

**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**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
1/1/2018	11/30/2018

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.217761	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.008859	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	8.4	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	1,515	colonies/100ml		
pH	6.0 - 9.0	7.5	s. u.		
Total Phosphorus (TP)	REPORT	7.24	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	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  Kathy Bartlett <b>TYPED OR PRINTED</b>	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>TELEPHONE</b>  (479) 530-5926	<b>DATE</b> 12/6/2018
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)**

LEGACY ESTATES NOV 2018

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD		8859.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		722.8944
B 1		666.1968
C 1		396.8832
D 1		1017.0132
E 1		1017.0132
F 1		551.0298
G 1		475.7283
H 1		491.6745
I 1		724.6662
J 1		796.4241
K 1		956.772
L 1		1039.1607

# 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: 1811020132  
 Customer Name : LEGACY UTILITY,LLC  
 Customer/Permit No. : 2440 / 4890-WR-2 N/A  
 Report Date : 11/26/18

Sample Date : 11/16/18  
 Sample Time : 0945  
 Sample Type : GRAB LEGACY  
 Sample From : EFFLUENT

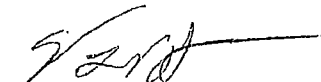
Collected By: JEW  
 Delivery By : JEW  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

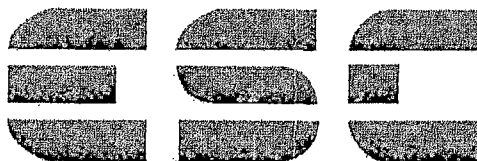
Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
11/16	0945	JEW	pH	7.5 S.U.			SM 2000 4500-H+ B	1.32	N/A *
11/20	0915	TSB	Phosphorous, Total (as P)	7.240 mg/L			EPA 365.3	0.00	115.0 *
11/20	1100	TSB	Solids, Total Suspended	8.4 mg/L			SM 1997 2540 D	22.22	N/A *
11/28	1640	VLP	Fecal Coliform (MPN/100mL)	1515.0 /100ml			06/2012 Colilert18		
11/16	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	5.28	92.0 *

\* 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 <sub>3</sub> -N(15.A), NO <sub>3</sub> -NO <sub>2</sub> (91), TKN(16.C)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43.IF)						
Address: 13158 Randolph Rd.				Purchase Order #:															
Tontitown, AR 72770				Sampler Name(s): <i>James Wilke, James Wilke</i>															
Telephone: Ken Gregory's Cell- (479) 790-3813				and Signature(s):															
Telephone:																			
ESC Client Number: 2440																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
EFFLUENT	1811020132	8-16-18	0945	GRAB	Water	teflon	150 ml	none	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 qt	none/ice	1			x							
EFFLUENT	↓	↓	↓	GRAB	Water	Whirlpak	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	1				x						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input type="checkbox"/>		Intact? <input type="checkbox"/>							
<i>James Wilke, James Wilke</i>		11-16-18	1045	<i>Samuel Brooks, Pamela Brooks</i>				Turnaround:		Regular <input 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 type="checkbox"/>		No <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time												
				<i>Samuel Brooks, Pamela Brooks</i>		11-16-18	1045												
Comments: 17.9				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units								
				Analyst:		pH:	0945	<i>LEW</i>	7.48	7.48									
				Time:		Temp.:	0945	<i>LEW</i>	17.9	17.9	°C		°F						
				Reading:		DO:													
				Units:		Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___									