

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

FACILITY NAME (IF DIFFERENT)
 Waterford Estates at Hissom Ranch POA

PERMIT NO.
 4815-WR-4


PERMITTEE ADDRESS
 3567 W New Hope Rd
 Rogers, AR 72756

FACILITY ADDRESS
 2323 Bowen Blvd
 Fayetteville AR 72703

AFIN NO.
 72-00974

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
5/1/2018		5/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total	REPORT	1.115783	MG	Total Flow per calendar month	Prior to the 15th of the following Month	
Flow, daily maximum	REPORT	0.041073	MGD	Daily		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month		
Total Suspended Solids (TSS)	15	< 2.5	mg/l			
Fecal Coliform Bacteria (FCB)	2,000	< 4	colonies/100ml			
pH	6.0 - 9.0	7.7	s.u.			
Total Phosphorus (TP)	REPORT	8.1	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 Kathy Bartlett TYPED OR PRINTED	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	TELEPHONE (479) 530-5926	DATE 6/9/2018
		EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)		

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: 1805020165

Customer Name : WATERFORD UTILITY, LLC

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

Report Date : 05/30/18

Sample Date : 05/23/18

Sample Time : 0900

Sample Type : GRAB WATERFORD

Sample From : DOSE TANK EFFLUENT

Collected By: JCB

Delivery By : JCB

Work Order :

Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								Accuracy
								% RPD
								% Recovery
05/23	0900	JCB	pH	7.7 S.U.			SM 2000 4500-H+ B	0.00
05/29	1200	TSB	Phosphorous, Total (as P)	8.1 mg/L			EPA 365.3	105.0 *
05/29	1120	JCB	Solids, Total Suspended	< 2.5 mg/L			SM 1997 2540 D	N/A *
05/23	1600	CLS	Coliform, Fecal	< 4 /100ml			SM 9222 D 1997	N/A *
05/23	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	119.0 *
05/23	0900	JCB	Sample Collection/Travel	1 each				

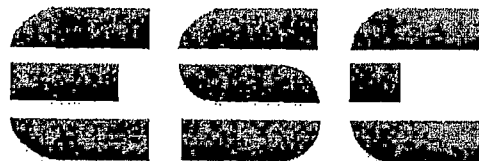
* QA data shown is from a different sample or standard on the same date.

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 #:					pH(23) F. Coliform(43) CBOD(70), TSS(28) Phos(25)							
Address: 1695 Electric Avenue						Purchase Order #:												
Springdale AR 72764																		
Telephone: (479)751-8868						Sampler Name(s): <i>John Byrd</i>												
FAX: (479)757-7650						and Signature(s): <i>John Byrd</i>												
ESC Client Number: 1886																		
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#									
Dose Tank/Effluent	1805020165	5/23/18	900	Grab	Water	Teflon	150 ml	none	1	x								
Waterford Estates	1	1	1	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:										
<i>John Byrd</i> John Byrd		5/23/18	930					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>Chris Stapp</i>		5/23/18	0830	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units					
						Analyst:		pH:	900	SCB	7.7	7.7						
						Time:		Temp.:			22.7	22.7	°F					
						Reading:		DO:										
						Units:		Debris:										
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1								