

**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

**PERMITTEE ADDRESS**  
PO Box 8835  
Fayetteville AR 72702

**FACILITY NAME (IF DIFFERENT)**  
Legacy Estates Wastewater Treatment Facility

**FACILITY ADDRESS**  
13158 Randolph Rd  
Tontitown AR

**PERMIT NO.**  
4890-WR-2

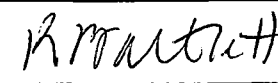
**AFIN NO.**  
72-01642

**WASTEWATER EFFLUENT MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
2/1/2020	2/29/2020

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.445,290	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.016285	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	18.3	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	271	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	5.79	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	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	3/13/2020  MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

February 2020 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

16,285

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1

1329

B 1

1225

C 1

730

D 1

1870

E 1

1870

F 1

1013

G 1

1015

H 1

904

I 1

1332

J 1

1464

K 1

1759

L 1

1774

# 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: 2002020092  
 Customer Name : LEGACY UTILITY, LLC  
 Customer/Permit No. : 2440 / 4890-WR-2 N/A  
 Report Date : 03/03/20

Sample Date : 02/20/20  
 Sample Time : 1600  
 Sample Type : GRAB WATER  
 Sample From : EFFLUENT

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

### Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
02/20	1605	TWM	pH	7.6	S.U.		SM 2011 4500-H+ B	1.34	N/A *
02/26	1400	TSB	Phosphorous, Total (as P)	5.79	mg/L		EPA 365.3	1.36	102.0 *
02/25	1345	TSB	Solids, Total Suspended	18.3	mg/L	(b)	SM 2011 2540 D	13.35	N/A *
02/20	1605	TWM	Temperature	14.30	°C		SM 2000 2550 B	0.00	N/A *
02/20	1740	TWM	Fecal Coliform (MPN/100mL)	270.8	/100ml		06/2012 Colilert18	0.00	0.0 *
02/21	1200	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	0.00	96.3 *

\* 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.

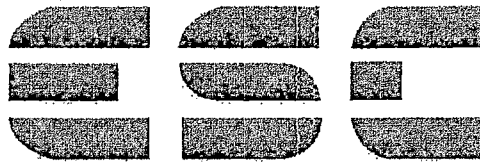
Signature \_\_\_\_\_

Environmental Services Co., Inc.

445,290  
 16,285

122

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 #:				Fecal Coliform (43.IF) T-Phos (25) CBOD (70), TSS (28) 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</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	2002020092	2/20/20	1600	GRAB	Water	Sterile	100 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1	X							
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , 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"/> N	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"/> X	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>Tyler Meek</i>		2/20/20	1740	<i>Tyler Meek</i>			2/20/20	1740	Yes	<input checked="" type="checkbox"/> X	No	<input type="checkbox"/>					
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	1605	TWM	7.6	7.6	°C °F					
						Time:	Temp.:	1605	TWM	14.3	14.2	°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



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ADEQ  
Water Div. Permits Branch  
5301 Northshore Drive  
N. Little Rock, AR  
72118