

**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
7/1/2018		7/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.168074	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.006584	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	13.1	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 10	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	8.7	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	37.4	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	34.4	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	6	mg/l		
Plant Available Nitrogen (PAN)	REPORT	41.3	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	8/5/2018 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

JULY 2018 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

6584.00

ZONE IDENTIFICATION

LOADING RATE BY
ZONE

A 1

537.2544

B 1

495.1168

C 1

294.9632

D 1

755.8432

E 1

755.8432

F 1

409.5248

G 1

353.5608

H 1

365.412

I 1

538.5712

J 1

591.9016

K 1

711.072

L 1

772.3032

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: 1807020315
 Customer Name : LEGACY UTILITY,LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 07/26/18


Sample Date : 07/20/18
 Sample Time : 1400
 Sample Type : GRAB LEGACY
 Sample From : EFFLUENT

Collected By: CLS
 Delivery By : CLS
 Work Order :
 Purchase Order :

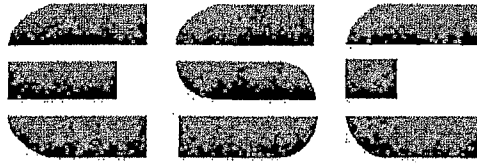
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
07/20	1030	TSB	Ammonia Nitrogen	34.4 mg/L		SM 1997 4500-NH3 F	0.00	98.8 *
07/24	0830	TSB	Total Kjeldahl Nitrogen	37.4 mg/L		02/2014 HACH 10242	2.94	101.6 *
07/20	1400	CLS	pH	7.2 S.U.		SM 2000 4500-H+ B	0.00	N/A *
07/25	1023	CLS	Phosphorous, Total (as P)	8.7 mg/L		EPA 365.3	3.17	108.1 *
07/24	1300	TSB	Solids, Total Suspended	13.1 mg/L		SM 1997 2540 D	6.57	N/A *
07/20	1545	VLP	Fecal Coliform	< 10.0 /100ml		06/2012 Colilert18	0.00	0.0 *
07/20	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.00	96.0
07/24	1350	TSB	Nitrate + Nitrite	6.0 mg/L		01/2013 HACH 10206	0.00	94.2 *
07/24	1550	TSB	Nitrogen, Plant Available	41.3 mg/L		SM 1997 4500-N		
07/20	1400	CLS	Sample Collection/Travel	1 each			0.00	0.0 *

* 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



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 (91), TKN(15.C) CBOD(70), TSS(28), PAN(99.99) F. Coliform (43.IF)								
Address: 13158 Randolph Rd. Tontitown, AR 72770				Purchase Order #:														
Telephone: Ken Gregory's Cell- (479) 790-3813				Sampler Name(s): <i>Chris Struge</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	#	pH	Phos	CBOD	TSS	PAN	F. Coliform			
EFFLUENT	1807020315	7/20/18	1400	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> Chris Struge		7/20/18	1430	<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:										
				<i>[Signature]</i>				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>		7/20/18	1430	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units						
				Analyst:		pH:		1400	CS	7.2	7.2							
				Time:		Temp.:		8	8	25.8	25.5	°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>								