

**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
7/1/2019		7/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.364091	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.013671	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	8.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	8.7	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	992	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	8.15	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 (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -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	8/9/2019 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

LEGACY ESTATES JULY 2019

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

13671.00

ZONE IDENTIFICATION

LOADING RATE BY
ZONE

A 1

1115.5536

B 1

1028.0592

C 1

612.4608

D 1

1569.4308

E 1

1569.4308

F 1

850.3362

G 1

734.1327

H 1

758.7405

I 1

1118.2878

J 1

1229.0229

K 1

1476.468

L 1

1603.6083

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: 1907020247
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 08/05/19

Sample Date : 07/30/19
 Sample Time : 1414
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: NTR
 Delivery By : NTR
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
07/30	1416	NTR	pH	7.4 S.U.			SM 2011 4500-H+ B	0.00	N/A
08/01	1035	NTR	Phosphorous, Total (as P)	8.150 mg/L			EPA 365.3	1.10	100.0 *
07/31	0700	NTR	Solids, Total Suspended	8.7 mg/L			SM 2011 2540 D	0.00	N/A *
07/30	1605	NTR	Fecal Coliform (MPN/100mL)	992.4 /100mL			06/2012 Colilert18	2.96	0.0
07/31	1000	NTR	BOD, Carbonaceous	8.6 mg/L			SM 2001 5210 B	3.28	95.3 *

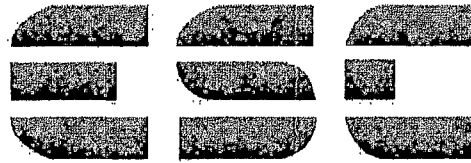
* QA data shown is from a different sample or standard on the same date.

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)	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)
Address: 13158 Randolph Rd. Tontitown, AR 72770						Purchase Order #:										
Telephone: Ken Gregory's Cell- (479) 790-3813						Sampler Name(s): Ned Ryerson										
Telephone:						and Signature(s): Ned Ryerson										
ESC Client Number: 2440																
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#							
EFFLUENT	190702-0247	7-30-19	1414	GRAB	Water	glass	150 ml	none		X						
EFFLUENT	I	I	I	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X					
EFFLUENT	I	I	I	GRAB	Water	Plastic	1/2 gal	none/ice	1			X				
EFFLUENT	I	I	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?					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No					
Comments:		FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
Quarterly		Analyst:		pH:	1416	NPK	7.4	7.4	SL							
		Time:		Temp.:					°C °F							
		Reading:		DO:												
		Units:		Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1							