

**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 |
| 8/1/2020 | | 8/31/2020 |

TREATED WASTEWATER EFFLUENT SAMPLING

| PARAMETER | Limit | Sample Measurement | UNITS | Monitoring | Reporting |
|---|-----------|--------------------|----------------|-------------------------------|--|
| Flow, Monthly total | REPORT | 0.433,870 | MG | Total Flow per calendar month | Prior to the 15th of the following Month |
| Flow, daily maximum | REPORT | 0.015,352 | MGD | Daily | |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | 15 | 6.2 | mg/l | Grab Sample once per month | |
| Total Suspended Solids (TSS) | 15 | 12.9 | mg/l | | |
| Fecal Coliform Bacteria (FCB) | 2,000 | < 4.0 | colonies/100ml | | |
| pH | 6.0 - 9.0 | 7 | s.u. | | |
| Total Phosphorus (TP) | REPORT | 7.24 | mg/l | | |
| Total Kjeldahl Nitrogen (TKN) | REPORT | | mg/l | Grab sample once per quarter | |
| Ammonia Nitrogen | 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 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 | 9/16/2020 MM/DD/YYYY |
| COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>) | | | | |
| | | | | |

August 2020 LEGACY ESTATES

PERMIT # 4890-WR-2

MAXIMUM DAILY FLOW GPD

15,352

ZONE IDENTIFICATION

LOADING RATE BY ZONE

| | |
|-----|------|
| A 1 | 1253 |
| B 1 | 1186 |
| C 1 | 988 |
| D 1 | 1762 |
| E 1 | 1762 |
| F 1 | 1055 |
| G 1 | 926 |
| H 1 | 948 |
| I 1 | 1256 |
| J 1 | 1381 |
| K 1 | 1658 |
| L 1 | 1177 |

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

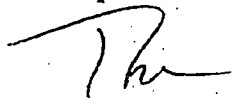
| | | |
|--|------------------------|-------------------|
| Control Number: 2008020068 | Sample Date : 08/20/20 | Collected By: TWM |
| Customer Name : LEGACY UTILITY, LLC | Sample Time : 1655 | Delivery By : TWM |
| Customer/Permit No. : 2440 / 4890-WR-2 N/A | Sample Type : GRAB | Work Order : |
| Report Date : 09/01/20 | Sample From : EFFLUENT | Purchase Order : |

Laboratory Analysis

| Analysis | | | | | | Quality Assurance | | | |
|----------|------|-----|----------------------------|--------|--------|-------------------|--------------------|-----------|------------|
| Date | Time | By | Parameter | Result | Notes | Quantity | Method | Precision | Accuracy |
| | | | | | | | | % RPD | % Recovery |
| 08/20 | 1700 | TWM | pH | 7.0 | S.U. | | SM 2011 4500-H+ B | 0.00 | N/A * |
| 08/24 | 1415 | HNS | Phosphorous, Total (as P) | 7.24 | mg/L | | EPA 365.3 | 1.39 | 104.0 * |
| 08/24 | 0900 | HNS | Solids, Total Suspended | 12.9 | mg/L | | SM 2011 2540 D | 0.00 | N/A * |
| 08/20 | 1830 | TWM | Fecal Coliform (MPN/100mL) | < 4.0 | /100ml | | 06/2012 Colilert18 | 0.00 | N/A * |
| 08/21 | 0730 | TWM | BOD, Carbonaceous | 6.2 | mg/L | | SM 2001 5210 B | 0.00 | 84.0 * |

* 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.

