

**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
9/1/2018	9/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.184374	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.008726	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	10.4	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 4	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Phosphorus (TP)	REPORT	8.3	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 <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	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</b>  <b>EXECUTIVE OFFICER OR</b>  <b>AUTHORIZED AGENT</b>	TELEPHONE	DATE
			(479) 530-5926	10/11/2018  MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Sept 2018 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD		8726.00
ZONE IDENTIFICATION		LOADING RATE BY ZONE
A 1		712.0416
B 1		656.1952
C 1		390.9248
D 1		1001.7448
E 1		1001.7448
F 1		542.7572
G 1		468.5862
H 1		484.293
I 1		713.7868
J 1		784.4674
K 1		942.408
L 1		1023.5598

# 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: 1809020136  
 Customer Name : LEGACY UTILITY, LLC  
 Customer/Permit No. : 2440 / 4890-WR-2 N/A  
 Report Date : 09/27/18

Sample Date : 09/21/18  
 Sample Time : 1050  
 Sample Type : GRAB LEGACY  
 Sample From : EFFLUENT

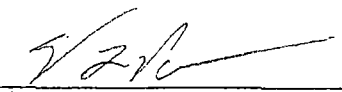
Collected By: VLP  
 Delivery By : VLP  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

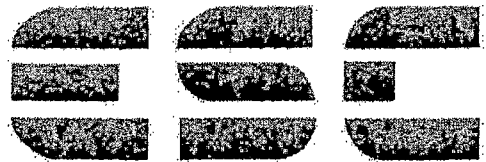
<u>Analysis</u>			<u>Laboratory Analysis</u>				<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
09/21	1055	VLP	pH	6.8	S.U.		SM 2000 4500-H+ B		
09/25	1230	TSB	Phosphorous, Total (as P)	8.300	mg/L		EPA 365.3	0.59	106.0 *
09/24	1415	TSB	Solids, Total Suspended	10.4	mg/L		SM 1997 2540 D	9.00	N/A *
09/21	1630	TSB	Fecal Coliform	< 4.0	/100ml		06/2012 Colilert18	0.00	0.0
09/21	1400	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	4.00	112.0 *
09/21	1050	VLP	Sample Collection/Travel	1	each				

\* 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 #:															
Address: 13158 Randolph Rd.		Purchase Order #:															
Telephone: Ken Gregory's Cell- (479) 790-3813		Sampler Name(s): <i>V-L. PATE</i>															
Telephone:		and Signature(s): <i>[Signature]</i>															
ESC Client Number: 2440																	
Sample Identification		Sample Collection				Sample Containers				pH(23)	Phos(25)	CBOD(70), TSS(28)	F. Coliform (43.1F)				
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
EFFLUENT	1809020136	9/21/18	10:50	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"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular <input type="checkbox"/>		Special <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name) <i>[Signature]</i>		Date	Time	Received for Lab By: (Signature and Printed Name) <i>[Signature]</i>		Date	Time	Were samples properly preserved:		Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	10:58	<i>[Signature]</i>	6-8	6-8	°C		°F			
						Time:	Temp.:			23.6	23.6						
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___								

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