

**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
11/1/2019	11/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.402552	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.016358	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	8.1	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	31	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	6.01	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l		
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.	<i>Kathy Bartlett</i>	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(479) 530-5926	12/16/2019 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

November 2019 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

16358.00

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1	1334
B 1	1230
C 1	732
D 1	1877
E 1	1877
F 1	1017
G 1	878
H 1	908
I 1	1338
J 1	1470
K 1	1766
L 1	1931

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: 1911020066
 Customer Name : LEGACY UTILITY,LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 12/02/19

Sample Date : 11/20/19
 Sample Time : 1300
 Sample Type : GRAB LEGACY
 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
11/20	1200	TWM	pH	7.6	S.U.		SM 2011 4500-H+ B	0.00	N/A
11/22	1445	TSB	Phosphorous, Total (as P)	6.01	mg/L		EPA 365.3	0.58	108.0 *
11/25	1430	TSB	Solids, Total Suspended	8.1	mg/L		SM 2011 2540 D	10.17	N/A *
11/20	1714	TSB	Fecal Coliform (MPN/100mL)	31.0	/100ml		06/2012 Colilert18	0.00	0.0 *
11/20	1600	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	2.76	96.3 *

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

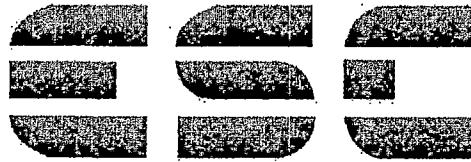
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

402,552
16,358

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

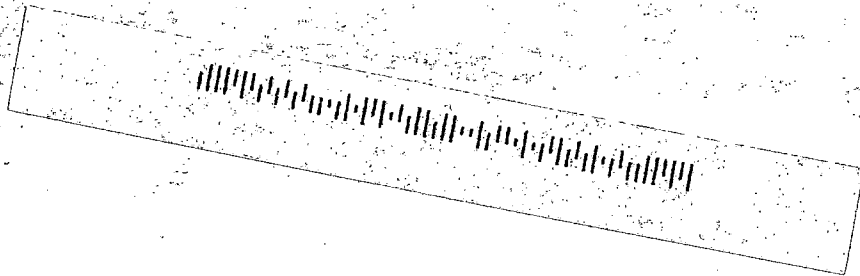
Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters							
Company Name: Legacy Estates		Permit/Project #:		Purchase Order #:		Sampler Name(s): <i>Tyler Meek Th</i>		and Signature(s):		pH (23)	T-Phos (25)	CBOD (70), TSS (28)	Fecal Coliform (43.IF)	NO ₃ +NO ₂ (91), s-TKN (16)	NH ₃ -N (15.A), PAN (99.99)
Address: 13158 Randolph Rd. Tontitown, AR 72770															
Telephone: Ken Gregory's Cell- (479) 790-3813															
ESC Client Number: 2440															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
EFFLUENT	1911020066	11/20/19	1200	GRAB	Water	glass	150 ml	none		X					
EFFLUENT	1911020066	↓	↓	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X				
EFFLUENT	1911020066	↓	↓	GRAB	Water	Plastic	1/2 gal	none/ice	1			X			
EFFLUENT	1911020066	↓	↓	GRAB	Water	Whirlpak	100 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:		Used? <input checked="" type="checkbox"/> N Intact? <input type="checkbox"/>		Turnaround:		Regular <input checked="" type="checkbox"/> X 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"/> X No <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name) <i>Tyler Meek Th</i>		Date 11/20/19	Time 12:50	Received for Lab By: (Signature and Printed Name) <i>Amanda Stamen Forks</i>		Date 11/20/19	Time 12:50	FLOW DATA		Field Test		Time		Analyst	
Comments:		Analyst:		pH:		12:00		Th		7.6		7.6			
Quarantary		Time:		Temp.:		12:00		Th		20.2		20.2		°F	
		Reading:		DO:											
		Units:		Debris:											
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1					

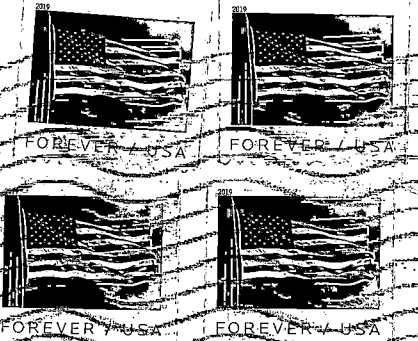
NWA UTILITY SERVICES, INC

PO Box 9299
Fayetteville, AR
72703



NWA PSDF 72703

FRI 20 DEC 2019 PM



ADEQ
Water Division
Permits Branch
5301 Northshore Dr
North Little Rock, AR
72118