

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION
MONTHLY MONITORING REPORT**

PERMITTEE NAME
Legacy Estates Utility

FACILITY NAME (IF DIFFERENT)
Legacy Estates Wastewater Treatment Facility

PERMIT NO.
4890-WR-3


PERMITTEE ADDRESS
PO Box 9299
Fayetteville AR 72702

FACILITY ADDRESS
13158 Randolph Rd
Tontitown AR

AFIN NO.
72-01642

WASTEWATER EFFLUENT MONITORING PERIOD
MM/DD/YYYY
1/1/2021
MM/DD/YYYY
1/30/2021

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.474,240	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.018,763	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	10	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	1	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Phosphorus (TP)	REPORT	8.29	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	51.4	mg/l		
Ammonia Nitrogen	REPORT	48.6	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	2.9	mg/l		
Plant Available Nitrogen (PAN)	REPORT	52.3	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	2/12/2021
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Jan 2021 LEGACY ESTATES

PERMIT # 4890-WR-3

MAXIMUM DAILY FLOW GPD

18,763

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1	1531
B 1	1411
C 1	841
D 1	2154
E 1	2154
F 1	1167
G 1	1845
H 1	1279
I 1	1535
J 1	1687
K 1	1983
L 1	1177

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: 2101020127
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 02/02/21

Sample Date : 01/21/21
 Sample Time : 1535
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: TWM
 Delivery By : TWM
 Work Order :
 Purchase Order : Q

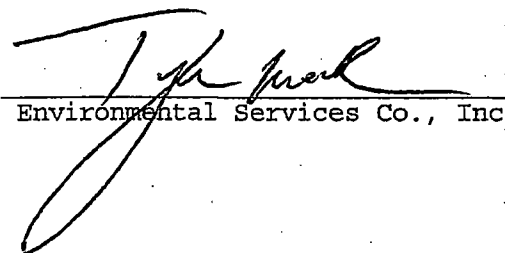
Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
01/25	1000	HNS	Ammonia as N, (HACH 10205)	48.60 mg/L			SM 2011 4500-NH3 F	6.17	102.0
02/02	1115	TWM	Total Kjeldahl Nitrogen	51.4 mg/L			02/2014 HACH 10242	3.17	95.3 *
01/21	1540	TWM	pH	6.8 S.U.			SM 2011 4500-H+ B	0.00	N/A *
01/22	1130	HNS	Phosphorous, Total (as P)	8.29 mg/L			EPA 365.3	0.83	102.0 *
01/25	1330	HNS	Solids, Total Suspended	10.0 mg/L			SM 2011 2540 D	25.94	N/A *
01/21	1645	TWM	Fecal Coliform (MPN/100mL)	1.0 /100ml			06/2012 Colilert18	0.00	N/A *
01/22	0900	TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	15.38	86.2 *
01/26	1210	HNS	Nitrate + Nitrite	2.90 mg/L			01/2013 HACH 10206	5.23	108.0 *
02/02	1505	TWM	Nitrogen, Plant Available	52.3 mg/L			SM 1997 4500-N		

* 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.

272240
 18763
 Kristin Mullins

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



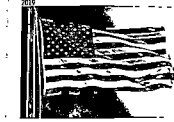
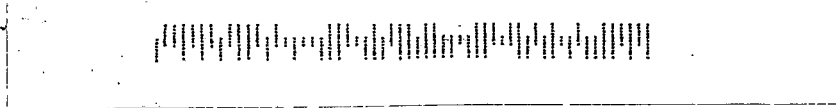
Corporate Office, Little Rock, Arkansas
 501-221-2565

Carlsbad, New Mexico
 575-887-1ESC

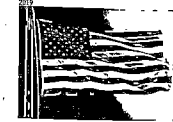
Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters										
Company Name: Legacy Estates				Permit/Project #: Q						T-Phos (25)	CBOD (70), TSS (28)	Fecal Coliform (43.1F)	NO ₃ +NO ₂ (91), s-TKN (16)	NH ₃ -N (15.A), PAN (99.99)	pH (23)					
Address: 13158 Randolph Rd. Tontitown, AR 72770				Purchase Order #:																
Telephone: Ken Gregory's Cell- (479) 790-3813				Sampler Name(s): <i>Tyler Cook Th</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	2101020127	1/21/21	15:35	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1	X			X	X						
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	1/2 gal	none/ice	1		X									
EFFLUENT	↓	↓	↓	GRAB	Water	Sterile	125 ml	Na ₂ S ₂ O ₃	1			X								
EFFLUENT	↓	↓	↓	GRAB	Water	Glass	150 ml	none	0									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"/>		Turnaround:		Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>		Were samples properly preserved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time													
Relinquished By: (Signature and Printed Name) <i>Tyler Cook Th</i>		Date 1/21/21	Time 16:15	Received for Lab By: (Signature and Printed Name) <i>Tyler Cook Th</i>		Date 1-21-21	Time 16:15													
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units									
Quaternary				Analyst:		pH:	15:40	Th	6.8	6-9										
				Time:		Temp.:					°C °F									
				Reading:		DO:														
				Units:		Debris:														
Cool all samples to 6 degrees C.				Chlorinated? Yes No		This Document is Page		of												



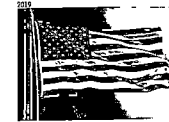
FOREVER / USA



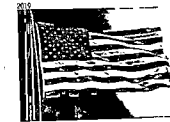
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NWA Utility Services Inc
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
5301 Northshore Drive
N Little Rock, AR 72118-5317