

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

PERMITTEE NAME
First Asset Holdings, LLC

FACILITY NAME (IF DIFFERENT)
Deer Haven Subdivision

PERMIT NO.
4908-WR-1


PERMITTEE ADDRESS
PO Box 7
Fort Smith, AR 72902

FACILITY ADDRESS
Smith Ridge Rd Garfield AR 72752

AFIN NO.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD
FROM MM/DD/YYYY MM/DD/YYYY
4/1/2013 4/30/2013

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	6.3		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	<2		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	6		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	1		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	168		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	5.04		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	22.19		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	2.9		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	27.3		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		40,666	33,280			

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	5/8/2013
TYPED OR PRINTED			AREA CODE	NUMBER	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: 1304020147	Sample Date : 04/11/13	Collected By: WDS
Customer Name : GREENFIELD CAP DEV-DEER HAVEN	Sample Time : 1445	Delivery By : WDS
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB	Work Order :
Report Date : 05/07/13	Sample From : DOSE TANK/EFFLUENT	Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>		
<u>Analysis</u>							<u>Precision</u>	<u>Accuracy</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>% RPD</u>	<u>% Recover</u>
04/22	1030	MNM	Ammonia Nitrogen	1.0 mg/L			SM 18th 4500-NH3 H	2.94	99.5
05/03	1330	MNM	Kjeldahl Nitrogen Total	5.04 mg/L			SM 18th 4500-NorgB	4.88	89.3
04/18	1030	MNM	Nitrate Nitrogen	22.19 mg/L			SM 18th 4500-NO3 E	0.00	100.0
04/22	1300	KIK	Nitrite Nitrogen	2.900 mg/L			SM 18th 4500 NO2 B	6.90	97.0
04/11	1445	WDS	pH	7.0 S.U.			SM 18th 4500-H+ B	0.00	N/A
04/23	1400	TSB	Phosphorous, Total (as P)	6.3 mg/L			EPA 365.3	2.41	98.0
04/17	1000	TSB	Solids, Total Suspended	6.0 mg/L			SM 18th 2540D	66.67	N/A
04/11	1430	TSB	Coliform, Fecal	168 /100ml			SM 18th 9222D	0.00	N/A
04/12	1400	KIK	BOD, Carbonaceous	< 2.0 mg/L			SM 18th 5210B	0.00	98.0
05/07	1543	VLP	Nitrogen, Plant Available	27.3 mg/L			SM 18th 4500-NH3E		

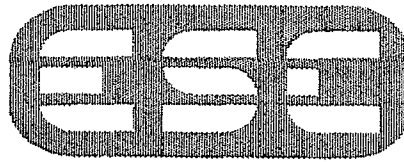
* QA data shown is from a different sample or standard on the same date.

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 _____

[Signature]
 Environmental Services Co., Inc.

Environmental Services Company, Inc.
 Corporate Office
 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com



Environmental Services Company, Inc.
 Northwest Branch
 1107 Century
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

CHAIN OF CUSTODY

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

Client Information						Project Information					Requested Parameters											
Company Name:		Deer Haven Subdivision				Permit/Project #:					pH	P, NH ₃ -N, TKN, NO ₃	CBOD, TSS, NO ₂ , PAN	F. COLIFORM								
Address:		PO Box 127				Purchase Order #:																
		Avoca Ar 72711				Sampler Name(s): Wade Schmitt																
Telephone:						and Signature(s): Wade Schmitt																
Telephone:																						
ESC Client Number:		1821																				
Sample Identification			Sample Collection			Sample Containers																
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH	P, NH ₃ -N, TKN, NO ₃	CBOD, TSS, NO ₂ , PAN	F. COLIFORM									
Dose Tank/Effluent	1304020147	4-11-12	14:45	GRAB	Water	teflon	150 ml	none	1	x												
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x											
				GRAB	Water	Plastic	1 qt	none/ice	1			x										
				GRAB	Water	Whirlpak	300ml	none/ice	1				x									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?											
Wade Schmitt Wade Schmitt		4-11-12	15:35	Wade Schmitt Wade Schmitt						<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:		Regular	Special											
										<input checked="" type="checkbox"/>	<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	No											
				Wade Schmitt Wade Schmitt		4-11-12	15:35			<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units										
						Analyst:	pH:	14:45	WDS	7												
						Time:	Temp.:						°C	°F								
						Reading:	DO:															
						Units:	Debris:															
Cool all samples to 6 degrees C.						Chlorinated?		Yes	No	This Document is Page			of									

Sir