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

PERMITTEE NAME	3
First Asset Holdings, LLC	
PERMITTEE ADDRESS	and the second
PO Box 7	
Fort Smith, AR 72902	

FAC	ILITY NAME (IF DIFFERENT)
- · · · · · - · · · · · · · · · · · · ·	Deer Haven Subdivision
STATE OF THE STATE	FACILITY ADDRESS
Smit	h Ridge Rd Garfield AR 72752

1	PERMIT NO.
	4908-WR-1
17.A.	AFIN NO.
	04-01681

	WASTEWATER	EFFLUENT MONITORING PERIOD
	MM/DD/YYYY	MM/DD/YYYY
FROM	12/1/2016	12/31/2016

		TREATED WASTE	1		78	FREQUENCY OF	0.2.2	
PARAMETE	R	PERMIT REQUIREMENT	SAMPLE MEAS	UREMENT	UNITS	ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT	8		MG/L	ONCE/ MONTH	GRAB	
BÓD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE		15	3	3		ONCE/ MONTH	GRAB	
H FFLUENT GROSS VALUE		6 to 9	7.4	1 911 1		ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		15	< 2		MG/L	ONCE/ MONTH	GRAB	
ITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE		REPORT	10		MG/L	ONCE/ MONTH	GRAB	
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE		10,000	228		colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE		REPORT	10.08		MG/L	ONCE/ MONTH	GRAB	
NITRATE NITROGEN EFFLUENT GROSS VALUE		REPORT	35.5		MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE		REPORT	0.084	.084 MG/L		ONCE/ MONTH	GRAB	
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE		REPORT	45.6		MG/L	ONCE/ MONTH	GRAB	
LOW, THRU CONDUIT OR TREATM FFLUENT GROSS VALUE	ENT UNIT	REPORT	MONTHLY TOTAL 40,935	DAILY MAX 1,545	GPD	ONCE/ MONTH	TOTAL FLOW	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		AW THAT I HAVE PERSONALLY EX				TELEPHONE	DATE	
	INDIVIDUALS IMMEDIATELY RESI	ED HEREIN; AND BASED ON MY IN PONSIBLE FOR OBTAINING THE MATION IS TRUE, ACCURATE, AND (INFORMATION, I //e	signature of	EDDINIO DAI	479 530-5926	1/10/2017	
Kathy Bartlett TYPED OR PRINTED	AWARE THAT THERE ARE SI	GNIFICANT PENALTIES FOR SUI	BMITTING FALSE	EXECUTIVE OF AUTHORIZE	FFICER OR	AREA NUMBER	MM/DD/YYYY	

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: 1612020138 Customer Name : DEER HAVEN UTILITY LLC Customer/Permit No.: 1821 / 4908-WR-1 Report Date : 12/20/16

Sample Date : 12/09/16 Sample Time: 1510 Sample Type : GRAB

Collected By: AU Delivery By : AU Work Order :

Sample From : DOSE TANK EFFLUENT

Purchase Order :

	Quality.	Assurance			
Analysis				Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Ouantity Method	% RPD	& Recovery
12/09 1600 TSB	Ammonia Nitrogen	10.0 mg/L	SM 1997 4500-NI	13 F 0.00	108.0 *
12/15 0815 AEU	Kjeldahl Nitrogen Total	10.08 mg/L	SM 1997 4500-No	rgB 4.20	102.1 *
12/13 1000 TSB	Nitrate Nitrogen	35.50 mg/L	SM 2000 4500-N	3.24 3.24	98.2 *
12/09 1620 AEU	Nitrite Nitrogen	0.084 mg/L	SM 2000 4500 NO	0.64	96.0 *
12/09 1512 AEU	рН	7.4 S.U.	SM 2000 4500-H-	B 0.00	N/A *
12/19 1300 TSB	Phosphorous, Total (as P)	8.0 mg/L	EPA 365.3	1.83	101.9 *
12/16 0915 JCB	Solids, Total Suspended	< 2.0 mg/L	SM 1997 2540 D	18.18	n/a *
12/09 1630 AEU	Coliform, Fecal	228 /100ml	SM 9222 D 1997	50.00	N/A *
12/09 1200 TSB	BOD, Carbonaceous	3.0 mg/L	SM 2001 5210 B	6.26	93.2 *
12/19 0852 AEU	Nitrogen, Plant Available	45.6 mg/L	SM 1997 4500-N	0.00	0.0

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

All equipment used is checked and/or calibrated daily. All NFDES 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.

Environmental Services Co., Inc.

MDEQ Form

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website: www.esciabs.com

Corporate Office, Little Rock, Arkansas 501-221-2565

> Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 479-750-1172		CI	HAIN C						_							
Client Information				Project Information						Red	ques	ted	Par	ame	ters	,	
Company Name: Deer Haven Utility LLC		Permit/Pro	Permit/Project #:					(19)									
Address:	PO Box 127			Purchase Order #:				The state of the s			NOZ						
	Avoca Ar 72711			1			7/1				15	86					
Telephone:				Sampler Name(s):		tool trouword				NO3	(S)						
Telephone:			7						7	716.	g.						
Tolophono.				and Signature(s):					1/	_	E,		3				
ESC Client Number:	1821			Janu Signa	tule(s).		The state of the s		<u> </u>	\dashv	TP(25), NH5-N(15-A), TRON(16-A), NO3(15-A)NO2(19)	CBOD(70), TSS(28), PAN(99.99)	Coliform (43)			·	
Sample Ide	عبدك والتقادات والمتنافل بالمراج المساعدات		Sample	Collection		1	Sample (Container	3	†ଛି	. H.	22					i
Identification	ESC Control #	Date	Time	Туре	Matrix	Type	Volume	Preserva		#(23) #	IP(25)	89	F.C		·		• •
Dose Tank/Effluent		12/9/10	13112	GRAB	Water	teflon	150 ml	none		1 X	+		_				
	THE STATE OF THE S	W/ // y		GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pH<	:2	1	x						
			<u> </u>	GRAB	Water	Plastic	1 qt	none/ice		1	1	х					
			 	GRAB	Water	Whirlpak		none/lce	· · · · · · · · · · · · · · · · · · ·	`	+	 ^	×				
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A STATE OF THE WAY	Ambe Alndlow word	17/9/14 Date		Received By: (Signature and Printed Name) Date			Date	111160	Use			1	Intac	:t?		, ,	
Retinquished By: (Signature and Print	ed Name)	Dale	Tinte	Received By: (Si	Received By: (Signature and Printed Name) Date			Time	Turr Reg	naroun War	d: 7	 1	Spec	clai			
Relinquished By: (Signature and Printed Name) Date		Time	Received for Lab				Time		e sam	ples pr	operiy	prese	rved;				
Comments:		l		Strag C	FLOW D	ATA	Field Test	/ <i>外間()</i> の Time	<i>/6//</i> Analyst	Res	Yes	X Resi			No Units		
					Analyst:		pH:	75AL	Aril	7		7,0	9	<u>~</u>			
					Time:		Temp.:	1512	AFIL		,ù		5	(C)		°F.	
					Reading:		DO: Debris:					 		<u> </u>			
·	Cool all semples to 6 de	arreas C			Units:		Chlorinated	7 Yes N	<u></u>	Tiki	e Do	cume	nt in	Dage	- 1	of 1	
Cool all samples to 6 degrees C.							CHICHIDATE	1 1 G2 I		1111	יטעני	Julie	411 13	. ayı	<u>. —— '</u>	<u> 가 부</u>	