## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

			FACILITY NAME (IF DI			DEDMIT NO	7
PERMITTEE NAME	· ·		PERMIT NO. 4815-WR-4	1			
Waterford Estates at Hisson Ra	nch POA	<u> </u>	laterford Estates at Hissor	Transiti Git		1, 1919 1111	_
PERMITTEE ADDRESS	3		AFIN NO.	]			
3567 W New Hope Rd			2323 Bowen Bl			72-00974	j
Rogers, AR 72756			Fayetteville AR 72	703			
•		WAST	EWATER EFFLUENT MO	NITORING PERI	OD		
		MM/DD/YYYY			MM/DD/YYYY		
		11/1/2019		11/30/2019			
TREATED WASTEWATER EFFLUE	NT SAMPLING						]
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Flow, Monthly total		REPORT	1.151948	MG	Total Flow per calendar month		1
Flow, daily maximun		REPORT	0.043644	MGD	Daily		
Carbonaceous Biochemical Oxygen Demand (CBOD5)		15	< 2.0	mg/l			
Total Suspended Solids (TSS)		15	10.4	mg/l			-
Fecal Coliform Bacteria (FCB)		2,000	< 10.0	colonies/100ml	Grab Sample once per month		İ
рН		6.0 - 9.0	7.8 s.u.				
Total Phosphorus (TP)		REPORT	6.32	mg/l		following Month	
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/l			
Ammonia Nitrogen (NH3-N)		REPORT		mg/l	Grab sample once per quarter		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)		REPORT		mg/l	Cias sample since per quarter		1
Plant Available Nitrogen (PAN)		REPORT		mg/l	<u> </u>	_	
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	RTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION				TELEPHONE	DATE
,	SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR						
	OBTAINING THE INF	ORMATION, I BELIEVE THE SUBMITTED	D INFORMATION IS TRUE, A	SIGNATURE OF PRINCIPA		12/16/2019	
Kathy Bartlett	COMPLETE. I AM AWA	ARE THAT THERE ARE SIGNIFICANT PENA	ALTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	5926	
TYPED OR PRINTED	TYPED OR PRINTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.  AUTHORIZED AGENT  MM/D						MM/DD/YYYY
COMMENTS AND EXPLANATION OF Finding additional leaks caused by	•	•	vith the wrong fitting and	duct tape. Ma	king repairs on lines as nece	ssary when discovere	d

November 2019 WATERFORD ESTATES LOADING RATES								
Daily Max	43644							
Zone Identification	GPD/sq 2							
Zone 1A	3,622							
Zone 1B	3,477							
Zone 2A	3,477							
Zone 2B	3,273							
Zone 3A	3,477							
Zone 3B	3,477							
Zone 4A	3,477							
Zone 4B	3,477							
Zone 5A	3,819							
Zone 5B	3,997							
Zone 6A	3,819							
Zone 6B	4,285							

#### 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: 1911020122

Customer Name : WATERFORD UTILITY, LLC

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

Report Date : 12/02/19

Sample Date : 11/20/19 Sample Time : 0930

Sample Type : GRAB WATERFORD

Sample From : EFFLUENT DOSE TANK

Collected By: TWM

Delivery By : TWM

Work Order : Purchase Order :

	Quality Assurance					
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	% RPD	<pre>% Recovery</pre>
11/20 0930 TWM	Hq	7.8 S.U.		SM 2011 4500-H+ B	0.00	N/A *
11/22 1445 TSB	Phosphorous, Total (as P)	6.32 mg/L		EPA 365.3	0.58	108.0 *
11/25 1430 TSB	Solids, Total Suspended	10.4 mg/L		SM 2011 2540 D	10.17	N/A *
11/20 1714 TSB	Fecal Coliform (MPN/100mL	< 10.0 /100ml		06/2012 Colilert18	0.00	0.0 * .
11/20 1600 TSB	BOD, Carbonaceous	< 2.0  mg/L		SM 2001 5210 B	2.76	96.3 *

\* 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.

1, 151, 948

# 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

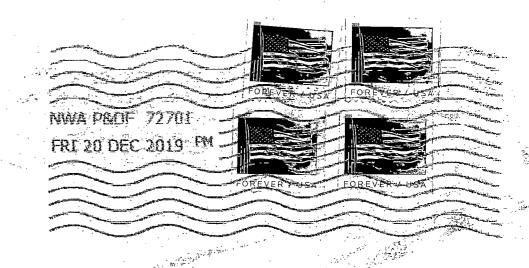
### **CHAIN OF CUSTODY**

Phone: 479-750-1170	Fax: 479-750-1172		Cr	IAIN C	IL CO	2 I OF	JŢ								
Client Information				Project Information						Requested Parameters					
Company Name:	npany Name: Waterford Estates			Permit/Project #:											
Address:	s: 1695 Electric Avenue			Purchase (	Order#:										
Springdale AR 72764											ļ				
			Sampler Name(s): 11/1/11/11/11/11/11							8					
FAX:	(479)757-7650			· · · · · · · · · · · · · · · · · · ·						E.	S(2				
<del></del>				and Signat	ture(s):						43	TS			
ESC Client Number:	1886										F. Coliform(43.IF)	CBOD(70), TSS(28)	9		
Sample Iden	tification		Sample	Collection			Sample (	ample Containers		_] દુ	F. Coll	0	Phos(25)		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	tive	# 7	<u>z   元</u>	8	Ph		
Dose Tank/Effluent	1911020122	11/20/19	9:50	Grab	Water	Teflon	150 ml	none		1 )	K				
Waterford Estates	1911020122	111		Grab	Water	whirlpak	100 mi	none/ice		1	Х				
1.	1911020122			Grab	Water	Plastic	1/2 gal	none/ice		1		X			
	1911020122		1	Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pH	<2	1			Х		
·		V													
•	-														
	.:														
elinquished By: (Signature and Printed	Name)	Date	Time	Received By: (Signature and Printed Name) Date T.				Time		Custody Seals: Used? N Inta			Intact?		
Relinquished By: (Signature and Printed Name) Date Time			Received By: (Signature and Printed Name) Date Time			Τι	marou	nd:		~,~,···					
Relinquished By: (Signature and Printed Name) / Date Time		Received for Lav By: (Signature and Printe Name) , Dat			Date	Time	- Re	egular ere san	X nples p	Special properly preserved:		<u> </u>			
11/2 well The 11/24/19 1250			James 18	10016 Tar	nentsr	0015	11-20-19	1250	Ш.,	Yes	: X	1	.No		
Commérits:				FLOW D		Field Test pH:	Time	Analyst	_	7, 8	Res	ult 7. 8	Uni	is	
					Analyst: Time:		pri: Temp.:	वर्षः यो	1/2		1,3	1/	<u>7.3</u>	C \	°F
					Reading:		DO:			$\bot$		4_			
	Cool all samples to 6 de	natone C	<del></del>		Units:		Debris: Chlorinated	l? Yes N	<u> </u>	7	his Do	1 Cum	ent is	Page _	of
19	Cool all Samples to 0 de	·		·	·		Officialed			1;			J. I. 10		

G:IWF

### NWA UTILITY SERVICES, INC

PO Box 9299 Fayetteville, AR 72703



APEQ Water PIYI3100 Permits Branch 5301 Northshore Pr N.21+12 Rock, AR 72118