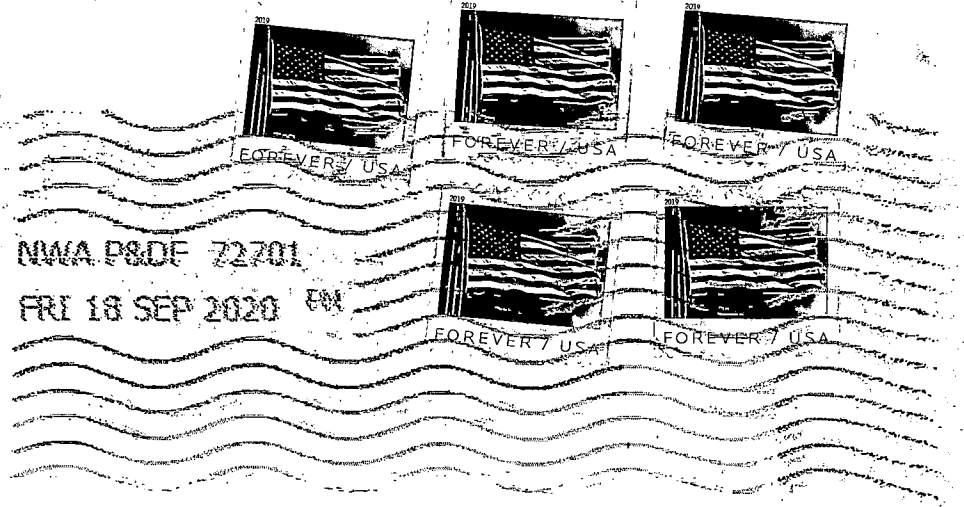
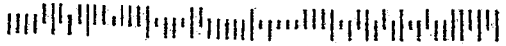
KNM




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

CHAIN OF CUSTODY

| Client Information | | | | | | Project Information | | | | | Requested Parameters | | | | | | | | | | | | | |
|---|---------------|---------|-------------------|---|--------|--|------------|---|------------|--------|--|-----------------------|---------------------|---------|--|--|--|--|--|--|--|--|--|--|
| Company Name: Legacy Estates | | | | | | Permit/Project #: | | | | | Fecal Coliform (43.1F) | T-Phos (25) | CBOD (70), TSS (26) | pH (23) | | | | | | | | | | |
| Address: 13158 Randolph Rd. | | | | | | Purchase Order #: | | | | | | | | | | | | | | | | | | |
| Tontitown, AR 72770 | | | | | | Sampler Name(s): <i>Tyler Week Tin</i> | | | | | | | | | | | | | | | | | | |
| Telephone: Ken Gregory's Cell- (479) 790-3813 | | | | | | and Signature(s): | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | | | | | | | | | |
| ESC Client Number: 2440 | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Identification | | | Sample Collection | | | Sample Containers | | | | | | | | | | | | | | | | | | |
| Identification | ESC Control # | Date | Time | Type | Matrix | Type | Volume | Preservative | # | | | | | | | | | | | | | | | |
| EFFLUENT | 2008020068 | 8/20/20 | 1650 | GRAB | Water | Sterile | 125 ml | Na ₂ S ₂ O ₃ | 1 | X | | | | | | | | | | | | | | |
| EFFLUENT | ↓ | ↓ | ↓ | GRAB | Water | Plastic | 8 oz | H ₂ SO ₄ , pH<2 | 1 | | X | | | | | | | | | | | | | |
| EFFLUENT | ↓ | ↓ | ↓ | GRAB | Water | Plastic | 1/2 gal | none/ice | 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: <i>Tyler Week Tin</i> | | 8/20/20 | 1820 | Received for Lab By: <i>Handwritten</i> | | 8/20 | 1820 | Were samples properly preserved: | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | |
| Comments: | | | | | | FLOW DATA | Field Test | Time | Analyst | Result | Result | Units | | | | | | | | | | | | |
| | | | | | | Analyst: | pH: | 1700 | <i>Tin</i> | 7.0 | 7.0 | | | | | | | | | | | | | |
| | | | | | | Time: | Temp.: | | | | | | °C | °F | | | | | | | | | | |
| | | | | | | Reading: | DO: | | | | | | | | | | | | | | | | | |
| | | | | | | Units: | Debris: | | | | | | | | | | | | | | | | | |
| HAS | | | | | | Chlorinated? Yes No | | | | | | This Document is Page | | | | | | | | | | | | |



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

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