

**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 |
| 1/1/2018 | 1/31/2018 |

TREATED WASTEWATER EFFLUENT SAMPLING

| PARAMETER | Limit | Sample Measurement | UNITS | Monitoring | Reporting |
|---|-----------|--------------------|----------------|-------------------------------|--|
| Flow, Monthly total | REPORT | 0.025278 | MG | Total Flow per calendar month | Prior to the 15th of the following Month |
| Flow, daily maximum | REPORT | 0.001158 | MGD | Daily | |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | 15 | < 2 | mg/l | Grab Sample once per month | |
| Total Suspended Solids (TSS) | 15 | 12 | mg/l | | |
| Fecal Coliform Bacteria (FCB) | 2,000 | < 2 | colonies/100ml | | |
| pH | 6.0 - 9.0 | 7.3 | s.u. | | |
| Total Phosphorus (TP) | REPORT | 7.4 | mg/l | | |
| Total Kjeldahl Nitrogen (TKN) | REPORT | 34.7 | mg/l | Grab sample once per quarter | |
| Ammonia Nitrogen | REPORT | 29.7 | mg/l | | |
| Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N) | REPORT | 0.7 | mg/l | | |
| Plant Available Nitrogen (PAN) | REPORT | 31.9 | mg/l | | |
| Loading Rate | REPORT | See Attached | gpd/ft 2 | Daily | |

| | | | | |
|---|---|--|------------------|-------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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 | 2/7/2018 |
| TYPED OR PRINTED | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

1158.00

ZONE IDENTIFICATION

LOADING RATE BY
ZONE

A 1

94.4928

B 1

87.0816

C 1

51.8784

D 1

132.9384

E 1

132.9384

F 1

72.0276

G 1

62.1846

H 1

64.269

I 1

94.7244

J 1

104.1042

K 1

125.064

L 1

135.8334

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: 1801020212
 Customer Name : GCD-LEGACY ESTATES
 Customer/Permit No. : 2440 / 4890-WR-1 N/A
 Report Date : 01/31/18

Sample Date : 01/19/18
 Sample Time : 1210
 Sample Type : GRAB LEGACY
 Sample From : EFFLUENT

Collected By: JCB
 Delivery By : JCB
 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> |
| 01/19 | 1400 | TSB | Ammonia Nitrogen | 29.7 mg/L | | SM 1997 4500-NH3 F | 0.00 | 104.3 * |
| 01/30 | 0830 | TSB | Total Kjeldahl Nitrogen | 34.7 mg/L | | 02/2014 HACH 10242 | 7.14 | 99.2 * |
| 01/19 | 1210 | JCB | pH | 7.3 S.U. | | SM 2000 4500-H+ B | 0.00 | N/A * |
| 01/23 | 1000 | JCB | Phosphorous, Total (as P) | 7.4 mg/L | | EPA 365.3 | 0.82 | 100.0 * |
| 01/24 | 0858 | AEU | Solids, Total Suspended | 12.0 mg/L | | SM 1997 2540 D | 9.14 | N/A * |
| 01/19 | 1601 | TSB | Coliform, Fecal | < 2 /100ml | | SM 9222 D 1997 | 0.00 | N/A * |
| 01/19 | 1400 | TSB | BOD, Carbonaceous | < 2.0 mg/L | | SM 2001 5210 B | 0.66 | 99.4 * |
| 01/22 | 1400 | TSB | Nitrate + Nitrite | 0.7 mg/L | | 01/2013 HACH 10206 | 1.83 | 99.1 * |
| 10/31 | 1030 | TSB | Nitrogen, Plant Available | 31.9 mg/L | | SM 1997 4500-N | | |
| 01/19 | 1210 | JCB | Sample Collection/Travel | 1 each | | | | |

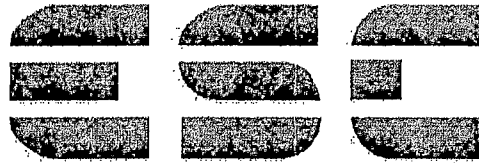
* QA data shown is from a different sample or standard on the same date.

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 | | | | | | Permit/Project #: | | | | | pH(23) Phos(25), NH ₃ -N(15.A), NO ₃ -NO ₂ (9), TRN(16.C) CBOD(70), TSS(28), PAN(99.99) F. Coliform (43) | | | | | | |
| Address: 13158 Randolph Rd. Tontitown, AR 72770 | | | | | | Purchase Order #: | | | | | | | | | | | |
| Telephone: Ken Gregory's Cell- (479) 790-3813 | | | | | | Sampler Name(s): <i>John Byrd</i> | | | | | | | | | | | |
| Telephone: | | | | | | and Signature(s): <i>John Byrd</i> | | | | | | | | | | | |
| ESC Client Number: 2440 | | | | | | | | | | | | | | | | | |
| Sample Identification | | Sample Collection | | | | Sample Containers | | | | | | | | | | | |
| Identification | ESC Control # | Date | Time | Type | Matrix | Type | Volume | Preservative | # | | | | | | | | |
| EFFLUENT | 1801020212 | 1/19/18 | 1210 | GRAB | Water | teflon | 150 ml | none | 1 | X | | | | | | | |
| EFFLUENT | <i>L</i> | | <i>L</i> | GRAB | Water | Plastic | 8 oz | H ₂ SO ₄ , pH<2 | 1 | | X | | | | | | |
| EFFLUENT | <i>L</i> | | <i>L</i> | GRAB | Water | Plastic | 1 qt | none/ice | 1 | | | X | | | | | |
| EFFLUENT | <i>L</i> | | <i>L</i> | 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: | | Used? | Intact? | | | | | | |
| <i>John Byrd John Byrd</i> | | 1/19/18 | 1350 | <i>John Byrd</i> | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received By: (Signature and Printed Name) | | Date | Time | Turnaround: | | Regular | Special | | | | | | |
| | | | | <i>John Byrd</i> | | | | | | <input checked="" type="checkbox"/> | <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 | No | | | | | | |
| | | | | <i>John Byrd</i> | | 1/19/18 | 1350 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Comments: | | | | | | FLOW DATA | Field Test | Time | Analyst | Result | Result | Units | | | | | |
| | | | | | | Analyst: | pH: | 1210 | JCB | 7.3 | 7.3 | | | | | | |
| | | | | | | Time: | Temp.: | 2 | | 14.7 | 14.7 | °C | | | | | |
| | | | | | | Reading: | DO: | | | | | | | | | | |
| | | | | | | Units: | Debris: | | | | | | | | | | |
| Cool all samples to 6 degrees C. | | | | | | Chlorinated? Yes No | | | | | This Document is Page 1 of 1 | | | | | | |