

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
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	
1/1/2016		1/31/2016	

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.496,339	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.023,223	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	< 2	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	4	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	7.1	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	48.2	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	45.1	mg/l		
Nitrate Nitrogen	REPORT	4.7	mg/l		
Nitrite Nitrogen	REPORT	4.7	mg/l		
Plant Available Nitrogen (PAN)	REPORT	50.7	mg/l		
Loading Rate	REPORT		gpd/ft 2	Continuous	

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett TYPED OR PRINTED			(479) 530-5926	2/4/2016 MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>) Ponding in drip field has been noticed, and a repair order has been issued, and the leaks will be repaired as the contractors schedule will allow.				

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: 1601020230
Customer Name : GREENFIELD CAP DEV-WATERFORD
Customer/Permit No. : 1886 / 4815-WR-4
Report Date : 01/27/16

Sample Date : 01/20/16
Sample Time : 0820
Sample Type : GRAB WATERFORD
Sample From : DOSE TANK EFFLUENT

Collected By: WDS
Delivery By : WDS
Work Order :
Purchase Order :

Laboratory Analysis

Analysis							<u>Quality Assurance</u>	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
								% Recovery
01/25	1330	TSB	Ammonia Nitrogen	45.1 mg/L			SM 1997 4500-NH3 F	2.30
01/26	0830	TSB	Kjeldahl Nitrogen Total	48.20 mg/L			SM 1997 4500-NorgB	4.46
01/20	0820	WDS	pH	7.6 S.U.			SM 2000 4500-H+ B	0.00
01/21	1400	TSB	Phosphorous, Total (as P)	7.1 mg/L			EPA 365.3	0.00
01/22	1010	MDR	Solids, Total Suspended	< 2.0 mg/L			SM 1997 2540 D	4.44
01/20	1610	VLP	Coliform, Fecal	4 /100ml			SM 1997 9222 D	0.00
01/20	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	3.32
01/25	1530	TSB	Nitrate + Nitrite	4.7 mg/L			SM 2000 4500-NO3 E	1.24
01/26	1515	TSB	Nitrogen, Plant Available	50.7 mg/L			SM 1997 4500-N	

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

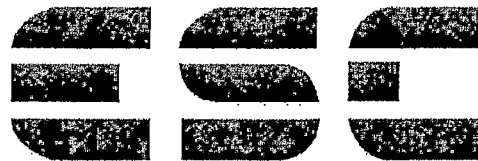
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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



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 #:					<p>pH(23) F. Coliform(43) CBOD(70), TSS(28), PAN(99.99) NH3(15.A), Phos(25) TKN(16.A), N+N(91)</p>									
Address: 1695 Electric Avenue						Purchase Order #:														
Springdale AR 72764						Sampler Name(s): Wade Schmitt														
Telephone: (479)751-8868						and Signature(s): [Signature]														
FAX: (479)757-7650																				
ESC Client Number: 1886																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	F. Coliform(43)	CBOD(70), TSS(28), PAN(99.99)	NH3(15.A), Phos(25)	TKN(16.A), N+N(91)						
Dose Tank/Effluent	1601020230	1-20-16	8:20	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 ₂ SO ₄ , pH <2	1				x	x						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
[Signature] Wade Schmitt		1-20-16	13:15	[Signature]				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:												
				[Signature]				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:												
				[Signature] [Name]		1-20-16	13:15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units								
						Analyst:	pH:	8:20	WPS	7.6										
						Time:	Temp.:	8:20	WPS	9.1		°C °F								
						Reading:	DO:													
						Units:	Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u> </u> of <u> </u>										