

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
6/1/2020	6/30/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.978,261	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.042890	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	12.9	mg/l		
Fecal Collform Bacteria (FCB)	2,000	213	colonies/100ml		
pH	6.0 - 9.0	8	s.u.		
Total Phosphorus (TP)	REPORT	8.62	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett			(479) 530-5926	7/1/15/2020
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

June 2020 WATERFORD ESTATES LOADING RATES

Daily Max 42,890

Zone Identification	GPD/sq 2
Zone 1A	42,890
Zone 1B	42,890
Zone 2A	42,890
Zone 2B	3,277
Zone 3A	42,890
Zone 3B	42,890
Zone 4A	42,890
Zone 4B	42,890
Zone 5A	42,890
Zone 5B	42,890
Zone 6A	42,890
Zone 6B	42,890

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: 2006020081

Customer Name : WATERFORD UTILITY, LLC

Customer/Permit No. : 1886 / 4815-WR-4

Report Date : 06/25/20

Sample Date : 06/17/20

Sample Time : 1255

Sample Type : GRAB

Sample From : DOSETANK/EFFLUENT

Collected By: JTL

Delivery By : JTL

Work Order :

Purchase Order :

Laboratory Analysis

Analysis							<u>Quality Assurance</u>	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								Accuracy
								% RPD
								% Recovery
06/17	1300	JTL	pH	8.0 S.U.			SM 2011 4500-H+ B	0.00
06/18	0930	TSB	Phosphorous, Total (as P)	8.62 mg/L			EPA 365.3	0.90
06/18	1430	TSB	Solids, Total Suspended	12.9 mg/L			SM 2011 2540 D	18.83
06/17	1640	TSB	Fecal Coliform (MPN/100mL)	213.0 /100mL			06/2012 Colilert18	0.00
06/17	1500	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	1.17

* 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.

978261
42,890

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



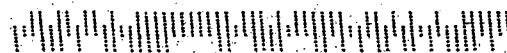
Corporate Office, Little Rock, Arkansas
501-221-2565


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 #:					CBOD (70), TSS (28) T-Phos (25) Fecal Coliform (43.IF) pH (23)								
Address: 1695 Electric Avenue						Purchase Order #:													
Springdale AR 72764																			
Telephone: (479)751-8868						Sampler Name(s): Justin Lee													
FAX: (479)757-7650						and Signature(s):													
ESC Client Number: 1886																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	2006020081	6/17/20	12:55	Grab	Water	Plastic	1/2 gal	None, Cool	1	X									
Dose Tank/Effluent	L	↓	↓	Grab	Water	Plastic	250 mL	H2SO4, pH < 2	1		X								
Dose Tank/Effluent		↓	↓	Grab	Water	Sterile	100 mL	Na2S2O3, Cool	1			X							
Dose Tank/Effluent		↓	↓	Grab	Water	Glass	8 oz	None	0				X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:											
Justin Lee		6-17-20	1330					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)		Date	Time	Were samples properly preserved:											
				Tyler Meek		6/17/20	1330	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units							
				Analyst:		pH:		1300	STL	8.0	8.0	°C °F							
				Time:		Temp.:													
				Reading:		DO:													
				Units:		Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			This Document is Page 1 of 1										



 **NWA Utility Services Inc**
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
5301 Northshore Drive
N Little Rock, AR 72118-5317

