

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

6/1/2018

MM/DD/YYYY

6/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.658542	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.0040022	MGD	Daily	
Carbonaceous Blochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	5.7	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	1,019	colonies/100ml		
pH	6.0 - 9.0	7.7	s.u.		
Total Phosphorus (TP)	REPORT	8.7	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



SIGNATURE OF PRINCIPAL

EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TELEPHONE

(479) 530-5926

DATE

7/3/2018

MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

June 2018 WATERFORD ESTATES LOADING RATES Max Day 40,022 Gal

Zone Identification	GPD/sq 2
Zone 1A	3,322
Zone 1B	3,162
Zone 2A	3,162
Zone 2B	3,002
Zone 3A	3,162
Zone 3B	3,162
Zone 4A	3,162
Zone 4B	3,162
Zone 5A	3,502
Zone 5B	3,666
Zone 6A	3,502
Zone 6B	4,002

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: 1806020172
Customer Name : WATERFORD UTILITY, LLC
Customer/Permit No. : 1886 / 4815-WR-4
Report Date : 06/28/18

Sample Date : 06/20/18
Sample Time : 0831
Sample Type : GRAB WATERFORD
Sample From : DOSE TANK EFFLUENT

Collected By: NTR
Delivery By : NTR
Work Order :
Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
								% Recovery
06/20	0831	JCB	pH	7.7 S.U.			SM 2000 4500-H+ B	0.00
06/21	0935	TSB	Phosphorous, Total (as P)	8.7 mg/L			EPA 365.3	1.45
06/26	1330	TSB	Solids, Total Suspended	5.7 mg/L			SM 1997 2540 D	0.00
06/20	1617	VLP	Coliform, Fecal	1019 /100ml			SM 9222 D 1997	66.67
06/20	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	14.30
06/20	0900	NTR	Sample Collection/Travel	1 each				

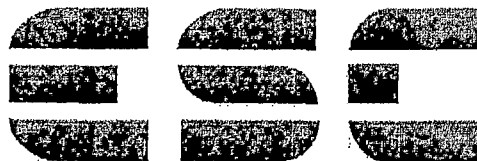
* QA data shown is from a different sample or standard on the same date.

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)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Phos(25)</div> </div>						
Address: 1695 Electric Avenue				Purchase Order #:												
Springdale AR 72764				Sampler Name(s): Ned T Ryerson												
Telephone: (479)751-8868				and Signature(s): <i>Ned T. Ryerson</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	#							
Dose Tank/Effluent	18062072	6-20-18	0831	Grab	Water	Teflon	150 ml	none	1	x						
Waterford Estates	I	I	I	Grab	Water	whirlpak	300 ml	none/ice	1		x					
				Grab	Water	Plastic	1/2 gal	none/ice	1			x				
				Grab	Water	Plastic	8 oz	H ₂ SO ₄ , pH <2	1				x			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	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: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units			
						Analyst:		pH:	0834	NTR	7.7	7.6	SL °F			
						Time:		Temp.:					°C			
						Reading:		DO:								
						Units:		Debris:								
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1						