

**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
2/1/2018	2/28/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.094928	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maxlmun	REPORT	0.005892	MGD	Daily	
Carbonaceous Blochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	5.1	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 2	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	7	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	3/8/2018 MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)				

LEGACY ESTATES Feb 2018

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD		5892.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		480.7872
B 1		443.0784
C 1		263.9616
D 1		676.4016
E 1		676.4016
F 1		366.4824
G 1		316.4004
H 1		327.006
I 1		481.9656
J 1		529.6908
K 1		636.336
L 1		691.1316

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: 1802020171
 Customer Name : GCD-LEGACY ESTATES
 Customer/Permit No. : 2440 / 4890-WR-1 N/A
 Report Date : 02/22/18

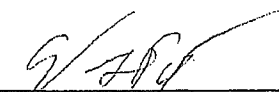
Sample Date : 02/16/18
 Sample Time : 1202
 Sample Type : GRAB LEGACY
 Sample From : EFFLUENT

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

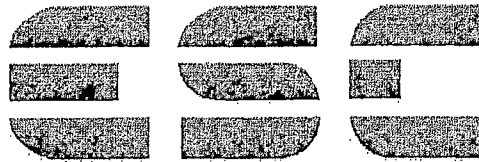
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
02/16	1206	AEU	pH	7.2 S.U.		SM 2000 4500-H+ B	0.00	N/A
02/20	1500	TSB	Phosphorous, Total (as P)	7.0 mg/L		EPA 365.3	1.23	101.2 *
02/21	1430	AEU	Solids, Total Suspended	5.1 mg/L		SM 1997 2540 D	0.00	N/A *
02/16	1652	AEU	Coliform, Fecal	< 2 /100ml		SM 9222 D 1997	0.00	N/A *
02/16	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.55	100.9 *

* 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		Address: 13158 Randolph Rd. Tontitown, AR 72770		Telephone: Ken Gregory's Cell- (479) 790-3813		Telephone:		ESC Client Number: 2440		Permit/Project #:		Purchase Order #:		Sampler Name(s): Amber Underwood		and Signature(s): <i>[Signature]</i>		pH(23) Phos(25), NH ₃ -N(15.A), NO ₃ -NO ₂ (91), TKN(15.C) CBOD(70), TSS(28), PAN(99.99) F. Coliform (43)
Sample Identification		Sample Collection				Sample Containers												
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	Phos(25)	NH ₃ -N(15.A)	NO ₃ -NO ₂ (91)	TKN(15.C)	CBOD(70)	TSS(28)	PAN(99.99)	F. Coliform (43)
EFFLUENT	180205071	2/16/18	1202	GRAB	Water	teflon	150 ml	none	1	X								
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X							
EFFLUENT				GRAB	Water	Plastic	1 qt	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:										
<i>[Signature]</i> Amber Underwood		2/16/18	1331	<i>[Signature]</i> Amber Underwood				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> Amber Underwood		2-16-18	1331	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>								
Comments:				FLOW DATA		Field Test		Time		Analyst		Result		Result		Units		
Sample(s) Received On ICE Temp: 2.7°C				Analyst:		pH:		Time:		Analyst:		Result:		Result:		Units:		
				Reading:		DO:		Time:		Analyst:		Result:		Result:		Units:		
				Units:		Debris:		Time:		Analyst:		Result:		Result:		Units:		
Cool all samples to 6 degrees C.				Chlorinated? Yes No		This Document is Page		1 of 1										