

**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.**

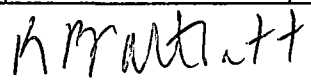
72-00974

**WASTEWATER EFFLUENT MONITORING PERIOD**

MM/DD/YYYY		MM/DD/YYYY
5/1/2020		5/31/2020

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	1.298,142	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.047383	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	5.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	9.6	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	> 12098.0	colonies/100ml		
pH	6.0 - 9.0	7.8	s.u.		
Total Phosphorus (TP)	REPORT	7.43	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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
Kathy Bartlett TYPED OR PRINTED			(479) 530-5926	6/15/2020  MM/DD/YYYY

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

Elevated fecal due to sludge tank needs to be sucked out. Septic hauler is scheduled to do pump out as soon as their schedule allows

May 2020 WATERFORD ESTATES LOADING RATES	
Daily Max	47,383
Zone Identification	GPD/sq 2
Zone 1A	3,933
Zone 1B	3,743
Zone 2A	3,743
Zone 2B	3,606
Zone 3A	3,743
Zone 3B	3,743
Zone 4A	3,743
Zone 4B	3,743
Zone 5A	4,146
Zone 5B	4,340
Zone 6A	4,146
Zone 6B	4,752

# 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: 2005020076

Customer Name : WATERFORD UTILITY, LLC

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

Report Date : 06/02/20

Sample Date : 05/27/20

Sample Time : 1015

Sample Type : GRAB

Sample From : DOSETANK/EFFLUENT

Collected By: TWM

Delivery By : TWM

Work Order :

Purchase Order :

## Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
								% Recovery
05/27	1020	TWM	pH	7.8 S.U.			SM 2011 4500-H+ B	0.00
06/02	1015	TSB	Phosphorous, Total (as P)	7.43 mg/L			EPA 365.3	0.96
06/01	1315	TSB	Solids, Total Suspended	9.6 mg/L			SM 2011 2540 D	2.90
05/27	1630	TSB	Fecal Coliform (MPN/100mL)	> 12098.0 /100ml (b)			06/2012 Colilert18	0.00
05/27	1200	TSB	BOD, Carbonaceous	5.6 mg/L			SM 2001 5210 B	0.00

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

(b) Exceeds Permit Limits for Maximum Concentration

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.

1,298,142  
47,383

Environmental Services Company, Inc.  
Northwest Arkansas  
1107 Century Street  
Springdale, Arkansas 72762  
website: [www.esclabs.com](http://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 (43.1F)	pH (23)								
Address: 1695 Electric Avenue						Purchase Order #:																
Springdale AR 72764						Sampler Name(s): <i>[Signature]</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	2005020076	5/27/20	16:15	Grab	Water	Plastic	1/2 gal	None, Cool	1	X												
Dose Tank/Effluent	↓	↓	↓	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:														
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:														
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	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:														
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Yes <input type="checkbox"/> No <input type="checkbox"/>														
Comments:		FLOW DATA				Field Test		Time	Analyst	Result	Result	Units										
		Analyst:				pH:		16:20	Tmm	7.8	7.8	°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