

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

<b>PERMITTEE NAME</b> Eagle Creek Holdings, LLC Legacy Estates WWTF
<b>PERMITTEE ADDRESS</b> 814 W Emma Ave Springdale AR 72764

<b>FACILITY NAME (IF DIFFERENT)</b> Legacy Estates Wastewater Treatment Facility
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<b>PERMIT NO.</b> 4890-WR-1
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<b>FACILITY ADDRESS</b> Harmon Road Tontitown AR
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<b>AFIN NO.</b> 72-01642
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WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2017	12/31/2017

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.050509	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.002916	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	7.7	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 4	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	7.1	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No 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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	1/9/2018  MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)				

LEGACY ESTATES Dec 2017

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD		2916.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		237.9456
B 1		219.2832
C 1		130.6368
D 1		334.7568
E 1		334.7568
F 1		181.3752
G 1		156.5892
H 1		161.838
I 1		238.5288
J 1		262.1484
K 1		314.928
L 1		342.0468

# 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: 1712020389  
 Customer Name : GCD-LEGACY ESTATES  
 Customer/Permit No. : 2440 / 4890-WR-1 N/A  
 Report Date : 01/03/18

Sample Date : 12/27/17  
 Sample Time : 1310  
 Sample Type : GRAB EFFLUENT  
 Sample From : RETEST - NO CHARGE

Collected By: AEU  
 Delivery By : AEU  
 Work Order :  
 Purchase Order :

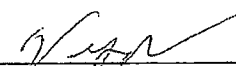
### Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
12/27	1200	AEU	pH	7.1 S.U.			SM 2000 4500-H+ B	0.00	N/A
01/02	1100	TSB	Phosphorous, Total (as P)	7.1 mg/L			EPA 365.3	1.63	100.4
12/29	1645	AEU	Solids, Total Suspended	7.7 mg/L			SM 1997 2540 D	4.44	N/A *
12/27	1430	TSB	Coliform, Fecal	< 4 /100ml			SM 9222 D 1997	0.00	N/A *
12/28	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	5.20	94.0 *

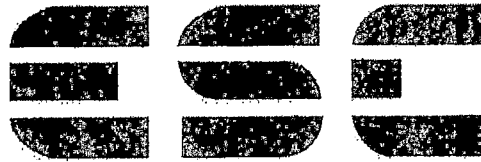
\* QA data shown is from a different sample or standard on the same date.

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](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: Legacy Estates				Permit/Project #:						pH(23) Phos(25) CBOD(70), TSS(28), FAN(0000) F. Coliform (43)										
Address: 13158 Randolph Rd. Tontitown, AR 72770				Purchase Order #:																
Telephone: Ken Gregory's Cell- (479) 790-3813				Sampler Name(s): <i>Amber Underwood</i>																
Telephone:				and Signature(s): <i>[Signature]</i>																
ESC Client Number: 2440																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
EFFLUENT	<i>712020380</i>	<i>12/27/17</i>	<i>1310</i>	GRAB	Water	teflon	150 ml	none	1	X										
EFFLUENT	<i>1</i>	<i>1</i>	<i>1</i>	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X									
EFFLUENT	<i>1</i>	<i>1</i>	<i>1</i>	GRAB	Water	Plastic	1 qt	none/ice	1			X								
EFFLUENT	<i>1</i>	<i>1</i>	<i>1</i>	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:										
<i>[Signature]</i>		<i>12/27/17</i>	<i>1331</i>	<i>[Signature]</i>						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:										
				<i>[Signature]</i>				<i>12-27-17</i>	<i>1331</i>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>							
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units								
						Analyst:	pH:	<i>1310</i>	<i>AEU</i>	<i>7.1</i>	<i>7.1</i>									
						Time:	Temp.:	<i>1</i>	<i>1</i>	<i>15.6</i>	<i>15.6</i>	°F								
						Reading:	DO:													
						Units:	Debris:													
Cool all samples to 6 degrees C.									Chlorinated? Yes No			This Document is Page <u>1</u> of <u>1</u>								