ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

PERMITTEE NAME					PERMIT NO.]				
Legacy Estates Homeowners Ass	ociation Inc	I	FACILITY NAME (IF DIFFERENT) Legacy Estates Wastewater Treatment Facility							
PERMITTEE ADDRESS PO Box 8835 Fayetteville AR 72702			FACILITY ADDR 13158 Randolph Tontitown AR			AFIN NO. 72-01642]			
		WA	iOD	ī						
		MM/DD/YYYY 3/1/2020	STEWATER EFFLUENT MC	MM/DD/YYYY 3/31/2020						
TREATED WASTEWATER EFFLUE	NT SAMPLING			· · · · · · · · · · · · · · · · · · ·]		
PARAMETER		Limit	Sample Measurement	UNITS	Monitoring	Reporting				
Flow, Monthly total		REPORT	0.500,330	MG	Total Flow per calendar month		· · · · · · · · · · · · · · · · · · ·	1		
Flow, daily maximun		REPORT	0.0023,865	MGD	Daily					
Carbonaceous Biochemical Oxygen Demand (CBOD5)		15	23.3	mg/l						
Total Suspended Solids (TSS)		15	19.1	mg/l						
Fecal Coliform Bacteria (FCB)		2,000	9,678	colonies/100ml	Grab Sample once per month					
рН		6.0 - 9.0	7.2	7.2 s.u.			the 15th of the			
Total Phosphorus (TP)		REPORT	5.64	mg/l		follo	wing Month			
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/l						
Ammonia Nitrogen		REPORT		mg/i	Grab sample once per quarter					
Nitrate Nitrogen (NO3-N) + Nitrite Nitrog	gen (NO2-N)	REPORT		mg/l						
Plant Available Nitrogen (PAN)		REPORT		mg/l]				
Loading Rate		REPORT	See Attached	gpd/ft 2	Daily	7				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PE	IALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION			1 200 = 1 1 1	ン	TELEPHONE	DATE		
	SUBMITTED HEREIN;	AND BASED ON MY INQUIRY OF THO	SPONSIBLE FOR	Mymout	J					
	OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND						(479) 530-	4/13/2020		
Kathy Bartlett	COMPLETE. I AM AWA	ARE THAT THERE ARE SIGNIFICANT P	ENALTIES FOR SUBMITTING FALS	E INFORMATION,	EXECUTIVE OFFICER OR	!	5926			
TYPED OR PRINTED	INCLUDING THE POSS		AUTHORIZED AGENT			MM/DD/YYYY				
COMMENTS AND EXPLANATION O We have scheduled with ESI to pu										

March 2020 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD	} {	23,865
	1	

ZONE IDENTIFICATION	LOADING RATE BY ZONE
A 1	1947
B 1	1795
C1	1069
D1	2740
E 1	2740
F 1	1484
G 1	1015
H 1	1325
11	1952
J1	2145
K 1	2577
L1	3075

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: 2003020142

Customer Name : LEGACY UTILITY, LLC

Customer/Permit No.: 2440 / 4890-WR-2 N/A

Report Date : 04/01/20

Sample Date : 03/24/20

Sample Time : 1450

Sample Type : GRAB WATER

Sample From : EFFLUENT

Collected By: BRS

Delivery By : BRS

Work Order :

Purchase Order:

		Quality Assurance					
Analysis		•				Precision	Accuracy
Date Time By	Parameter	<u> Result</u>	Notes	Quantity	<u> Method</u>	% RPD	% Recovery
03/24 1450 BRS	Н	7.2 S.U.			SM 2011 4500-H+ B	1.36	N/A *
03/30 1015 TSB	Phosphorous, Total (as P)	5.64 mg/L			EPA 365.3	0.80	111.0 *
03/25 1420 TSB	Solids, Total Suspended	19.1 mg/L	(b)		SM 2011 2540 D	7.85	N/A *
03/24 1620 TSB	Fecal Coliform (MPN/100mL	> 9678.4 /100ml	<u>.</u> .		06/2012 Colilert18	. 0.00	N/A *
03/25 1500 TSB	BOD, Carbonaceous	23.3 mg/L	(b)		SM 2001 5210 B	5.01	90.0 *

(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.,

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

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

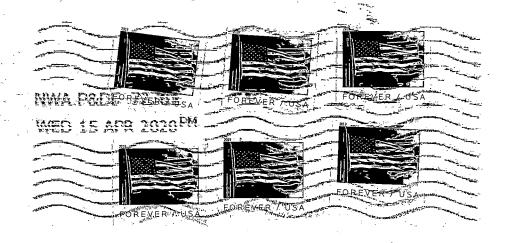
Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information Requested Paramet								ters					
Company Name: Legacy Estates			Permit/Project #:										\Box	\Box			
Address:		13158 Randopih Rd.		Purchase Order #:				_]					- 1		
		Tontitown, AR 7277	70					, ,			1					,	
Telephone:		Ken Gregory's Cell-	- (479) 790	-3813	Sampler Name(s): Brand		steichnen] 🖺		(28)					
Telephone:							Dm m]£		TSS (.		
			and Signat	ture(s):						<u>ال</u> ا			1				
ESC Client Nu	mber:	2440										2	(70)				
San	nple Iden	tification		Sample	Collection			Sample (Date Time Custody See Used? Date Time Custody See Used? Date Time Regular Date Time Were sample 22410 1610 Test Time Analyst Result F 14:50 865 7; 7 3:: U 15.49			СВОD	pH (23)	1			
Identifica	tion	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative #	i je	岸	8	Hd			
EFFI	LUENT	2003020142	-3/24/20	14:50	GRAB	Water	Sterile	100 ml	Na ₂ S ₂ O ₃		X	<u> </u>				4	
EFFI	LUENT		/		GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2 1		X	Ш			\dashv	\bot
EFFL	LUENT		<i>i</i> /		GRAB	Water	Plastic	1/2 gal	none/ice		$oldsymbol{\perp}$		x			_	
EFFI	LUENT			4/	GRAB	Water	Glass	150 ml	none		1	<u> </u>		Х	\dashv	\dashv	
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Relinquished By: (Signal	hum and Orinted	Nama	Date	Time	Decement By: (Sin	nature and Drinte	(Nama)		Data	Time	Cue	ody Se	ale:				
	•				Used? N					N							
Relinquished By: (Signal	ture and Printed	Name)	3/14/20	(6:(j)	Received By: (Sig							Specia	al [$\overline{}$			
Relinquished By: (Signal			Date	Time	Received for Lab	By: (\$ignature and	Printed Name	9)	Date	Time		sam	oles pr	operly	preser	ved:	
·				<u> </u>	Milana			0016	4410	i ·	╁	Yes	X		<u>N</u>	ю	
Comments:						FLOW DATA		Field Test			-						
				Analyst:		pH:	14:50		7,	2	7.3						
					Time:		Temp.:	1		15.	y	15.	7	€ 0 °F		'F	
						Reading:		DO:								:	
					Units:		Debris:										
N. DCVFORMSIC	HAIN XI S	Cool all samples to	o 6 degree	s C.	· ()	•	Chlorinated	? Yes N	lo	This	Doc	ume	nt is	Page	 !	$\overline{\int I}$

NWA UTILI

PO Box 9299 Fayetteville, AR 72703



ADEQ Water DIV. Parmits Branch 5301 Northshore Dr. N LITTLE ROCK, AR 72118

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