

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

1/1/2018

MM/DD/YYYY

1/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	1.195229	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.043795	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	11.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	13.8	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	8	colonies/100ml		
pH	6.0 - 9.0	7.9	s.u.		
Total Phosphorus (TP)	REPORT	6.9	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	63.8	mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT	62.8	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	0.7	mg/l		
Plant Available Nitrogen (PAN)	REPORT	63.8	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 A. Deary
SIGNATURE OF PRINCIPAL
EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TELEPHONE

(479) 530-5926

DATE

2/7/2018

MM/DD/YYYY

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

Jan 2018 WATERFORD ESTATES LOADING RATES 43,795 Max Day

Zone Identification	GPD/sq 2
Zone 1A	3,635
Zone 1B	3,460
Zone 2A	3,460
Zone 2B	3,285
Zone 3A	3,460
Zone 3B	3,460
Zone 4A	3,460
Zone 4B	3,460
Zone 5A	3,832
Zone 5B	4,012
Zone 6A	3,832
Zone 6B	4,379

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: 1801020176	Sample Date : 01/17/18	Collected By: JCB
Customer Name : GREENFIELD CAP DEV-WATERFORD	Sample Time : 0900	Delivery By : JCB
Customer/Permit No. : 1886 / 4815-WR-4	Sample Type : GRAB WATERFORD	Work Order :
Report Date : 01/31/18	Sample From : DOSE TANK EFFLUENT	Purchase Order :

Laboratory Analysis						Quality Assurance		
Analysis			Result	Notes	Quantity	Method	Precision	Accuracy
Date	Time	By					Parameter	% RPD
01/19	1400	TSB	Ammonia Nitrogen	62.8 mg/L		SM 1997 4500-NH3 F	0.00	104.3 *
01/30	0830	TSB	Total Kjeldahl Nitrogen	63.8 mg/L		02/2014 HACH 10242	7.14	99.2 *
01/17	0900	JCB	pH	7.9 S.U.		SM 2000 4500-H+ B	0.00	N/A *
01/19	1205	AEU	Phosphorous, Total (as P)	6.9 mg/L		EPA 365.3	0.00	95.0 *
01/19	0846	AEU	Solids, Total Suspended	13.8 mg/L		SM 1997 2540 D	59.26	N/A *
01/17	1415	AEU	Coliform, Fecal	8 /100ml		SM 9222 D 1997	0.00	N/A *
01/17	1400	TSB	BOD, Carbonaceous	11.1 mg/L		SM 2001 5210 B	9.72	106.9 *
01/22	1400	TSB	Nitrate + Nitrite	0.7 mg/L		01/2013 HACH 10206	1.83	99.1 *
01/31	1030	TSB	Nitrogen, Plant Available	63.8 mg/L		SM 1997 4500-N		
01/17	0900	JCB	Sample Collection/Travel	1 each				

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

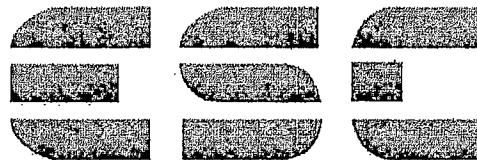
* QA data shown is from a different sample or standard on the same date.

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



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)</p> <p>F. Coliform(43)</p> <p>CBOD(70), TSS(28), PAN(99.99)</p> <p>NH3(15.A), Phos(25)</p> <p>TKN(16.A), N+N(91)</p>									
Address: 1695 Electric Avenue						Purchase Order #:														
Springdale AR 72764						Sampler Name(s): John Byrd														
Telephone: (479)751-8868						and Signature(s): <i>John Byrd</i>														
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	1801020176	11/7/18	0900	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	H2SO4, pH <2	1				x	x						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:											
<i>John Byrd</i>		11/7/18	1320						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:											
				<i>John Byrd</i>			11/7/18	1320	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
						Analyst:		pH:	900	JEB	7.9	7.9								
						Time:		Temp.:	1	J	5.7	5.7	°C °F							
						Reading:		DO:												
						Units:		Debris:												
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1										