

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
3567 W New Hope Rd Rogers, AR 72756

FACILITY NAME (IF DIFFERENT)
Waterford Estates at Hissom Ranch

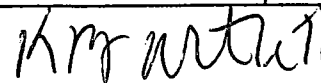
PERMIT NO.
4815-WR-4

FACILITY ADDRESS
2323 Bowen Blvd Fayetteville AR 72703

AFIN NO.
72-00974

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
7/1/2020		7/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	1.257,020	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.046,196	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	6.5	mg/l		
Fecal Colliform Bacteria (FCB)	2,000	21	colonies/100ml		
pH	6.0 - 9.0	7.8	s.u.		
Total Phosphorus (TP)	REPORT	8.36	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	31	mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT	26.8	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	1.98	mg/l		
Plant Available Nitrogen (PAN)	REPORT	30	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
			(479) 530-5926	8/15/2020 MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) 				

July 2020 WATERFORD ESTATES LOADING RATES	
Daily Max	46,196
Zone Identification	GPD/sq 2
Zone 1A	3,834
Zone 1B	3,649
Zone 2A	3,649
Zone 2B	3,529
Zone 3A	3,649
Zone 3B	3,649
Zone 4A	3,649
Zone 4B	3,649
Zone 5A	4,042
Zone 5B	4,232
Zone 6A	4,042
Zone 6B	4,620

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: 2007020083
Customer Name : WATERFORD UTILITY, LLC
Customer/Permit No. : 1886 / 4815-WR-4
Report Date : 07/22/20

Sample Date : 07/15/20
Sample Time : 0908
Sample Type : GRAB
Sample From : DOSETANK/EFFLUENT

Collected By: HNS
Delivery By : HNS
Work Order :
Purchase Order :

Laboratory Analysis

Analysis									<u>Quality Assurance</u>	
Date	Time	By	Parameter	Result	Notes	Quantity	Method		Precision % RPD	Accuracy % Recovery
07/20	1126	HNS	Ammonia as N, (HACH 10205)	26.80 mg/L			SM 2011 4500-NH3 F		2.06	102.0 *
07/21	0850	NTR	Total Kjeldahl Nitrogen	31.0 mg/L			02/2014 HACH 10242		2.41	99.0 *
07/15	0912	HNS	pH	7.8 S.U.			SM 2011 4500-H+ B		1.42	N/A *
07/20	1410	NTR	Phosphorous, Total (as P)	8.36 mg/L			EPA 365.3		0.00	91.0 *
07/20	1630	NTR	Solids, Total Suspended	6.5 mg/L			SM 2011 2540 D		5.85	N/A *
07/15	1620	JWS	Fecal Coliform (MPN/100mL)	20.5 /100mL			06/2012 Colilert18		0.00	N/A *
07/16	1340	NTR	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B		0.00	91.9 *
07/21	1005	HNS	Nitrate + Nitrite	1.98 mg/L			01/2013 HACH 10206		3.74	87.4 *
07/21	1000	NTR	Nitrogen, Plant Available	30.0 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.

1257020
44196

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



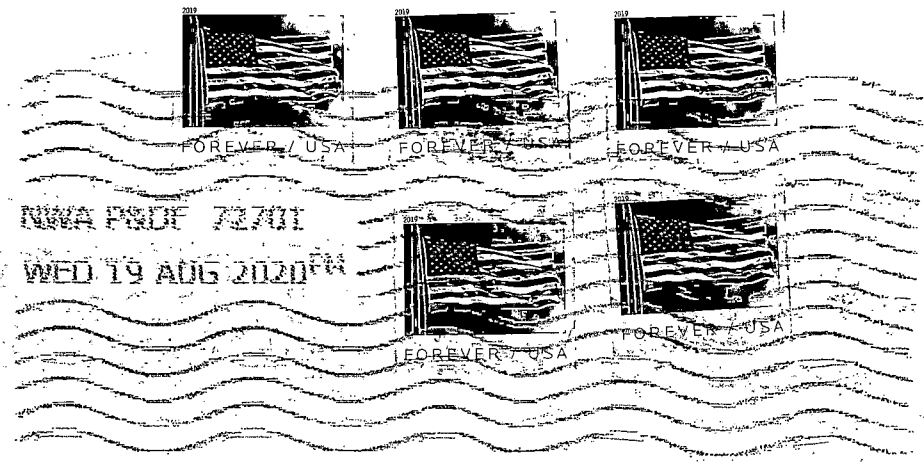
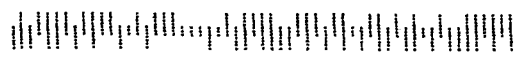
Corporate Office, Little Rock, Arkansas
501-221-2565

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: <u>Waterford Estates</u>						Permit/Project #: _____					CBOD (70), TSS (28)	T-Phos (25)	Fecal Coliform (43.1F)	pH (23)						
Address: <u>1695 Electric Avenue</u>						Purchase Order #: _____														
<u>Springdale AR 72764</u>						Sampler Name(s): <u>Hayden Smith</u>														
Telephone: <u>(479)751-8868</u>						and Signature(s): <u>Hayden Smith</u>														
FAX: <u>(479)757-7650</u>																				
ESC Client Number: <u>1886</u>																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	<u>2007620083</u>	<u>7-15</u>	<u>9:08</u>	Grab	Water	Plastic	1/2 gal	None, Cool	1	<input checked="" type="checkbox"/>										
Dose Tank/Effluent	<u>7-83</u>	<u>7-15</u>	<u>9:09</u>	Grab	Water	Plastic	250 mL	H2SO4, pH < 2	1		<input checked="" type="checkbox"/>									
Dose Tank/Effluent	<u>7-83</u>	<u>7-15</u>	<u>9:10</u>	Grab	Water	Sterile	100 mL	Na2S2O3, Cool	1			<input checked="" type="checkbox"/>								
Dose Tank/Effluent	<u>7-83</u>	<u>7-15</u>	<u>9:12</u>	Grab	Water	Glass	8 oz	None	0				<input checked="" type="checkbox"/>							
Relinquished By: (Signature and Printed Name) <u>Hayden Smith</u>		Date <u>7-15</u>	Time <u>16:20</u>	Received By: (Signature and Printed Name) <u>Hayden Smith</u>		Date <u>7-15</u>	Time <u>16:20</u>	Custody Seals: 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 By: (Signature and Printed Name) <u>Tyler Mack</u>		Date <u>7/15/20</u>	Time <u>16:20</u>	Were samples properly preserved: Yes <input type="checkbox"/> No <input type="checkbox"/>												
Comments:				FLOW DATA		Field Test		Time		Analyst	Result	Result	Units							
				Analyst:		pH:		<u>9:12</u>		<u>HNS</u>	<u>7.8</u>	<u>7.8</u>								
				Time:		Temp.:							°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>								



 **NWA UTILITY SERVICES, INC**
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Fayetteville, AR 72703

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Water Division Permits Branch
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North Little Rock, AR
72118-5317