

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

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

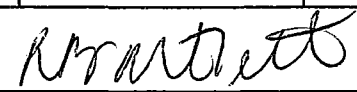
<b>FACILITY NAME (IF DIFFERENT)</b>
Waterford Estates at Hissom Ranch
<b>FACILITY ADDRESS</b>
2323 Bowen Blvd Fayetteville AR 72703

<b>PERMIT NO.</b>
4815-WR-5

<b>AFIN NO.</b>
72-00974

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
2/1/2021	2/28/2021

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	00.889,425	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.034,696	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	< 2.8	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 1.0	colonies/100ml		
pH	6.0 - 9.0	6.9	s.u.		
Total Phosphorus (TP)	REPORT	0.91	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			(479) 530-5926	3/10/2021
TYPED OR PRINTED				MM/DD/YYYY

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

February 2021 WATERFORD ESTATES LOADING RATES

Daily Max

34,696

Zone Identification

GPD/sq 2

Zone 1A

2,950

Zone 1B

2,741

Zone 2A

2,741

Zone 2B

2,905

Zone 3A

2,741

Zone 3B

2,741

Zone 4A

2,741

Zone 4B

2,741

Zone 5A

3,036

Zone 5B

3,009

Zone 6A

3,036

Zone 6B

3,314

# 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: 2102020072  
Customer Name : WATERFORD UTILITY, LLC  
Customer/Permit No. : 1886 / 4815-WR-4  
Report Date : 03/05/21

Sample Date : 02/24/21  
Sample Time : 1445  
Sample Type : GRAB  
Sample From : EFFLUENT

Collected By: TWM  
Delivery By : TWM  
Work Order :  
Purchase Order :

## Laboratory Analysis

### Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method
02/24	1450	TWM	pH	6.9 S.U.			SM 2011 4500-H+ B
03/02	1200	HNS	Phosphorous, Total (as P)	0.91 mg/L			EPA 365.3
03/01	0800	HNS	Solids, Total Suspended	< 2.8 mg/L			SM 2011 2540 D
02/24	1610	HNS	Fecal Coliform (MPN/100mL)	< 1.0 /100ml			06/2012 Colilert18
02/26	0800	TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B

## Quality Assurance

Precision	Accuracy
% RPD	% Recovery
0.00	N/A *
0.18	105.0 *
0.00	N/A *
0.00	N/A *
0.00	91.5 *

\* 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

Environmental Services Co., Inc.

889425  
34696

Kristin Mullins

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

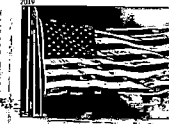
Phone: 479-750-1170 Fax: 479-750-1172

## 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																				
Telephone: (479)751-8868				Sampler Name(s): <i>T. Fornerman</i>																
FAX: (479)757-7650				and Signature(s):																
ESC Client Number: 1886																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	216020072	2/24/21	14:45	Grab	Water	Plastic	1/2 gal	None, Cool	1	X										
Dose Tank/Effluent	L	L	L	Grab	Water	Plastic	250 mL	H2SO4, pH < 2	1		X									
Dose Tank/Effluent	L	L	L	Grab	Water	Sterile	100 mL	Na2S2O3, Cool	1			X								
Dose Tank/Effluent	L	L	L	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 for Lab By: (Signature and Printed Name)				Date	Time	Turnaround:										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab 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 for Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab 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:		1450	FW	6.9	6.9									
				Time:		Temp.:						°C °F								
				Reading:		DO:														
				Units:		Debris:														
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1										



FOREVER 7 USA



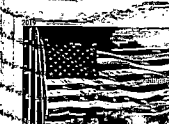
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NWA PSDF 72701

THU 11 MAR 2021



**NWA Utility Services Inc**

**PO Box 9299**

**Fayetteville, AR 72703**

**ADEQ**

**WATER DIVISION/PERMITS BRANCH**

**5301 Northshore Drive**

**N Little Rock, AR 72118-5317**