

**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

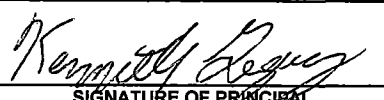
PERMITTEE ADDRESS
PO Box 7 Fort Smith, AR 72902

FACILITY ADDRESS
Smith Ridge Rd Garfield AR 72752

AFIN NO.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 8/1/2015	8/31/2015

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	9.3	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	6	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	3.2	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	2	colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	10.1	MG/L	ONCE/ MONTH	GRAB	
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	36	MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.167	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	41.4	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		32,604	33,280			

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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		DATE
			479	530-5926	8/31/2015
			AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS ( <i>Reference all attachments here</i> )					

# 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: 1508020136  
 Customer Name : GREENFIELD CAP DEV-DEER HAVEN  
 Customer/Permit No. : 1821 / 4908-WR-1  
 Report Date : 08/17/15

Sample Date : 08/12/15  
 Sample Time : 0950  
 Sample Type : GRAB DEER HAVEN  
 Sample From : DOSE TANK EFFLUENT

Collected By: WDS  
 Delivery By : WDS  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

Analysis			<u>Laboratory 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>
08/14	1500	TSB	Ammonia Nitrogen	3.2 mg/L			SM 1997 4500-NH3 F	2.20	101.4 *
08/17	0800	TSB	Kjeldahl Nitrogen Total	10.10 mg/L			SM 1997 4500-NorgB	0.00	100.5 *
08/14	1030	TSB	Nitrate Nitrogen	36.00 mg/L			SM 2000 4500-NO3 E	1.44	102.2 *
08/14	1030	TSB	Nitrite Nitrogen	0.167 mg/L			SM 2000 4500 NO2 B	1.44	102.2 *
08/12	0950	WDS	pH	6.0 S.U.			SM 2000 4500-H+ B	0.00	N/A *
08/14	1030	TSB	Phosphorous, Total (as P)	9.3 mg/L			EPA 365.3	1.42	104.4 *
08/14	1630	KIK	Solids, Total Suspended	4.0 mg/L			SM 1997 2540 D	0.00	N/A *
08/12	1600	WDS	Coliform, Fecal	2 /100ml			SM 1997 9222 D	0.00	N/A *
08/12	0730	KIK	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.00	90.9 *
08/17	1510	TSB	Nitrogen, Plant Available	41.4 mg/L			SM 1997 4500-N		

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

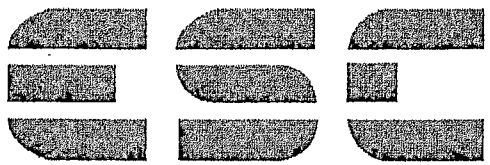
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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 Subdivision						Permit/Project #:				pH(23) TP(25),NH <sub>3</sub> -N(15.A),TKN(15.A),NO <sub>3</sub> (15.A),NO <sub>2</sub> (19) CBOD(70),TSS(28),PAN(99.99) F. Coliform (43)							
Address: PO Box 127 Avoca Ar 72711						Purchase Order #:											
Telephone:						Sampler Name(s): Wade Schmit											
Telephone:						and Signature(s): [Signature]											
ESC Client Number: 1821																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
Dose Tank/Effluent	1508020136	8-12-15	9:50	GRAB	Water	teflon	150 ml	none	1	x							
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		x						
				GRAB	Water	Plastic	1 qt	none/ice	1			x					
				GRAB	Water	Whirlpak	100 ml	none/ice	1				x				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?						
[Signature] Wade Schmit		8-12-15	11:25							<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						
				[Signature] Laura Brock		8-12-15	11:25			<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH: 9.50	7:25	WDS	6							
						Time:	Temp.: 4.50		WDS	27		(C)	°F				
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.									Chlorinated?	Yes	No	This Document is Page ___ of ___					