

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

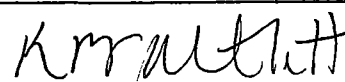
FACILITY NAME (IF DIFFERENT)
Waterford Estates at Hissom Ranch
FACILITY ADDRESS
2323 Bowen Blvd Fayetteville AR 72703

PERMIT NO.
4815-WR-5

AFIN NO.
72-00974

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
12/1/2020		12/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.898,980	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximun	REPORT	0.040,309	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	12.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	25	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	2,442	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	7.95	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kathy Bartlett			(479) 530-5926	1/14/2021
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

DECEMBER 2020 WATERFORD ESTATES LOADING RATES

Daily Max 40,309

Zone Identification	GPD/sq 2
Zone 1A	3,320
Zone 1B	3,184
Zone 2A	3,184
Zone 2B	3,105
Zone 3A	3,184
Zone 3B	3,184
Zone 4A	3,184
Zone 4B	3,184
Zone 5A	3,527
Zone 5B	3,692
Zone 6A	3,527
Zone 6B	4,031

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: 2012020055
Customer Name : WATERFORD UTILITY, LLC
Customer/Permit No. : 1886 / 4815-WR-4
Report Date : 12/29/20

Sample Date : 12/23/20
Sample Time : 1226
Sample Type : GRAB
Sample From : EFFLUENT

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

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Precision % RPD	Accuracy % Recovery
12/23	1231	HNS	pH	7.4	S.U.		0.00	N/A *
12/29	1100	HNS	Phosphorous, Total (as P)	7.95	mg/L		1.82	104.0 *
12/24	0830	TWM	Solids, Total Suspended	25.0	mg/L		11.76	N/A *
12/23	1610	TWM	Fecal Coliform (MPN/100mL)	2442.0	/100ml (b)		0.00	N/A *
12/23	1400	TWM	BOD, Carbonaceous	12.6	mg/L		27.49	89.5 *

* 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.

RSW

898980 : 40309

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



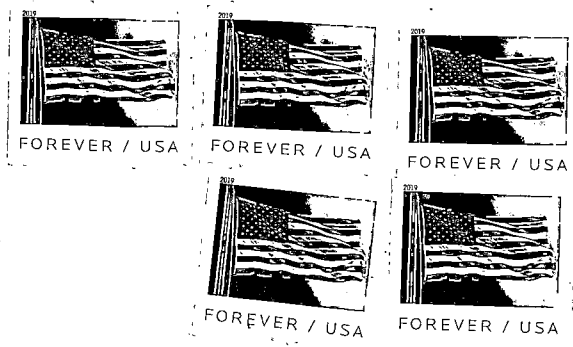
Corporate Office, Little Rock, Arkansas
501-221-2565


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 #:					CBOD (70), TSS (28)	T-Phos (25)	Fecal Coliform (43.1F)	pH (23)						
Address: 1695 Electric Avenue						Purchase Order #:														
Springdale AR 72764																				
Telephone: (479)751-8868						Sampler Name(s): <u>Hayden Smith</u>														
FAX: (479)757-7650						and Signature(s): <u>Hayden Smith</u>														
ESC Client Number: 1886																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	2012026055	12-23-20	1220	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 checked="" type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
						Analyst:		pH:	1231	HNS	7.4	7.5								
						Time:		Temp.:					°C	°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>										



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

ADEQ
WATER DIVISION/PERMITS BRANCH
5301 Northshore Drive
N Little Rock, AR 72118-5317

