

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

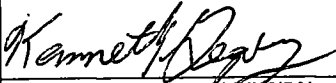
PERMITTEE ADDRESS
 PO Box 8835
 Fayetteville AR 72702

FACILITY ADDRESS
 13158 Randolph Rd
 Tontitown AR

AFIN NO.
 72-01642

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
10/1/2018		10/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.259485	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.008629	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	4.8	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 4	colonies/100ml		
pH	6.0 - 9.0	7.5	s. u.		
Total Phosphorus (TP)	REPORT	7.72	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	39	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	38.9	mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT	8.2	mg/l		
Plant Available Nitrogen (PAN)	REPORT	47.1	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (479) 530-5926	DATE 11/8/2018 MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)				

LEGACY ESTATES OCT 2018

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD

8629.00

ZONE IDENTIFICATION

LOADING RATE BY
ZONE

A 1

704.1264

B 1

648.9008

C 1

386.5792

D 1

990.6092

E 1

990.6092

F 1

536.7238

G 1

463.3773

H 1

478.9095

I 1

705.8522

J 1

775.7471

K 1

931.932

L 1

1012.1817

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: 1810020164
 Customer Name : LEGACY UTILITY,LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 10/25/18

Sample Date : 10/19/18
 Sample Time : 0847
 Sample Type : GRAB LEGACY
 Sample From : EFFLUENT

Collected By: JW
 Delivery By : JW
 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>
10/19	1400	TSB	Ammonia as N, (HACH 10205)	38.90 mg/L		SM 2011 4500-NH3 F	3.58	106.0 *
10/23	0800	TSB	Total Kjeldahl Nitrogen	39.0 mg/L		02/2014 HACH 10242	2.67	97.0 *
10/19	0847	JW	pH	7.5 S.U.		SM 2000 4500-H+ B	0.00	N/A *
10/22	1400	TSB	Phosphorous, Total (as P)	7.720 mg/L		EPA 365.3	1.59	108.0 *
10/24	1615	TSB	Solids, Total Suspended	4.8 mg/L		SM 1997 2540 D	18.32	N/A
10/19	1527	VLP	Fecal Coliform (MPN/100mL)	< 4.0 /100ml		06/2012 Colilert18	0.00	0.0 *
10/19	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	5.33	97.0 *
10/23	1100	TSB	Nitrate + Nitrite	8.2 mg/L		01/2013 HACH 10206	1.65	102.0 *
10/23	1515	TSB	Nitrogen, Plant Available	47.1 mg/L		SM 1997 4500-N		
10/19		ESC	Sample Collection/Travel	1 each			0.00	0.0 *

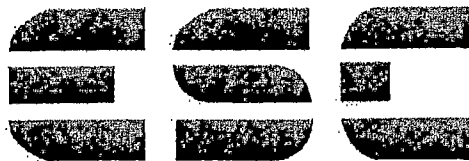
* QA data shown is from a different sample or standard on the same date.

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			Address: 13158 Randolph Rd. Tontitown, AR 72770			Telephone: Ken Gregory's Cell- (479) 790-3813			Telephone:			ESC Client Number: 2440			Permit/Project #:				
Purchase Order #:						Sampler Name(s): James Wiltsie					and Signature(s): James Wiltsie								
Sample Identification			Sample Collection			Sample Containers					pH(23)	Phos(28)	NH ₃ -N(15.A), NO ₃ -NO ₂ (91)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43.1F)				
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
EFFLUENT	1810020164	10-19-18	0847	GRAB	Water	teflon	150 ml	none	1	x									
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x								
EFFLUENT				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:		Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>						
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>						
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units							
						Analyst:	pH:	0847	JLW	7.5	7.5	SC							
						Time:	Temp.:			19.3	19.3	°C							
						Reading:	DO:												
						Units:	Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No		This Document is Page 1 of 1											

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