

**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	MM/DD/YYYY
3/1/2021	3/31/2021

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.282,280	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.015,240	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	17.3	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	< 5.0	colonies/100ml		
pH	6.0 - 9.0	6.4	s.u.		
Total Phosphorus (TP)	REPORT	8.04	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(479) 530-5926	4/13/2021 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*)

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: 2103020060
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-2 N/A
 Report Date : 03/26/21

Sample Date : 03/18/21
 Sample Time : 1540
 Sample Type : GRAB
 Sample From : EFFLUENT

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

Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
03/18	1545	TWM	pH	6.4	S.U.		SM 2011 4500-H+ B
03/22	1500	HNS	Phosphorous, Total (as P)	8.04	mg/L		EPA 365.3
03/19	1300	HNS	Solids, Total Suspended	17.3	mg/L		SM 2011 2540 D
03/18	1715	TWM	Fecal Coliform (MPN/100mL)	< 5.0	/100mL		06/2012 Colilert18
03/19	0810	TWM	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B

Quality Assurance	
Precision	Accuracy
% RPD	% Recovery
0.00	N/A *
0.38	98.0 *
5.71	N/A *
0.00	N/A *
0.00	79.7 *

* 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.

RSW

419000
 14741

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



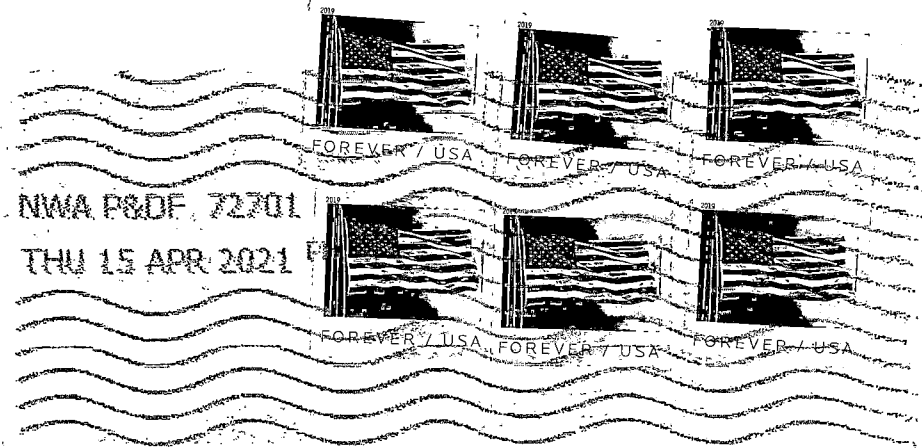
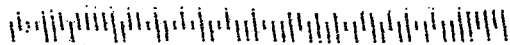
Corporate Office, Little Rock, Arkansas
 501-221-2565


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 #:						Fecal Coliform (43.1F)	T-Phos (25)	CBOD (70), TSS (28)	pH (23)						
Address: 13158 Randolph Rd.				Purchase Order #:															
Tontitown, AR 72770				Sampler Name(s): <i>Tyler Monte Johnson</i>															
Telephone: Ken Gregory's Cell- (479) 790-3813				and Signature(s):															
Telephone:																			
ESC Client Number: 2440																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
EFFLUENT	2103020060	3/18/21	1540	GRAB	Water	Sterile	125 ml	Na ₂ S ₂ O ₃	1	X									
EFFLUENT	L	L	L	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	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?	Intact?								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No								
Comments:				FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
				Analyst:	pH:	1545	Tha	6.4	6.5										
				Time:	Temp.:						60	°F							
				Reading:	DO:														
				Units:	Debris:														



 ***NWA Utility Services Inc***
PO Box 9299
Fayetteville, AR 72703

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