

**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
	8/1/2017	8/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	8.8		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	4.3		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	< 2		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	6.8		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	1,500		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	16.2		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	40.77		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.024		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	50.4		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		55,806	2,337			

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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		DATE
			479	530-5926	9/5/2017
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) We feel the low Ph is due to contractors dumping acidic materials into the system when building new homes We have contacted the General Contractor and made them aware of the problem. We will monitor and report.

# 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: 1708020135  
 Customer Name : DEER HAVEN UTILITY LLC  
 Customer/Permit No. : 1821 / 4908-WR-1  
 Report Date : 08/18/17

Sample Date : 08/11/17  
 Sample Time : 1225  
 Sample Type : GRAB DEER HAVEN  
 Sample From : DOSE TANK EFFLUENT

Collected By: JCB  
 Delivery By : JCB  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

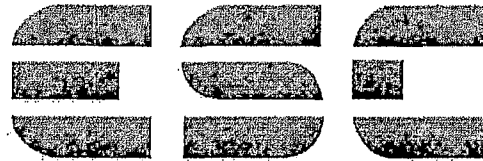
Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
08/14	0900	TSB	Ammonia Nitrogen	6.8 mg/L			SM 1997 4500-NH3 F	0.00	96.0 *
08/15	0800	TSB	Total Kjeldahl Nitrogen	16.20 mg/L			02/2014 HACH 10242	11.49	101.7 *
08/15	1510	TSB	Nitrate Nitrogen	40.77 mg/L			SM 2000 4500-NO3 E	1.08	102.7 *
08/11	1500	TSB	Nitrite Nitrogen	0.024 mg/L			SM 2000 4500 NO2 B	0.60	106.4 *
08/11	1225	JCB	pH	4.3 S.U.	(b)		SM 2000 4500-H+ B	0.00	N/A *
08/14	1300	TSB	Phosphorous, Total (as P)	8.8 mg/L			EPA 365.3	1.44	100.6 *
08/16	0900	JCB	Solids, Total Suspended	< 2.0 mg/L			SM 1997 2540 D	9.97	N/A *
08/11	1500	JCB	Coliform, Fecal	1500 /100ml			SM 9222 D 1997	26.67	N/A *
08/11	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	6.57	105.2 *
08/15	1650	TSB	Nitrogen, Plant Available	50.4 mg/L			SM 1997 4500-N		
08/11	1225	JCB	Sample Collection/Travel	1 each					

\* QA data shown is from a different sample or standard on the same date.  
 (b) Under Minimum Permit Limits

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](http://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 <sub>3</sub> -N(15.A), TKN(16.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						Purchase Order #:																							
Avoca Ar 72711						Sampler Name(s): <i>John Boyd</i>																							
Telephone:						and Signature(s): <i>John Boyd</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)	NH <sub>3</sub> -N(15.A)	TKN(16.A)	NO <sub>3</sub> (15.A)	NO <sub>2</sub> (19)	CBOD(70)	TSS(28)	PAN(99.99)	F. Coliform (43)										
Dose Tank/Effluent	1708020135	8/11/17	1225	GRAB	Water	teflon	150 ml	none	1	X																			
	I	I	I	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) <i>John Boyd</i> John Boyd						Date			Time			Received By: (Signature and Printed Name)						Date			Time			Custody Seals:					
Relinquished By: (Signature and Printed Name)						Date			Time			Received By: (Signature and Printed Name)						Date			Time			Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)						Date			Time			Received for Lab By: (Signature and Printed Name) <i>Richard Brown</i> RICHARD BROWN						Date			Time			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:		1225		JCB		4.3		4.3		°F											
						Time:		Temp.:		26.5		26.5																	
						Reading:		DO:																					
						Units:		Debris:																					
Cool all samples to 6 degrees C.												Chlorinated? Yes No						This Document is Page 1 of 1											