

**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 8/1/2014 TO MM/DD/YYYY 8/31/2014

TREATED WASTEWATER EFFLUENT, SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	10.1		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	6.1		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	15.7		MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	8		colonies/100ml	ONCE/MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	17.9		MG/L	ONCE/MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	36.76		MG/L	ONCE/MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	1.49		MG/L	ONCE/MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	54.6		MG/L	ONCE/MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/MONTH	TOTAL FLOW
		47,528	33,280			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND 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	9/2/2014
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: 1408020111  
 Customer Name : GREENFIELD CAP DEV-DEER HAVEN  
 Customer/Permit No. : 1821 / 4908-WR-1  
 Report Date : 08/21/14

Sample Date : 08/13/14  
 Sample Time : 1005  
 Sample Type : GRAB WATER  
 Sample From : DOSE TANK/EFFLUENT

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

### Laboratory Analysis

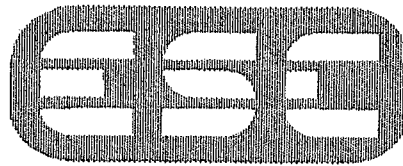
Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
08/15	1030	TSB	Ammonia Nitrogen	15.7 mg/L			SM 1997 4500-NH3 F	0.00	101.2 *
08/15	0800	TSB	Kjeldahl Nitrogen Total	17.90 mg/L			SM 1997 4500-NorgB	1.98	99.5 *
08/20	0945	TSB	Nitrate Nitrogen	36.76 mg/L			SM 2000 4500-NO3 E	0.00	100.0 *
08/13	1530	TSB	Nitrite Nitrogen	1.490 mg/L			SM 2000 4500 NO2 B	1.88	96.0
08/13	1005	WDS	pH	6.1 S.U.			SM 2000 4500-H+ B	0.00	N/A *
08/15	0900	TSB	Phosphorous, Total (as P)	10.1 mg/L			EPA 365.3	5.13	106.3 *
08/14	1000	KIK	Solids, Total Suspended	< 2.0 mg/L			SM 1997 2540 D	8.00	N/A *
08/13	1630	WDS	Coliform, Fecal	8 /100ml			SM 1997 9222 D	0.00	N/A *
08/13	1345	KIK	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	22.36	87.5 *
08/20	0945	TSB	Nitrogen, Plant Available	54.6 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.  
 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> (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>											
Telephone:															
ESC Client Number: 1821															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
Dose Tank/Effluent	1408020111	8-13-14	10:05	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		8-13-14	13:10	<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> Kate Krievins		8-13-14	13:10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units			
				Analyst:		pH:		0:05	WOS	611					
				Time:		Temp.:						°C	°F		
				Reading:		DO:									
				Units:		Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___					