

**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
1/1/2020	1/30/2020

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.440,563	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.015068	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	14.5	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	6,131	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	6.51	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	42	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	29.1	mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	0.5	mg/l		
Plant Available Nitrogen (PAN)	REPORT	33.4	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	2/12/2020 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
Had one bad EQ pump and the other one was running all the time which pushed more water through the plant and did not allow solids to settle and carried the fecals with the solids.

January 2020 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

15,068

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1

1230

B 1

1133

C 1

675

D 1

1730

E 1

1730

F 1

937

G 1

809

H 1

836

I 1

1233

J 1

1355

K 1

1627

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: 2001020132
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 01/24/20

Sample Date : 01/16/20
 Sample Time : 1430
 Sample Type : GRAB
 Sample From : EFFLUENT LEGACY

Collected By: JEW
 Delivery By : JEW
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
01/17	1000	TSB	Ammonia as N, (HACH 10205)	29.10 mg/L			SM 2011 4500-NH3 F	1.49	99.6 *
01/21	1100	TSB	Total Kjeldahl Nitrogen	42.0 mg/L			02/2014 HACH 10242	2.02	102.0 *
01/16	1430	JEW	pH	7.6 S.U.			SM 2011 4500-H+ B	0.00	N/A
01/21	1000	TSB	Phosphorous, Total (as P)	6.51 mg/L			EPA 365.3	1.74	110.0 *
01/22	1330	TSB	Solids, Total Suspended	14.5 mg/L			SM 2011 2540 D	4.04	N/A *
01/16	1710	TSB	Fecal Coliform (MPN/100mL)	6131.0 /100mL			06/2012 Colilert18	0.00	0.0 *
01/17	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	15.86	86.0 *
01/23	1000	TSB	Nitrate + Nitrite	0.50 mg/L			01/2013 HACH 10206	1.90	96.0 *
01/23	1115	TSB	Nitrogen, Plant Available	33.4 mg/L			SM 1997 4500-N		

* 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.

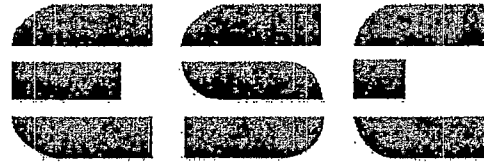
Signature _____

Environmental Services Co., Inc.

EB

440, 503
 15,008

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

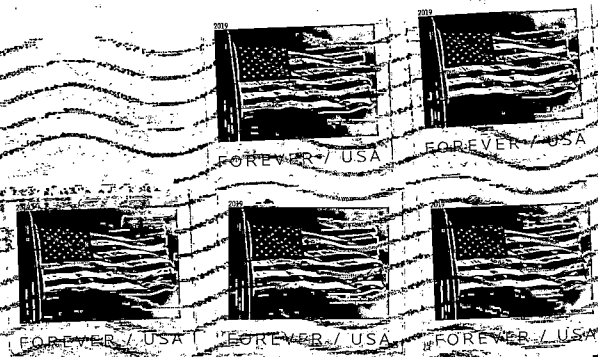
CHAIN OF CUSTODY

Client Information						Project Information				Requested Parameters							
Company Name:		Legacy Estates				Permit/Project #:						T-Phos (25)	CBOD (70), TSS (28)	Fecal Coliform (43.IF)	NO ₃ +NO ₂ (91), s-TKN (16)	NH ₃ -N (15.A), PAN (99.99)	pH (23)
Address:		13158 Randolph Rd. Tontitown, AR 72770				Purchase Order #:											
Telephone:		Ken Gregory's Cell- (479) 790-3813				Sampler Name(s):		<i>James Wiltse</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	2001020132	1-16-20	1430	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1	X			X	X			
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice	1		X						
EFFLUENT				GRAB	Water	Sterile	100 ml	Na ₂ S ₂ O ₃	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"/>				
<i>James Wiltse</i>		1-16-20	1515					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:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>				
				<i>James Wiltse</i>		1-16-20	1515										
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
Quarterly						Analyst:	pH:	1430	YEW	7.6	7.6						
						Time:	Temp.:	1430	YEW	15.0	14.9	°C	°F				
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.						Chlorinated?	Yes	No	This Document is Part		1 of 1						

NWA UTILITY SERVICES, INC

PO Box 9299
Fayetteville, AR
72703

Little Rock
SAT 15 FEB



ADEQ
WATER DIV. Permits
Branch
5301 Northshore Dr
N Little Rock, AR

72118-5317