

**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
4/1/2019	4/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.331963	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.010427	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	9.7	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 1	colonies/100ml		
pH	6.0 - 9.0	7.5	s. u.		
Total Phosphorus (TP)	REPORT	7.19	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	32.5	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	30.7	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	2.57	mg/l		
Plant Available Nitrogen (PAN)	REPORT	33.8	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft 2	Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett TYPED OR PRINTED	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
			(479) 530-5926	5/3/2019 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

LEGACY ESTATES APRIL 2019

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD		10427.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		850.8432
B 1		784.1104
C 1		467.1296
D 1		1197.0196
E 1		1197.0196
F 1		648.5594
G 1		559.9299
H 1		578.6985
I 1		852.9286
J 1		937.3873
K 1		1126.116
L 1		1223.0871

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: 1904020170
 Customer Name : LEGACY UTILITY,LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 04/25/19

Sample Date : 04/19/19
 Sample Time : 0930
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: JEW
 Delivery By : JEW
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
04/19	1500	TSB	Ammonia as N, (HACH 10205)	30.70 mg/L			SM 2011 4500-NH3 F	0.69	98.0 *
04/24	1010	AKA	Total Kjeldahl Nitrogen	32.5 mg/L			02/2014 HACH 10242	5.19	96.4 *
04/19	0930	JEW	pH	7.5 S.U.			SM 2000 4500-H+ B	0.00	N/A *
04/22	1430	AKA	Phosphorous, Total (as P)	7.190 mg/L			EPA 365.3	1.06	108.0 *
04/23	1000	TSB	Solids, Total Suspended	9.7 mg/L			SM 2011 2540 D	5.63	N/A *
04/19	1615	TSB	Fecal Coliform (MPN/100mL)	< 1.0 /100ml			06/2012 Colilert18	0.00	0.0 *
04/19	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	80.0 *
04/24	1455	AKA	Nitrate + Nitrite	2.57 mg/L			01/2013 HACH 10206	0.20	101.6 *
04/24	1540	AKA	Nitrogen, Plant Available	33.8 mg/L			SM 1997 4500-N		

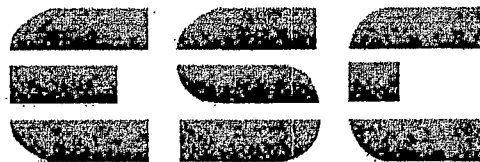
* QA data shown is from a different sample or standard on the same date.

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)	T-Phos (25)	CBOD (70), TSS (28)	Fecal Coliform (43.IF)	NO ₃ +NO ₂ (91), s-TKN (16)	NH ₃ -N (15.A), PAN (99.99)																	
Address: 13158 Randolph Rd. Tontitown, AR 72770				Purchase Order #:																												
Telephone: Ken Gregory's Cell- (479) 790-3813				Sampler Name(s): <i>James Wiltsch James Wiltsch</i>																												
Telephone:				and Signature(s):																												
ESC Client Number: 2440																																
Sample Identification		Sample Collection				Sample Containers				pH (23)	T-Phos (25)	CBOD (70), TSS (28)	Fecal Coliform (43.IF)	NO ₃ +NO ₂ (91), s-TKN (16)	NH ₃ -N (15.A), PAN (99.99)																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#																							
EFFLUENT	1904020170	4-19-19	0930	GRAB	Water	glass	150 ml	none													X											
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1												X			X								
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice	1													X										
EFFLUENT				GRAB	Water	Whirlpak	125 ml	Na ₂ S ₂ O ₃	1			X																				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?																					
<i>James Wiltsch James Wiltsch</i>		4-19-19	1020	<i>James Wiltsch James Wiltsch</i>						<input type="checkbox"/>	<input type="checkbox"/>																					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special																					
				<i>James Wiltsch James Wiltsch</i>						<input type="checkbox"/>	<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:		Yes	No																					
				<i>James Wiltsch James Wiltsch</i>		4-19-19	1020			<input type="checkbox"/>	<input type="checkbox"/>																					
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units																						
				Analyst:	pH:	0930	<i>YEW</i>	7.5	7.5																							
<i>Quarterly</i>				Time:	Temp.:	0930	<i>YEW</i>	15.1	15.1	(C)	°F																					
				Reading:	DO:	0930																										
				Units:	Debris:																											
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___																						