

**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	MM/DD/YYYY
10/1/2020	10/31/2020

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.314,530	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.016,463	MGD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	10.2	mg/l		
Fecal Coliform Bacteria (FCB)	2,000	2	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	9.58	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	55.7	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	40	mg/l		
Nitrate Nitrogen (NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> -N)	REPORT	4.9	mg/l		
Plant Available Nitrogen (PAN)	REPORT	49.6	mg/l		
Loading Rate	REPORT	See Attached	gpd/ft <sup>2</sup>	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	11/12/2020
TYPED OR PRINTED				MM/DD/YYYY

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

October 2020 LEGACY ESTATES

PERMIT # 4890-WR-3

MAXIMUM DAILY FLOW GPD 16,463

ZONE IDENTIFICATION

LOADING RATE BY ZONE

A 1	1643
B 1	1386
C 1	988
D 1	1742
E 1	1850
F 1	1055
G 1	926
H 1	948
I 1	1347
J 1	1081
K 1	1711
L 1	1786

# 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: 2010020081  
 Customer Name : LEGACY UTILITY, LLC  
 Customer/Permit No. : 2440 / 4890-WR-2 N/A  
 Report Date : 10/30/20

Sample Date : 10/22/20  
 Sample Time : 1520  
 Sample Type : GRAB  
 Sample From : EFFLUENT

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

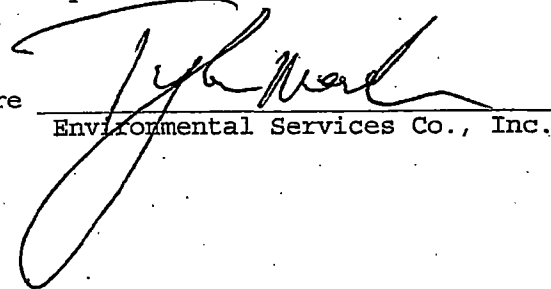
### Laboratory Analysis

Analysis						<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> % RPD	<u>Accuracy</u> % Recovery
10/26	1500	HNS	Ammonia as N, (HACH 10205)	40.00 mg/L			SM 2011 4500-NH3 F	1.89	106.0 *
10/26	1245	TWM	Total Kjeldahl Nitrogen	55.7 mg/L			02/2014 HACH 10242	9.93	93.1 *
10/22	1525	TWM	pH	7.1 S.U.			SM 2011 4500-H+ B	0.00	N/A *
10/28	1620	TWM	Phosphorous, Total (as P)	9.58 mg/L			EPA 365.3	2.85	90.6 *
10/23	0920	HNS	Solids, Total Suspended	10.2 mg/L			SM 2011 2540 D	66.67	N/A *
10/22	1710	HNS	Fecal Coliform (MPN/100mL)	2.0 /100mL			06/2012 Colilert18	0.00	N/A *
10/23	0930	TWM	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	85.5 *
10/26	0930	HNS	Nitrate + Nitrite	4.90 mg/L			01/2013 HACH 10206	6.28	93.0 *
10/30	1035	TWM	Nitrogen, Plant Available	49.6 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.

KMM  
 314530  
 10403

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

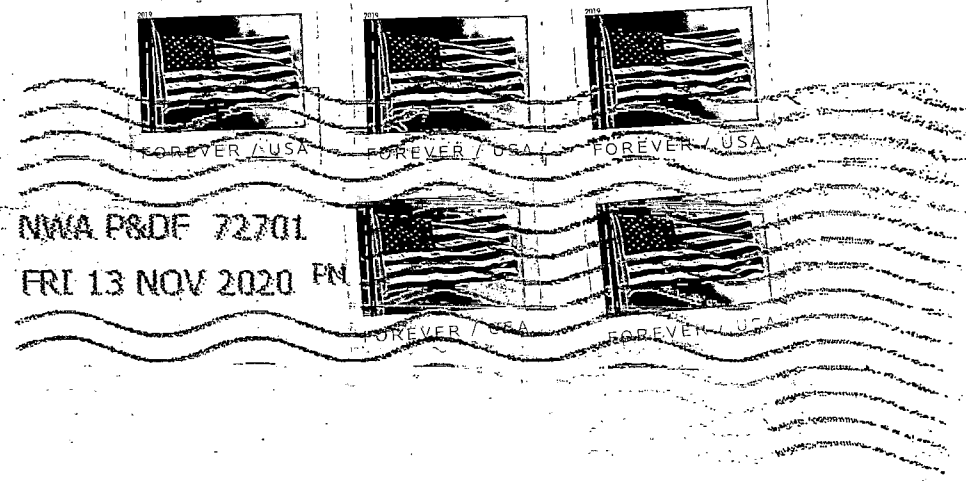
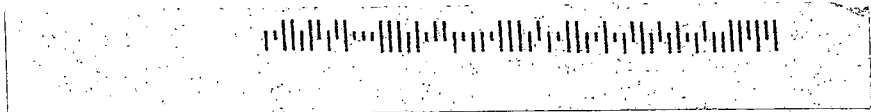
### CHAIN OF CUSTODY

Client Information				Project Information							Requested Parameters												
Company Name: Legacy Estates		Address: 13158 Randolph Rd. Tontitown, AR 72770		Telephone: Ken Gregory's Cell- (479) 790-3813		Telephone:		ESC Client Number: 2440		Permit/Project #: Q		Purchase Order #:		Sampler Name(s): <i>[Signature]</i>		and Signature(s):		T-Phos (25)	CBOD (70), TSS (28)	Fecal Coliform (43.1F)	NO <sub>3</sub> +NO <sub>2</sub> (91), s-TKN (16)	NH <sub>3</sub> -N (15.A), PAN (99.99)	pH (23)
Sample Identification		Sample Collection				Sample Containers																	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#														
EFFLUENT	201052W081	10/22/20	1520	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1	X			X	X									
EFFLUENT				GRAB	Water	Plastic	1/2 gal	none/ice	1		X												
EFFLUENT				GRAB	Water	Sterile	125 ml	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	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"/>											
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:		1525	TW	7.1	7.1												
				Time:		Temp.:						°C °F											
				Reading:		DO:																	
				Units:		Debris:																	
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1													



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

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



NWA P&DF 72701  
FRI 13 NOV 2020 FN