

**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
6/1/2019	6/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.320411	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.012739	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	16.8	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	63	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	6.52	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 (NO3-N) + Nitrite Nitrogen (NO2-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	7/1/2019 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) We feel high solids are from Field Flush line not ran into tank properly. We will make repairs and monitor

LEGACY ESTATES June 2019

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD		12739.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		1039.5024
B 1		957.9728
C 1		570.7072
D 1		1462.4372
E 1		1462.4372
F 1		792.3658
G 1		684.0843
H 1		707.0145
I 1		1042.0502
J 1		1145.2361
K 1		1375.812
L 1		1494.2847

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: 1906020105
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 06/28/19

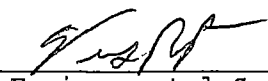
Sample Date : 06/21/19
 Sample Time : 0920
 Sample Type : GRAB
 Sample From : EFFLUENT

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

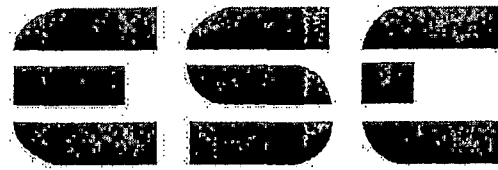
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
06/21	0930	JEW	pH	7.4 S.U.		SM 2011 4500-H+ B	0.00	N/A *
06/27	1015	TSB	Phosphorous, Total (as P)	6.520 mg/L		EPA 365.3	1.71	116.0 *
06/24	1230	TSB	Solids, Total Suspended	16.8 mg/L	(b)	SM 2011 2540 D	0.76	N/A *
06/21	1604	TSB	Fecal Coliform (MPN/100mL)	63.0 /100ml		06/2012 Colilert18	11.41	0.0 *
06/21	1300	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	8.13	94.0 *

* 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.

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



Corporate Office, Little Rock, Arkansas
 501-221-2565

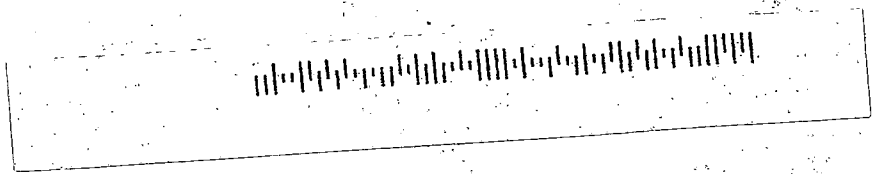
Carlsbad, New Mexico
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

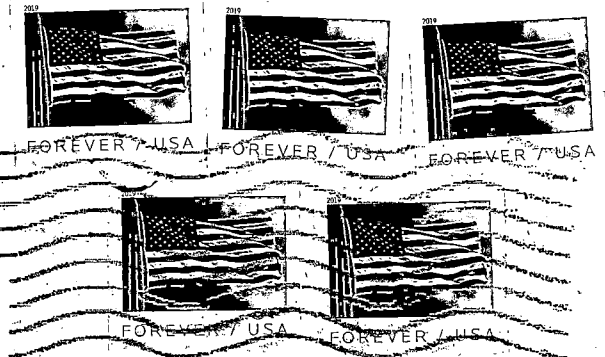
CHAIN OF CUSTODY

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): <i>James Wiltse James W. Hise</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	1906020105	6-21-19	0920	GRAB	Water	glass	150 ml	none		X						
EFFLUENT	<i>105</i>			GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X					
EFFLUENT	①			GRAB	Water	Plastic	1/2 gal	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:		Used?	Intact?					
<i>James Wiltse James W. Hise</i>		6-21-19	1140							<input type="checkbox"/>	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special					
										<input 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>Alexis Anderson</i>		6-21-19	1140			<input type="checkbox"/>	<input type="checkbox"/>					
Comments: <i>Pump was Running</i>						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units				
						Analyst:	pH:	0930	<i>JW</i>	7.4	7.4					
① <i>Quarterly. Look @ wrong month</i>						Time:	Temp.:	0930	<i>JW</i>	24.2	24.2	°C				
						Reading:	DO:									
						Units:	Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes No		This Document is Page ___ of ___								

GCD
P.O. Box 9299
Fayetteville, AR 72703



NWA P&DF 72701
TUE 02 JUL 2019 PM



ADEQ Water Division
Permits Branch
5301 Northshore Dr
N Little Rock, AR 72118-5317

