

**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

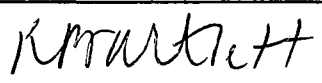
AFIN NO.
72-01642

WASTEWATER EFFLUENT MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
6/1/2020	6/30/2020

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.417,860	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.018,198	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2.5	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	13.6	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 5.0	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	8.59	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	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	7/15/2020 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

June 2020 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

18,198

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1	1485
B 1	1368
C 1	815
D 1	2089
E 1	2089
F 1	1132
G 1	1515
H 1	1437
I 1	1489
J 1	1636
K 1	1965
L 1	1177

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: 2006020086
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 07/08/20

Sample Date : 06/25/20
 Sample Time : 1610
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: TWM
 Delivery By : TWM
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
06/25	1615	TWM	pH	7.1	S.U.		SM 2011 4500-H+ B	0.00	N/A *
06/30	1655	NTR	Phosphorous, Total (as P)	8.59	mg/L		EPA 365.3	0.00	91.0 *
06/29	0800	NTR	Solids, Total Suspended	13.6	mg/L		SM 2011 2540 D	9.01	N/A *
06/25	1645	TSB	Fecal Coliform (MPN/100mL)	< 5.0	/100ml		06/2012 Colilert18	0.00	N/A *
06/26	1500	TWM	BOD, Carbonaceous	< 2.5	mg/L		SM 2001 5210 B	4.90	101.8 *

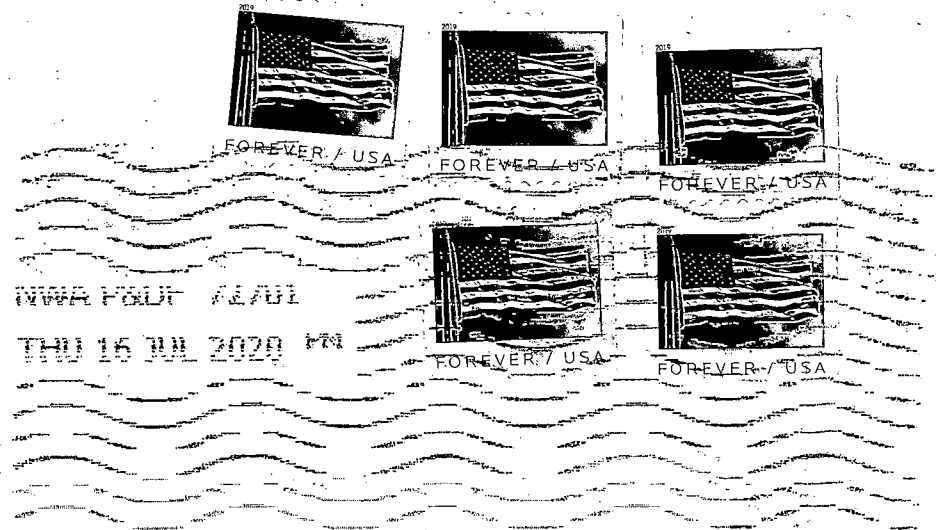
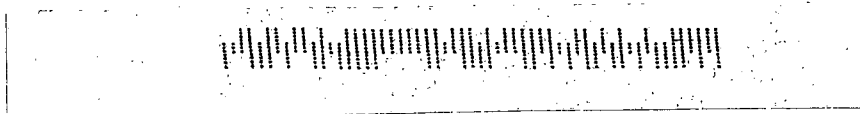
* QA data shown is from a different sample or standard on the same date.


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.

JB
 417 860
 18198



 **NWA Utility Services Inc**
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
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N Little Rock, AR 72118-5317