

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

PERMITTEE NAME
Legacy EstatesUtility

FACILITY NAME (IF DIFFERENT)
Legacy Estates Wastewater Treatment Facility

PERMIT NO.
4890-WR-3

PERMITTEE ADDRESS
PO Box 9299
Fayetteville AR 72702

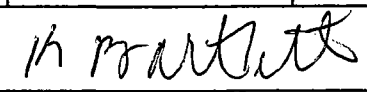
FACILITY ADDRESS
13158 Randolph Rd
Tontitown AR

AFIN NO.
72-01642

WASTEWATER EFFLUENT MONITORING PERIOD
MM/DD/YYYY
11/1/2020
MM/DD/YYYY
11/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.382,620	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.014,866	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	22	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	32	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Phosphorus (TP)	REPORT	8.49	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 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	12/14/2020 MM/DD/YYYY

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

Nov 2020 LEGACY ESTATES

PERMIT # 4890-WR-3.

MAXIMUM DAILY FLOW GPD

14,866

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1	1213
B 1	1118
C 1	666
D 1	1707
E 1	1707
F 1	1132
G 1	1033
H 1	956
I 1	1216
J 1	1336
K 1	1606
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: 2011020056
 Customer Name : LEGACY UTILITY, LLC
 Customer/Permit No. : 2440 / 4890-WR-~~2~~ N/A
 Report Date : 12/03/20

Sample Date : 11/24/20
 Sample Time : 1700
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: HNS
 Delivery By : HNS
 Work Order :
 Purchase Order :

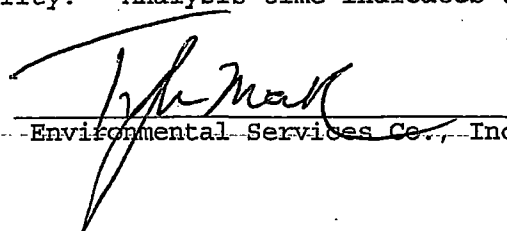
Laboratory Analysis

<u>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>
11/24	1701	HNS	pH	6.8	S.U.		SM 2011 4500-H+ B	3.17	N/A *
12/01	0900	HNS	Phosphorous, Total (as P)	8.49	mg/L		EPA 365.3	1.92	106.0 *
11/30	1230	HNS	Solids, Total Suspended	22.0	mg/L		SM 2011 2540 D	66.67	N/A *
11/24	1740	HNS	Fecal Coliform (MPN/100mL)	32.0	/100mL		06/2012 Colilert18	0.00	N/A *
11/25	1200	TWM	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B	0.00	86.0

* 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.

382620 14866
 RSW

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



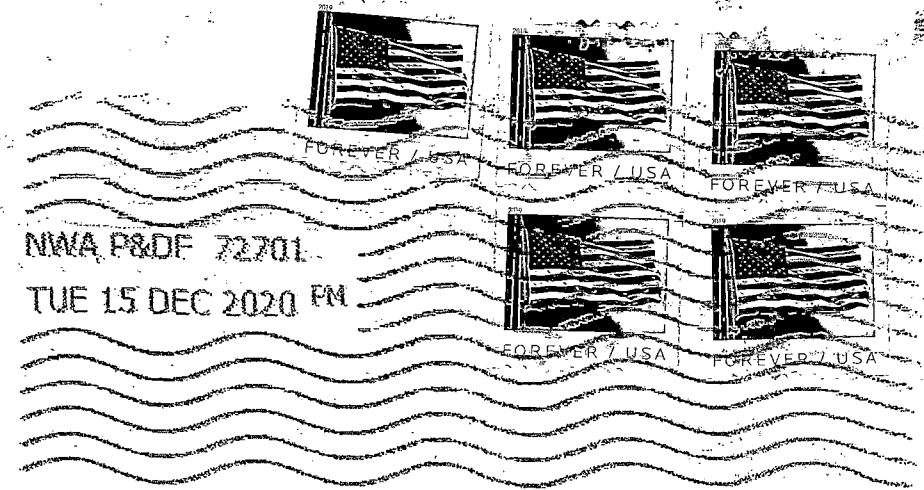
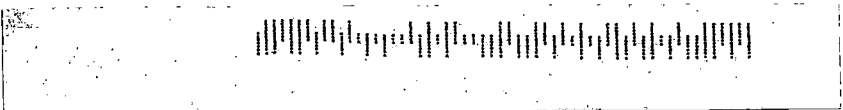
Corporate Office, Little Rock, Arkansas
 501-221-2565

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>Hayden Smith</i>																			
Telephone:		Ken Gregory's Cell- (479) 790-3813				and Signature(s): <i>Hayden Smith</i>																			
Telephone:																									
ESC Client Number:		2440																							
Sample Identification		Sample Collection				Sample Containers																			
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#																
EFFLUENT	<i>2011020054</i>	<i>11-24-20</i>	<i>1700</i>	GRAB	Water	Sterile	125 ml	Na ₂ S ₂ O ₃	1	<input checked="" type="checkbox"/>															
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		<input checked="" type="checkbox"/>														
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	1/2 gal	none/ice	1			<input checked="" type="checkbox"/>													
EFFLUENT	↓	↓	↓	GRAB	Water	Glass	150 ml	none	0				<input checked="" type="checkbox"/>												
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:	<i>1701</i>	<i>HNS</i>	<i>6.8</i>	<i>7.0</i>														
						Time:	Temp.:																		
						Reading:	DO:																		
						Units:	Debris:																		
						Chlorinated? Yes No					This Document is Page <i>1</i>														



NWA Utility Services Inc
PO Box 9299
Fayetteville, AR 72703

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