

**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 12/1/2013	12/31/2013

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.3	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	8	MG/L	ONCE/ MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	8.6	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	6.8	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	52	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	25.9	MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.141	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	33.8	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		58,911	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			479	530-5926	1/13/2014
		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

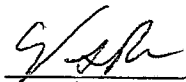
Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1312020085	Sample Date : 12/13/13	Collected By: WDS
Customer Name : GREENFIELD CAP DEV-DEER HAVEN	Sample Time : 1400	Delivery By : WDS
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB - WATER	Work Order :
Report Date : 12/23/13	Sample From : DOSE TANK/EFFLUENT	Purchase Order :

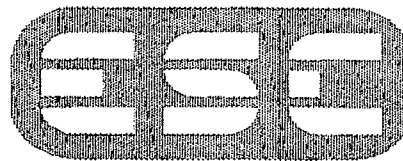
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
12/19	1530	TSB	Ammonia Nitrogen	6.8 mg/L		SM 18th 4500-NH3 H	5.08	90.7
12/17	0830	TSB	Kjeldahl Nitrogen Total	10.10 mg/L		SM 18th 4500-NorgB	0.00	105.9
12/20	0830	TSB	Nitrate Nitrogen	25.90 mg/L		SM 18th 4500-NO3 E	0.00	103.0
12/20	0745	MNM	Nitrite Nitrogen	0.141 mg/L		SM 18th 4500 NO2 B	3.22	88.2
12/13	1400	WDS	pH	8.6 S.U.		SM 18th 4500-H+ B	0.00	N/A
12/17	1000	TSB	Phosphorous, Total (as P)	7.3 mg/L		EPA 365.3	2.06	104.0
12/16	1030	MNM	Solids, Total Suspended	4.0 mg/L		SM 18th 2540D	0.00	N/A
12/13	1700	KIK	Coliform, Fecal	52 /100ml		SM 18th 9222D	0.00	N/A
12/13	1020	TSB	BOD, Carbonaceous	8.0 mg/L		SM 18th 5210B	0.00	92.0
12/23	0700	MNM	Nitrogen, Plant Available	33.8 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

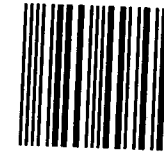
Phone: 501-221-2565 Fax: 501-221-1341

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 ₃ -N(15), A ₁ , TKN(16), A ₂ , NO ₃ (15), ANO ₂ (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	1312020085	12-13-13	14:00	GRAB	Water	teflon	150 ml	none	1	x												
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , 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		12-13-13	16:00	<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> Wade				12-13-13	16:00	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>									
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units									
						Analyst:		pH:	14:00	WDS	8.6			°C	°F							
						Time:		Temp.:														
						Reading:		DO:														
						Units:		Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___												

GCD
P.O. Box 9299
Fayetteville, AR 72703



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72118

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ADEQ Water Division
Permits Branch
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