

**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.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2016	4/30/2016

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.7		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	5		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	9.6		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	36		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	12.32		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	24.4		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.691		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	35.5		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		48,108	1,720			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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
Kathy Bartlett			479	530-5926	5/2/2016
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: 1604020094

Sample Date : 04/06/16

Collected By: WDS

Customer Name : DEER HAVEN UTILITY LLC

Sample Time : 1105

Delivery By : WDS

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

Sample Type : GRAB

Work Order :

Report Date : 04/22/16

Sample From : DOSE TANK/EFF

Purchase Order :

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
								% RPD	% Recovery
04/07	1200	TSB	Ammonia Nitrogen	9.6 mg/L			SM 1997 4500-NH3 F	3.08	101.4 *
04/18	1425	TSB	Kjeldahl Nitrogen Total	12.32 mg/L			SM 1997 4500-NorgB	4.26	98.5 *
04/07	1000	TSB	Nitrate Nitrogen	24.40 mg/L			SM 2000 4500-NO3 E	0.83	102.0
04/07	1300	TSB	Nitrite Nitrogen	0.691 mg/L			SM 2000 4500 NO2 B	1.97	100.9
04/06	1105	WDS	pH	7.1 S.U.			SM 2000 4500-H+ B	0.00	N/A *
04/12	1330	TSB	Phosphorous, Total (as P)	7.7 mg/L			EPA 365.3	0.00	102.0 *
04/11	1330	CLS	Solids, Total Suspended	5.0 mg/L			SM 1997 2540 D	16.67	N/A *
04/06	1630	VLP	Coliform, Fecal	36 /100ml			SM 9222 D 1997	0.00	N/A *
04/06	1410	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	10.57	88.7 *
04/22	0845	RHE	Nitrogen, Plant Available	35.5 mg/L			SM 1997 4500-N		

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

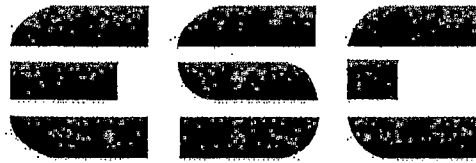
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature

Richard Brown

Environmental Services Co., Inc.

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: Deer Haven Utility LLC				Permit/Project #:						pH(23) TP(25), NH ₃ -N(15.A), TKN(16.A), NO3(15.A), NO2(19)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43)				
Address: PO Box 127				Purchase Order #:												
Avoca Ar 72711				Sampler Name(s): Wade Schmitz												
Telephone:				and Signature(s): <i>[Signature]</i>												
ESC Client Number: 1821																
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	TP(25)	CBOD(70)	F. Coliform (43)			
Dose Tank/Effluent	1604020094	4-6-16	11:05	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	Whiripak	100 ml	none/ice	1				x			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:						
<i>[Signature]</i>		4-6-16	12:50	<i>[Signature]</i>						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:						
				<i>[Signature]</i>				4-6-16	12:50	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>			
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units				
				Analyst:		pH:		11:05	WAS	7.1						
				Time:		Temp.:		11:05	WAS	74		°C °F				
				Reading:		DO:										
				Units:		Debris:										
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page ___ of ___						