3B	3,400
Zone 4A	3,400
Zone 4B	3,400
Zone 5A	3,766
Zone 5B	3,942
Zone 6A	3,766
Zone 6B	4,304

# 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: 1902020177  
Customer Name : WATERFORD UTILITY, LLC  
Customer/Permit No. : 1886 / 4815-WR-4  
Report Date : 02/27/19

Sample Date : 02/20/19  
Sample Time : 0930  
Sample Type : GRAB WATERFORD  
Sample From : DOSE TANK EFFLUENT

Collected By: JEW  
Delivery By : JEW  
Work Order :  
Purchase Order :

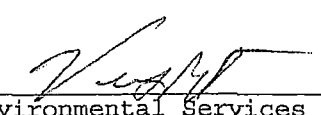
## Laboratory Analysis

Analysis							<u>Quality Assurance</u>	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
								% Recovery
02/20	0930	JEW	pH	7.9	S.U.		SM 2000 4500-H+ B	0.00
02/21	1330	AKA	Phosphorous, Total (as P)	7.500	mg/L		EPA 365.3	2.79
02/25	1230	TSB	Solids, Total Suspended	8.0	mg/L		SM 2011 2540 D	27.94
02/20	1630	VLP	Fecal Coliform (MPN/100mL)	58.4	/100mL		06/2012 Colilert18	0.00
02/20	1400	AKA	BOD, Carbonaceous	13.5	mg/L		SM 2001 5210 B	6.19
02/21		BSC	Sample Collection/Travel	1	each			0.00

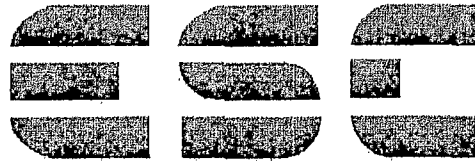
\* QA data shown is from a different sample or standard on the same date.

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](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(43.1F)	CBOD(70), TSS(28)	Phos(25)						
Address: 1695 Electric Avenue						Purchase Order #:														
Springdale AR 72764						Sampler Name(s): <i>James W. Hise</i>														
Telephone: (479)751-8868						and Signature(s):														
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	1902020174	2-20-19	0930	Grab	Water	Teflon	150 ml	none	1	<input checked="" type="checkbox"/>										
Waterford Estates				Grab	Water	whirlpak	300 ml	none/ice	1		<input checked="" type="checkbox"/>									
				Grab	Water	Plastic	1/2 gal	none/ice	1			<input checked="" type="checkbox"/>								
				Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH <2	1				<input checked="" type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
<i>James W. Hise</i>		2-20-19	1210					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:												
				<i>James W. Hise</i>		2/20/19	1210	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
						Analyst:		pH:	0930	<i>JEW</i>	7.9	7.9								
						Time:		Temp.:	0930	<i>JEW</i>	10.9	10.7	°C							
						Reading:		DO:												
						Units:		Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___										