

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

PERMITTEE NAME

Waterford Estates at Hissom Ranch POA

PERMITTEE ADDRESS

3567 W New Hope Rd
Rogers, AR 72756

FACILITY NAME (IF DIFFERENT)

Waterford Estates at Hissom 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		MM/DD/YYYY
7/1/2019		7/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.825404	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.031651	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	5.2	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 1	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	7.65	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	32.1	mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT	21.9	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	26.7	mg/l		
Plant Available Nitrogen (PAN)	REPORT	51.6	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett TYPED OR PRINTED			(479) 530-5926	8/7/2019 MM/DD/YYYY

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

July 2019 WATERFORD ESTATES LOADING RATES 31,651 Max Day

Zone Identification	GPD/sq 2
Zone 1A	2,627
Zone 1B	2,500
Zone 2A	2,500
Zone 2B	2,374
Zone 3A	2,500
Zone 3B	2,500
Zone 4A	2,500
Zone 4B	2,500
Zone 5A	2,769
Zone 5B	2,899
Zone 6A	2,769
Zone 6B	3,165

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: 1907020102
Customer Name : WATERFORD UTILITY, LLC
Customer/Permit No. : 1886 / 4815-WR-4
Report Date : 07/25/19

Sample Date : 07/17/19
Sample Time : 0920
Sample Type : GRAB WATERFORD
Sample From : DOSE TANK EFFLUENT


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

Laboratory Analysis							Quality Assurance		
Analysis			Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
Date	Time	By						% RPD	% Recovery
07/19	1200	TSB	Ammonia as N, (HACH 10205)	21.90 mg/L			SM 2011 4500-NH3 F	0.53	98.0 *
07/23	0900	TSB	Total Kjeldahl Nitrogen	32.1 mg/L			02/2014 HACH 10242	5.71	99.6 *
07/17	0920	JEW	pH	7.4 S.U.			SM 2011 4500-H+ B	0.00	N/A *
07/23	1200	TSB	Phosphorous, Total (as P)	7.650 mg/L			EPA 365.3	0.00	103.0 *
07/22	1443	TSB	Solids, Total Suspended	5.2 mg/L			SM 2011 2540 D	9.05	N/A *
07/17	1654	TSB	Fecal Coliform (MPN/100mL	< 1.0 /100ml			06/2012 Colilert18	0.00	0.0 *
07/17	1700	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	2.68	90.0 *
07/23	0900	TSB	Nitrate + Nitrite	26.70 mg/L			01/2013 HACH 10206	1.20	97.0 *
07/23	1545	TSB	Nitrogen, Plant Available	51.6 mg/L			SM 1997 4500-N		

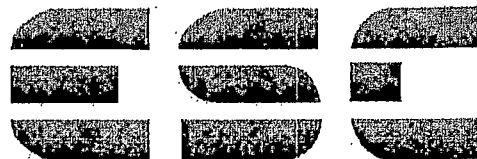
* QA data shown is from a different sample or standard on the same date.

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


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 #:					<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">pH(23)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">F. Coliform(43.IF)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28), PAN(99.99)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">NH3(15.A), Phos(25)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">S-TKN(16.C), NO₃+NO₂ (91)</div> </div>							
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	1907020102	7-17-19	0920	Grab	Water	Teflon	150 ml	none	1									
Waterford Estates				Grab	Water	whirlpak	300 ml	none/ice	1									
				Grab	Water	Plastic	1/2 gal	none/ice	1									
				Grab	Water	Plastic	8 oz	H ₂ SO ₄ , pH <2	1									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:										
<i>James W. Hise</i>		7-17-19	1205					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>Dan Brooks</i>		7-17-19	1205	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units						
				Analyst:		pH:		0920	KEW	7.4	7.4							
				Time:		Temp.:			KEW	27.8	28.0	(C) °F						
				Reading:		DO:												
				Units:		Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1								