

**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
5/1/2020	5/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.480,860	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.021,977	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	30.2	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 5.02	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	6.32	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l		
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	6/15/2020  MM/DD/YYYY

**COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)**  
TSS is elevated because the sludge needs to be pumped out of the pre treatment tanks. Coordinated with septic hauler to evacuate the tanks

May 2020 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

21,977

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1	1793
B 1	1653
C 1	985
D 1	2523
E 1	2523
F 1	1367
G 1	1515
H 1	1437
I 1	1798
J 1	1976
K 1	2374
L 1	2035

# 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: 2005020081  
 Customer Name : LEGACY UTILITY, LLC  
 Customer/Permit No. : 2440 / 4890-WR-2 N/A  
 Report Date : 05/29/20

Sample Date : 05/21/20  
 Sample Time : 1650  
 Sample Type : GRAB  
 Sample From : EFFLUENT

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

### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
05/21	1655	TWM	pH	7.3	S.U.		SM 2011 4500-H+ B	0.00	N/A *
05/26	1030	TSB	Phosphorous, Total (as P)	6.32	mg/L		EPA 365.3	0.90	110.0 *
05/26	1500	TSB	Solids, Total Suspended	30.2	mg/L	(b)	SM 2011 2540 D	0.00	N/A *
05/21	1730	TSB	Fecal Coliform (MPN/100mL)	< 5.0	/100mL		06/2012 Colilert18	0.00	N/A *
05/22	1300	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	0.00	94.3

\* 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.

480,860  
21,977

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 #:							Fecal Coliform (43.1F)	T-Phos (25)	CBOD (70), TSS (28)	pH (23)							
Address: 13158 Randolph Rd.				Purchase Order #:																	
Tontitown, AR 72770				Sampler Name(s): <i>Tyler Mack</i>																	
Telephone: Ken Gregory's Cell- (479) 790-3813				and Signature(s): <i>Th</i>																	
Telephone:																					
ESC Client Number: 2440																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
EFFLUENT	2005020081	5/21/20	1650	GRAB	Water	Sterile	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1	X											
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		X										
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	1/2 gal	none/ice	1			X									
EFFLUENT	↓	↓	↓	GRAB	Water	Glass	150 ml	none	0				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:		5/21/20 1730		James B. Bickel, Tamara Brooks			5-21-20 1730														
				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units											
				Analyst:	pH:	1655	Thm	7.3	7.3												
				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														



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

ADEQ  
WATER DIVISION/PERMITS BRANCH  
5301 Northshore Drive  
N Little Rock, AR 72118-5317