

**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
9/1/2019	9/30/2019

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.379877	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.011973	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	15	14.9	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 2.0	colonies/100ml		
pH	6.0 - 9.0	7.5	s.u.		
Total Phosphorus (TP)	REPORT	8.37	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-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	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	DATE
			(479) 530-5926	10/14/2019
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Sept 2019 LEGACY ESTATES

PERMIT # 4890-WR-1

MAXIMUM DAILY FLOW GPD 11973.00

ZONE IDENTIFICATION LOADING RATE BY ZONE

A 1	977
B 1	900
C 1	536
D 1	1374
E 1	1375
F 1	744
G 1	643
H 1	664
I 1	987
J 1	1076
K 1	1293
L 1	1404

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: 1909020093
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 10/03/19

Sample Date : 09/20/19
 Sample Time : 0950
 Sample Type : GRAB
 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 % RPD	Accuracy % Recovery
09/20	0950	JEW	pH	7.5	S.U.		SM 2011 4500-H+ B	0.00	N/A *
09/23	1345	TSB	Phosphorous, Total (as P)	8.370	mg/L		EPA 365.3	0.91	109.0 *
09/24	1505	TSB	Solids, Total Suspended	14.9	mg/L		SM 2011 2540 D	1.12	N/A *
09/20	1123	JEW	Fecal Coliform (MPN/100mL)	< 2.0	/100ml		06/2012 Colilert18	0.00	0.0
09/20	1200	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	0.87	93.1 *

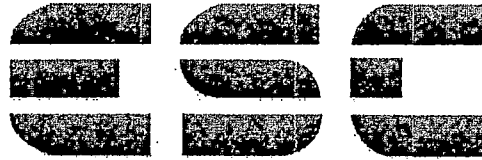
* QA data shown is from a different sample or standard on the same date.

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

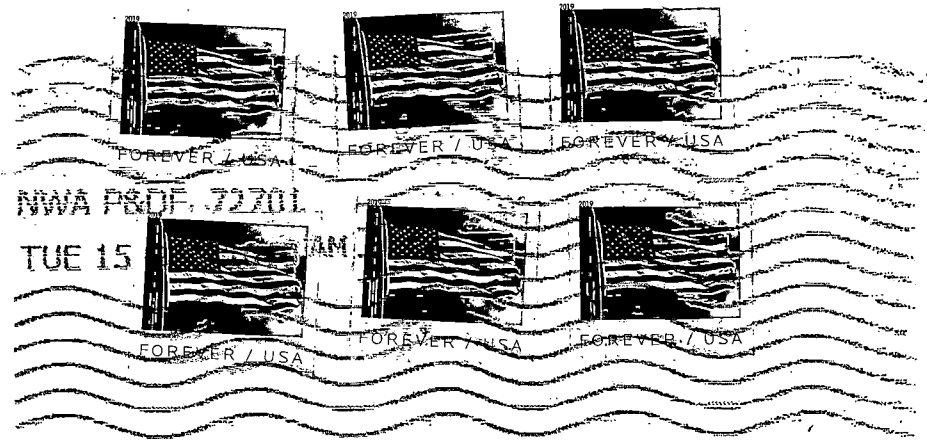
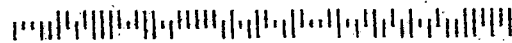
Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters					
Company Name: Legacy Estates				Permit/Project #:						pH (23)	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				Purchase Order #:											
Telephone: Ken Gregory's Cell- (479) 790-3813				Sampler Name(s): <i>James Wilt James Wiltse</i>											
Telephone:				and Signature(s):											
ESC Client Number: 2440															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
EFFLUENT	1909020093	9-20-19	0950	GRAB	Water	glass	150 ml	none		X					
EFFLUENT				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1	X					
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice	1		X				
EFFLUENT				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"/>		
<i>James Wiltse James Wiltse</i>		9-20-19	1020					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"/>		
				<i>James Brock James Brock</i>		9-20-19	1020								
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units				
Quarterly				Analyst:		pH:	0950	<i>JEW</i>	7.5	7.4					
				Time:		Temp.:	0950	<i>JEW</i>	24.0	24.0	<input checked="" type="checkbox"/> C	°F			
				Reading:		DO:									
				Units:		Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page <u>1</u> of <u>1</u>						

NWA Utility Service
PO BOX 9299
Fayetteville, AR

72703



ADEQ
Water Division
Permits Branch
5301 Northshore Drive
N. Little Rock, AR

72118-5317