

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
5/1/2018		5/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.177582	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.008438	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	10.6	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	400	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	8	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	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 (479) 530-5926	DATE 6/9/2018 MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

LEGACY ESTATES May 2018

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD		8438.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		688.5408
B 1		634.5376
C 1		378.0224
D 1		968.6824
E 1		968.6824
F 1		524.8436
G 1		453.1206
H 1		468.309
I 1		690.2284
J 1		758.5762
K 1		911.304
L 1		989.7774

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: 1805020193
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 05/30/18


Sample Date : 05/18/18
 Sample Time : 1220
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: AEU
 Delivery By : AEU
 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>
05/18	1222	AEU	pH	7.2 S.U.		SM 2000 4500-H+ B	0.00	N/A *
05/21	1215	TSB	Phosphorous, Total (as P)	8.0 mg/L		EPA 365.3	0.00	97.2 *
05/29	1120	JCB	Solids, Total Suspended	10.6 mg/L		SM 1997 2540 D	2.07	N/A *
05/18	1600	AEU	Coliform, Fecal	400 /100ml		SM 9222 D 1997	40.00	N/A *
05/18	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	2.30	118.0 *

* 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(16-C)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43)							
Address:		13158 Randolph Rd. Tontitown, AR 72770				Purchase Order #:															
Telephone:		Ken Gregory's Cell- (479) 790-3813				Sampler Name(s):		Amber Underwood													
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	1805020193	5/18/18	1220	GRAB	Water	teflon	150 ml	none	1	x											
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ pH<2	1	x											
EFFLUENT	I	I	I	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:													
		5/18/18	1405			5/18/18	1405	Used? <input checked="" type="checkbox"/>		Intact? <input type="checkbox"/>		Turnaround:		Regular <input checked="" type="checkbox"/>		Special <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time														
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time														
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time														
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
Sample(s) Received On ICE Temp: 19 °C						Analyst: AE	pH:	7.2	AEU	7.2	7.2	°C									
						Time:	Temp.:	7	L	21.7	20.0	°F									
						Reading:	DO:														
						Units:	Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1											