

**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
4/1/2020	4/30/2020

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.472,390	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.0017,796	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	14.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	31.5	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	1,302	colonies/100ml		
pH	6.0 - 9.0	7.5	s.u.		
Total Phosphorus (TP)	REPORT	6.18	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	45.8	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	45.3	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	0.44	mg/l		
Plant Available Nitrogen (PAN)	REPORT	45.8	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	5/12/2020 MM/DD/YYYY

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

TSS is elevated because the sludge needs to be pumped out of the pre treatment tanks. Coordinated will septic hauler to evacuate the tanks

April 2020 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD 17,796

ZONE IDENTIFICATION	LOADING RATE BY ZONE
A 1	1452
B 1	1338
C 1	797
D 1	2043
E 1	2043
F 1	1107
G 1	1015
H 1	988
I 1	1456
J 1	1600
K 1	1922
L 1	2035

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: 2004020089
 Customer Name : LEGACY UTILITY,LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 04/24/20

Sample Date : 04/16/20
 Sample Time : 1425
 Sample Type : GRAB WATER
 Sample From : EFFLUENT

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

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
04/20	1200	TSB	Ammonia as N, (HACH 10205)	45.30 mg/L		SM 2011 4500-NH3 F	0.95	108.0 *
04/21	0900	TSB	Total Kjeldahl Nitrogen	45.8 mg/L		02/2014 HACH 10242	0.00	100.1 *
04/16	1430	TWM	pH	7.5 S.U.		SM 2011 4500-H+ B	0.00	N/A *
04/23	0830	TSB	Phosphorous, Total (as P)	6.18 mg/L		EPA 365.3	1.85	110.0 *
04/21	1300	TSB	Solids, Total Suspended	31.5 mg/L	(b)	SM 2011 2540 D	0.00	N/A *
04/16	1630	TWM	Fecal Coliform (MPN/100mL)	1302.0 /100ml		06/2012 Colilert18	0.00	N/A *
04/17	1200	TSB	BOD, Carbonaceous	14.8 mg/L		SM 2001 5210 B	2.88	95.0 *
04/22	1330	TSB	Nitrate + Nitrite	0.44 mg/L		01/2013 HACH 10206	1.00	98.6 *
04/23	1430	TSB	Nitrogen, Plant Available	45.8 mg/L		SM 1997 4500-N		

* QA data shown is from a different sample or standard on the same date.
 (b) Exceeds Permit Limits for Maximum Concentration

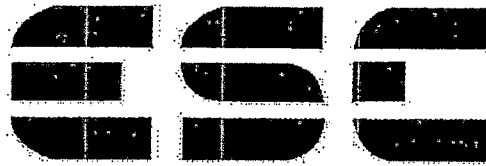
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

472,390
 17,796

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



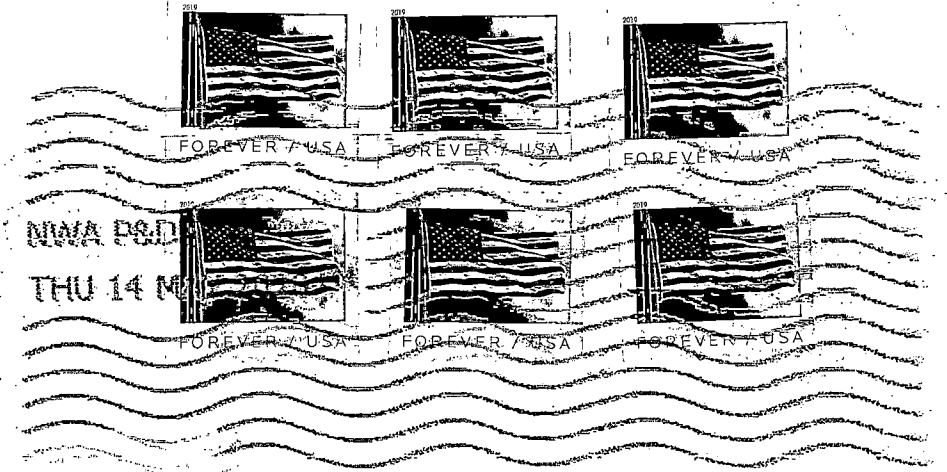
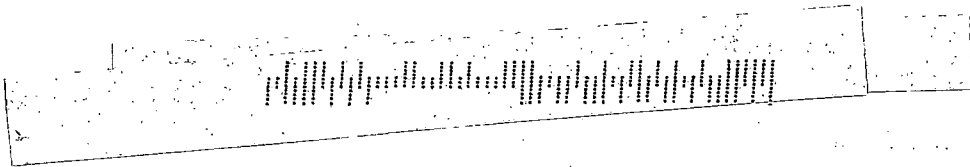
Corporate Office, Little Rock, Arkansas
 501-221-2565


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 #: Q					T-Phos (25)	CBOD (70), TSS (28)	Fecal Coliform (43.1F)	NO ₃ +NO ₂ (91), s-TKN (16)	NH ₃ -N (15.A), PAN (99.99)	pH (23)
Address: 13158 Randolph Rd. Tontitown, AR 72770						Purchase Order #:										
Telephone: Ken Gregory's Cell- (479) 790-3813						Sampler Name(s): <i>Tyler Meek Th</i>										
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	2084020089	4/16/20	1425	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1	X		X	X			
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	1/2 gal	none/ice	1		X					
EFFLUENT	↓	↓	↓	GRAB	Water	Sterile	125 ml	Na ₂ S ₂ O ₃	1			X				
EFFLUENT	↓	↓	↓	GRAB	Water	Glass	150 ml	none	0						X	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		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:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>				
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units				
Quarterly						Analyst:	pH:	1430	TWM	7.5	7.5					
						Time:	Temp.:	1430	TWM	18.2	18	°C °F				
						Reading:	DO:									
						Units:	Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1							



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

ADEQ
Water Division/Branch
5301 Northshore Dr
N Little Rock, AR 72118