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

PERMITTEE NAME	
 First Asset Holdings, LLC	
PERMITTEE ADDRESS	
PO Box 7	
Fort Smith, AR 72902	

FACILITY NAME (IF DIFFERENT)
Deer Haven Subdivision
FACILITY ADDRESS
 Smith Ridge Rd Garfield AR 72752

PERMIT NO.
4908-WR-1
AFIN NO.

WASTEWATER EFFLUENT MONITORING PERIOD								
	MM/DD/YYYY	MM/DD/YYYY						
FROM	4/1/2014	4/30/2014						

TREATED WASTEWATER EFFLUENT SAMPLING												
PARAMETER	PERMIT REQUIREMENT	REQUIREMENT SAMPLE MEASUREMENT			I	QUENCY OF MALYSIS	SAMPLE TYPE					
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT	9.1	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	7.1		S.U.		ONCE/ MONTH	GRAB				
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		15	4		MG/L	ONCE/ MONTH		GRAB				
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE		REPORT	2.1		MG/L		ONCE/ MONTH	GRAB				
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		10,000	700 colonies/1				ONCE/ MONTH	GRAB				
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE		REPORT	5.6		MG/L		ONCE/ MONTH	GRAB				
NITRATE NITROGEN EFFLUENT GROSS VALUE		REPORT	21.02		MG/L		ONCE/ MONTH	GRAB				
NITRITE NITROGEN EFFLUENT GROSS VALUE		REPORT	11.7 MG/L		MG/L		ONCE/ MONTH	GRAB				
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE		REPORT	35.9		MG/L		ONCE/ MONTH	GRAB				
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		REPORT	MONTHLY TOTAL 30,088	DAILY MAX 33,280	GPD	ONCE/ MONTH		TOTAL FLOW				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM							LEPHONE	DATE				
ואסוי Kathy Bartlett BELI	WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM SIGNATURE OF PRINCIPAL SIGNATURE OF SIGNATURE SIGNATURE OF SIGNATURE S											
TYPED OR PRINTED INFO	FFICER OR D AGENT	AREA NUMBER MM/DD/YY										
COMMENTS AND EXPLANATION OF VI			•									

MAY 0 5 2014

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: 1404020115

Customer Name : GREENFIELD CAP DEV-DEER HAVEN

Customer/Permit No.: 1821 / 4908-WR-1

Report Date : 04/28/14

Sample Date : 04/16/14 Sample Time : 1215

Sample Type : GRAB DEER HAVEN

Sample From : DOSE TANK EFFLUENT

Collected By: WDS
Delivery By : WDS

Work Order : Purchase Order :

		Laboratory Analysis	Quality Assurance				
Analysis	. .			Precision	Accuracy		
Date Time By	<u>Parameter</u>	<u>Result</u> <u>Notes</u> <u>Quanti</u>	ty Method	% RPD	% Recover		
04/17 1030 TSB	Ammonia Nitrogen	2.1 mg/L	SM 1997 4500-NH3 F	8.48	109.0		
04/22 0800 TSB	Kjeldahl Nitrogen Total	5.60 mg/L	SM 18th 4500-NorgB	2.67	108.6		
	Nitrate Nitrogen	21.02 mg/L	SM 18th 4500-NO3 E	0.00	106.0		
04/18 1630 KIK	Nitrite Nitrogen	11.700 mg/L	SM 18th 4500 NO2 B	0.60	98.8		
04/16 1215 WDS	рН	7.1 S.U.	SM 18th 4500-H+ B	0.00	N/A		
04/21 0800 TSB	Phosphorous, Total (as P)	9.1 mg/L	EPA 365.3	2.47	102.5		
04/18 1515 KIK	Solids, Total Suspended	4.0 mg/L	SM 1997 2540D	40.00	N/A		
	Coliform, Fecal	700 /100ml	1997 SM 9222 D	0.00	N/A N/A		
04/18 0730 RHB	BOD, Carbonaceous	2.0 mg/L	SM 2001 5210B	8.22	N/A 93.9		
04/28 0822 RHB	Nitrogen, Plant Available	35.9 mg/L	SM 18th 4500-NH3E	6.22	33.9		

* 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.

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

Phone: 501-221-2565 Fa

Fax: 501-221-1341



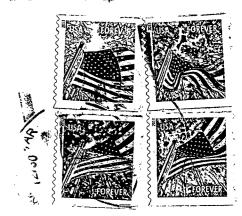
Environmental Services Company, Inc.
Northwest Branch
1107 Century
Springdale, AR 72764

CHAIN OF CUSTODY

Client Information				Project Information					Requested Parameters									
Company Name:	e: Deer Haven Subdivision				Permit/Project #:													
Address:	PO Box 127			Purchase Order #:					\Box		NO2(
	Avoca Ar 72711			Sampler Name(s): 2 de Schalt and Signature(s):				· . :/				(15.A)	9.99)					
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ESC Client Number:	1821									7		(15.A	TS.	Ē			Ì	
Sample Id	lentification		Sample	Collection		T	Sample (Containers		\neg	<u>(E)</u>	N-cHN	(02)	Coliform (43)				
Identification	ESC Control #	Date	Time			Туре	Volume	Preserva		#	pH(23)	TP(25),NH3-N(15.A),TKN(16.A),N03(15.A)NO2(19)	CBOD(70), TSS(28), PAN(99.99)	A.				
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				Kickard					154			Yes		<u>z</u>		No		1_
Comments:					FLOW D	ATA	Field Test							Unit	S			
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				Chlorinate	d? Yes N	10		Thi	s Do	cum	ent is	s Pac	ie	of				

G:WE OCIFORMSICHAIN.XLS

GCD P.O. Box 9299 Fayetteville, AR 72703



ADEQ Water Division
Permits Branch
5301 Northshore Dr
N Little Rock, AR 72118-5317