

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

**PERMITTEE NAME**  
Legacy Estates Homeowners Association Inc

**FACILITY NAME (IF DIFFERENT)**  
Legacy Estates Wastewater Treatment Facility

**PERMIT NO.**  
4890-WR-2

**PERMITTEE ADDRESS**  
PO Box 8835  
Fayetteville AR 72702

**FACILITY ADDRESS**  
13158 Randolph Rd  
Tontitown AR


**AFIN NO.**  
72-01642

**WASTEWATER EFFLUENT MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
4/1/2018	4/30/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.230907	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.008351	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	6.1	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	4	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	8.4	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	23	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	19.5	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT	6.2	mg/l		
Plant Available Nitrogen (PAN)	REPORT	26.8	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett	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</b>  <b>EXECUTIVE OFFICER OR</b>  <b>AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	5/6/2018
TYPED OR PRINTED				MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS ( <i>Reference all attachments here</i> )				

LEGACY ESTATES April 2018

PERMIT # 4890-WR-2

MAXIMUM DAILY FLOW GPD		8351.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		681.4416
B 1		627.9952
C 1		374.1248
D 1		958.6948
E 1		958.6948
F 1		519.4322
G 1		448.4487
H 1		463.4805
I 1		683.1118
J 1		750.7549
K 1		901.908
L 1		979.5723

# 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: 1804020215  
 Customer Name : LEGACY UTILITY,LLC  
 Customer/Permit No. : 2440 / 4890-WR-2 N/A  
 Report Date : 05/04/18

Sample Date : 04/20/18  
 Sample Time : 1510,1512,1514,1515  
 Sample Type : GRABS  
 Sample From : EFFLUENT

Collected By: VLP  
 Delivery By : VLP  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
Date	Time	By					
05/03	0830	TSB	Ammonia Nitrogen	19.5 mg/L			SM 1997 4500-NH3 F
05/02	1100	VLP	Total Kjeldahl Nitrogen	23.0 mg/L			02/2014 HACH 10242
04/20	1518	VLP	pH	7.2 S.U.			SM 2000 4500-H+ B
04/23	1300	TSB	Phosphorous, Total (as P)	8.4 mg/L			EPA 365.3
04/26	1045	JCB	Solids, Total Suspended	6.1 mg/L			SM 1997 2540 D
04/20	1700	CLS	Coliform, Fecal	4 /100ml			SM 9222 D 1997
04/20	1400	AEU	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B
04/24	1100	TSB	Nitrate + Nitrite	6.2 mg/L			01/2013 HACH 10206
05/04	0845	TSB	Nitrogen, Plant Available	26.8 mg/L			SM 1997 4500-N
04/20	1510	JCB	Sample Collection/Travel	1 each			


### Quality Assurance

Precision	Accuracy
% RPD	% Recovery
2.33	99.1 *
10.14	88.0 *
0.00	N/A *
2.67	110.0 *
8.52	N/A *
66.67	N/A *
1.08	114.0 *
0.00	100.0 *

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

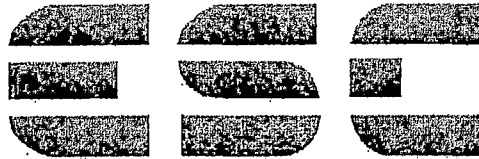
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

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: Legacy Estates				Permit/Project #:						pH(23) Phos(25), NH <sub>3</sub> -N(15.A), NO <sub>3</sub> +NO <sub>2</sub> (9), TKN(16.C)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43)									
Address: 13158 Randolph Rd. Tontitown, AR 72770				Purchase Order #:																	
Telephone: Ken Gregory's Cell- (479) 790-3813				Sampler Name(s): V.L. PATe																	
Telephone:				and Signature(s):																	
ESC Client Number: 2440																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
EFFLUENT	1804020215	4/00/18	1510	GRAB	Water	teflon	150 ml	none	1	X											
EFFLUENT			1512	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X										
EFFLUENT			1514	GRAB	Water	Plastic	1 qt	none/ice	1			X									
EFFLUENT			1515	GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1				X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:											
V.L. PATe		4/00/18	1700	John Brad				4/00/18	1700	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:											
				John Brad				4/00/18	1700	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Comments:		FLOW DATA		Field Test	Time	Analyst	Result	Result	Units												
				Analyst:	pH:	1519	100	7.2	7.2	°C											
				Time:	Temp.:	1512	100	19.1	19.1	°F											
				Reading:	DO:																
				Units:	Debris:																
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1											