

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


10/1/2017

MM/DD/YYYY

10/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	1.153251	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.039392	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	7.4	s.u.		
Total Phosphorus (TP)	REPORT	6.9	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	22.7	mg/l	Grab sample once per quarter	
Ammonia Nitrogen (NH3-N)	REPORT	22.1	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	21.1	mg/l		
Plant Available Nitrogen (PAN)	REPORT	43.1	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.		TELEPHONE	DATE
Kathy Bartlett		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(479) 530-5926	11/13/2017
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

WATERFORD ESTATES LOADING RATES	
Zone Identification	GPD/sq 2
Zone 1A	3,270
Zone 1B	3,112
Zone 2A	3,112
Zone 2B	2,954
Zone 3A	3,112
Zone 3B	3,112
Zone 4A	3,112
Zone 4B	3,112
Zone 5A	3,447
Zone 5B	3,608
Zone 6A	3,447
Zone 6B	3,939

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: 1710020181
Customer Name : GREENFIELD CAP DEV-WATERFORD
Customer/Permit No. : 1886 / 4815-WR-4
Report Date : 10/27/17

Sample Date : 10/18/17
Sample Time : 0835
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

Collected By: AEU
Delivery By : AEU
Work Order :
Purchase Order :

Laboratory Analysis

Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method
10/18	1000	JCB	Ammonia Nitrogen	22.1 mg/L			SM 1997 4500-NH3 F
10/26	0800	TSB	Total Kjeldahl Nitrogen	22.7 mg/L			02/2014 HACH 10242
10/18	0840	AEU	pH	7.4 S.U.			SM 2000 4500-H+ B
10/23	1500	TSB	Phosphorous, Total (as P)	6.9 mg/L			EPA 365.3
10/23	0945	AEU	Solids, Total Suspended	< 2.5 mg/L			SM 1997 2540 D
10/18	1615	RHB	Coliform, Fecal	< 4 /100ml			SM 9222 D 1997
10/18	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B
10/19	1045	TSB	Nitrate + Nitrite	21.1 mg/L			01/2013 HACH 10206
10/27	0900	JCB	Nitrogen, Plant Available	43.4 mg/L			SM 1997 4500-N
10/18	0840	AEU	Sample Collection/Travel	1 each			

Quality Assurance

Precision	Accuracy
% RPD	% Recovery
0.00	96.1 *
0.00	91.3
0.00	N/A *
1.55	99.7 *
13.33	N/A *
0.00	N/A *
7.49	99.0 *
0.00	100.5 *

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

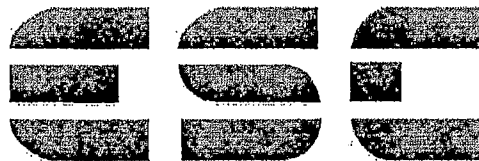
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature

Richard Brown

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: <u>Waterford Estates</u>						Permit/Project #: _____					<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">pH(23)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">F. Coliform(43)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Phos(25)</div> </div>				
Address: <u>1695 Electric Avenue</u>						Purchase Order #: _____									
<u>Springdale AR 72764</u>															
Telephone: <u>(479)751-8868</u>						Sampler Name(s): <u>Amber Underwood</u>									
FAX: <u>(479)757-7650</u>						and Signature(s): <u>[Signature]</u>									
ESC Client Number: <u>1886</u>															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	F. Coliform(43)	CBOD(70), TSS(28)	Phos(25)		
Dose Tank/Effluent	<u>1710020181</u>	<u>10/18/17</u>	<u>0835</u>	Grab	Water	Teflon	150 ml	none	1	<input checked="" type="checkbox"/>					
Waterford Estates	<u>I</u>	<u>I</u>	<u>I</u>	Grab	Water	whirlpak	300 ml	none/ice	1		<input checked="" type="checkbox"/>				
				Grab	Water	Plastic	1 qt	none/ice	1			<input checked="" type="checkbox"/>			
				Grab	Water	Plastic	8 oz	H ₂ SO ₄ , pH <2	1				<input checked="" type="checkbox"/>		
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:					
<u>[Signature]</u>		<u>10/18/17</u>	<u>1325</u>	<u>[Signature]</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?					
										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>[Signature]</u>				<u>10/18/17</u>	<u>1325</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units			
						Analyst:	pH:	<u>8.40</u>	<u>AEU</u>	<u>7.4</u>	<u>7.4</u>				
						Time:	Temp.:	<u>L</u>	<u>L</u>	<u>19.3</u>	<u>19.2</u>	<u>(°C)</u> °F			
						Reading:	DO:								
						Units:	Debris:								
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u>1</u> of <u>1</u>					