

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

PERMITTEE NAME
Goshen Municipal POID #2
PERMITTEE ADDRESS
3567 W New Hope Rd Rogers, AR 72756


FACILITY NAME (IF DIFFERENT)
Waterford Estates at Hissom Ranch
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
11/1/2020	11/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.542,070	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maxlmun	REPORT	0.040,636	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	3.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	7.3	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	5	colonies/100ml		
pH	6.0 - 9.0	7.8	s.u.		
Total Phosphorus (TP)	REPORT	2.59	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		

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	12/14/2020
TYPED OR PRINTED				MM/DD/YYYY

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

November 2020 WATERFORD ESTATES LOADING RATES

Daily Max

40,636

Zone Identification

GPD/sq 2

Zone 1A

3,373

Zone 1B

3,210

Zone 2A

3,210

Zone 2B

3,105

Zone 3A

3,210

Zone 3B

3,210

Zone 4A

3,210

Zone 4B

3,210

Zone 5A

3,556

Zone 5B

3,722

Zone 6A

3,556

Zone 6B

4,064

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: 2011020052
Customer Name : WATERFORD UTILITY, LLC
Customer/Permit No. : 1886 / 4815-WR-4
Report Date : 12/03/20

Sample Date : 11/18/20
Sample Time : 0929
Sample Type : GRAB
Sample From : DOSE TANK/EFFLUENT

Collected By: HNS
Delivery By : HNS
Work Order :
Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>		
<u>Analysis</u>			<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>						<u>% RPD</u>	<u>% Recovery</u>
11/18	0932	HNS	pH	7.8 S.U.			SM 2011 4500-H+ B	1.40	N/A *
11/20	0930	HNS	Phosphorous, Total (as P)	2.59 mg/L			EPA 365.3	0.94	100.0 *
11/20	1100	HNS	Solids, Total Suspended	7.3 mg/L			SM 2011 2540 D	0.00	N/A *
11/18	1620	HNS	Fecal Coliform (MPN/100mL)	5.2 /100ml			06/2012 Colilert18	0.00	N/A *
11/19	0730	TWM	BOD, Carbonaceous	3.6 mg/L			SM 2001 5210 B	0.00	94.0 *

* 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.

342070 40036

KNM

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



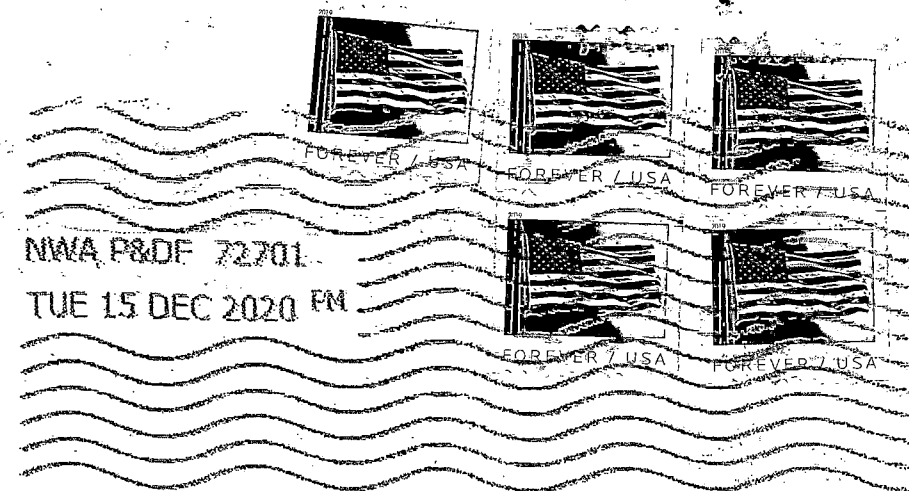
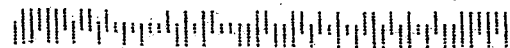
Corporate Office, Little Rock, Arkansas
501-221-2565


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: <u>Waterford Estates</u>						Permit/Project #: _____					CBOD (70), TSS (28)	T-Phos (25)	Fecal Coliform (43.IF)	pH (23)						
Address: <u>1695 Electric Avenue</u>						Purchase Order #: _____														
<u>Springdale AR 72764</u>						Sampler Name(s): <u>Hayden Smith</u>														
Telephone: <u>(479)751-8868</u>						and Signature(s): <u>Hayden Smith</u>														
FAX: <u>(479)757-7650</u>																				
ESC Client Number: <u>1886</u>																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	<u>2011020052</u>	<u>11-18-20</u>	<u>0929</u>	Grab	Water	Plastic	1/2 gal	None, Cool	1	<input checked="" type="checkbox"/>										
Dose Tank/Effluent	<u>↓</u>	<u>↓</u>	<u>↓</u>	Grab	Water	Plastic	250 mL	H2SO4, pH < 2	1		<input checked="" type="checkbox"/>									
Dose Tank/Effluent	<u>↓</u>	<u>↓</u>	<u>↓</u>	Grab	Water	Sterile	100 mL	Na2S2O3, Cool	1			<input checked="" type="checkbox"/>								
Dose Tank/Effluent	<u>↓</u>	<u>↓</u>	<u>↓</u>	Grab	Water	Glass	8 oz	None	0				<input checked="" type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
<u>Hayden Smith</u>		<u>11-18-20</u>	<u>0929</u>	<u>Hayden Smith</u>		<u>11-18</u>	<u>0929</u>	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:												
<u>Hayden Smith</u>		<u>11-18-20</u>	<u>1300</u>	<u>Tyler Wick</u>		<u>11/18/20</u>	<u>1300</u>	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:												
<u>Hayden Smith</u>		<u>11-18-20</u>	<u>1300</u>	<u>Tyler Wick</u>		<u>11/18/20</u>	<u>1300</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
						Analyst:		pH:	<u>0932</u>	<u>HNS</u>	<u>7.8</u>	<u>7.8</u>								
						Time:		Temp.:					°C °F							
						Reading:		DO:												
						Units:		Debris:												
<u>HNS</u> Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u>1</u> of <u>1</u>										



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

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