

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


<b>PERMITTEE NAME</b> First Asset Holdings, LLC
<b>PERMITTEE ADDRESS</b> PO Box 7 Fort Smith, AR 72902

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

<b>PERMIT NO.</b> 4908-WR-1
<b>AFIN NO.</b> 04-01681

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 8/1/2013	8/31/2013

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	<2.0		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7.4		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	<2.0		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	9.8		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	>200		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	14.6		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	29.48		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.893		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	41.6		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		48,575	33,280			

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
<b>TYPED OR PRINTED</b> Kathy Bartlett			479	530-5926	9/2/2013
			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: 1308020133  
 Customer Name : GREENFIELD CAP DEV-DEER HAVEN  
 Customer/Permit No. : 1821 / 4908-WR-1  
 Report Date : 08/20/13

Sample Date : 08/14/13  
 Sample Time : 1130  
 Sample Type : GRAB  
 Sample From : EFFLUENT DOSE TANK

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

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
08/16	0900	TSB	Ammonia Nitrogen	9.8 mg/L		SM 18th 4500-NH3 H	3.28	100.0
08/19	0800	TSB	Kjeldahl Nitrogen Total	14.60 mg/L		SM 18th 4500-NorgB	4.46	110.0
08/15	1100	MNM	Nitrate Nitrogen	29.48 mg/L		SM 18th 4500-NO3 E	0.00	100.0
08/15	1600	TSB	Nitrite Nitrogen	0.893 mg/L		SM 18th 4500 NO2 B	1.71	90.3
08/14	1130	WDS	pH	7.4 S.U.		SM 18th 4500-H+ B	1.80	N/A
08/15	1430	TSB	Phosphorous, Total (as P)	7.7 mg/L		EPA 365.3	0.00	98.9
08/15	1115	KIK	Solids, Total Suspended	< 2.0 mg/L		SM 18th 2540D	0.00	N/A
08/14	1600	MNM	Coliform, Fecal	> 200 /100ml		SM 18th 9222D	0.00	N/A
08/14	1615	KIK	BOD, Carbonaceous	< 2.0 mg/L		SM 18th 5210B	0.00	100.0
08/20	0550	MNM	Nitrogen, Plant Available	41.6 mg/L		SM 18th 4500-NH3E		

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

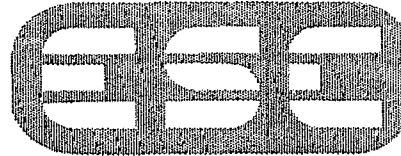
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of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

Signature



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(23)	TP(25),NH <sub>3</sub> -N(15.A),TKN(16.A),NO <sub>3</sub> -N(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): Wade Schmitt															
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	#										
Dose Tank/Effluent	1308020133	8-14-13	11:30	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:									
<i>[Signature]</i> Wade Schmitt		8-14-13	15:35	<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:									
				<i>[Signature]</i>						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>				8/14/13	15:35	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>						
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units							
						Analyst:	pH:	11:30	WDS	7.4									
						Time:	Temp.:					°C °F							
						Reading:	DO:												
						Units:	Debris:												
Cool all samples to 6 degrees C.						Chlorinated?	Yes	No	This Document is Page <u>  </u> of <u>  </u>										