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

PERMITTEENAME	Walter State
First Asset Holdings, LLC	
PERMITTEE'ADDRESS	
PO Box 7	

Fort Smith, AR 72902

Deer Haven Subdivision

FACILITY/ADDRESS

Smith Ridge Rd Garfield AR 72752

PERMITINO. 4908-WR-1

AFIN NO. 04-01681

| WASTEWATER EFFLUENT, MONITORING 'PERIOD | MM/DD/YYYY | MM/DD/YYYY | FROM | 2/1/2015 | 2/28/2015

PARAMÉT	rer	PERMIT REQUIREMENT	SAMPLE MEASUREME	NT UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT	8.4	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	< 2	MG/L	ONCE/ MONTH	GRAB	
H FFLUENT GROSS VALUE		6 to 9	6.9	S.U.	ONCE/ MONTH	GRAB	
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE		15	3	MG/L	ONCE/ MONTH	GRAB	
IITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE		REPORT	9.3	MG/L	ONCE/ MONTH	GRAB	
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE		10,000	164	colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE		REPORT	16.8	MG/L	ONCE/ MONTH	GRAB	
IITRATE NITROGEN FFLUENT GROSS VALUE		REPORT	16.34	MG/L	ONCE/ MONTH	GRAB	
ITRITE NITROGEN FFLUENT GROSS VALUE		REPORT	7.16	MG/L	ONCE/ MONTH	GRAB	
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE		REPORT	35.1	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREAT EFFLUENT GROSS VALUE	MENT UNIT	REPORT		Y MAX GPD	ONCE/ MONTH	TOTAL FLOW	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF I	TELEPHONE	DATE				
Kathy Bartlett	WITH THE INFORMATION SUBMIT INDIVIDUALS IMMEDIATELY RES BELIEVE THE SUBMITTED INFORM	479 530-5926	3/5/2015				
TYPED OR PRINTED	AWARE THAT THERE ARE SI INFORMATION, INCLUDING THE PO	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: 1502020105

Customer Name : GREENFIELD CAP DEV-DEER HAVEN

Customer/Permit No.: 1821 / 4908-WR-1

Report Date : 02/23/15

Sample Date : 02/11/15

Sample Time : 1240

Sample Type : GRAB DEER HAVEN Sample From : DOSE TANK EFFLUENT Collected By: WDS

Delivery By : WDS

Work Order : Purchase Order :

	Quality Assurance					
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Note	s Quantity	Method	% RPD	% Recovery
02/19 1000 TSB	Ammonia Nitrogen	9.3 mg/L	5	M 1997 4500-NH3 F	0.00	107.0 *
	Kjeldahl Nitrogen Total	16.80 mg/L	9	M 1997 4500-NorgB	3.12	96.0
	Nitrate Nitrogen	16.34 mg/L	5	M 2000 4500-NO3 E	0.29	96.0 *
02/12 0900 TSB	Nitrite Nitrogen	7.160 mg/L	5	M 2000 4500 NO2 B	3.05	95.5
02/11 1240 WDS	pН	6.9 S.U.	5	M 2000 4500-H+ B	0.00	N/A *
02/12 0830 TSB	Phosphorous, Total (as P)	8.4 mg/L	E	PA 365.3	1.65	102.0 *
02/13 0900 KIK	Solids, Total Suspended	3.0 mg/L	S	M 1997 2540 D	3.64	N/A *
02/11 1610 TSB	Coliform, Fecal	164 /100ml	S	M 1997 9222 D	18.18	N/A *
02/11 1600 KIK	BOD, Carbonaceous	< 2.0 mg/L	S	M 2001 5210 B	3.80	114.4 *
02/20 1600 TSB	Nitrogen, Plant Available	35.1 mg/T	9	M 1997 4500-N		

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.

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

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762 website: www.esclabs.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	OF CU	STO	DY											
Client Information				Project Information						Requested Parameters						-		
Company Name:	me: Deer Haven Subdivision			Permit/Project #:							6			•				
Address: PO Box 127				Purchase	Order #:						l `	TP(25),NH3-N(15.A),TKN(16.A),N03(15.A)NO2(19)						
•	Avoca Ar 72711	***************************************							1	15.A)	(66:							
Telephone:				Sampler N	lame(s):	Wa	ide Short					N03(66)					
Telephone:				and Signature(s):		7000	1000 SILVING					16.A)	PA					
						4					JAN.	(58)	(43)					
ESC Client Number:	1821			Janu Signa	ture(s).						ł	15.A)	CBOD(70),TSS(28),PAN(99.99)	Coliform (43)			,	
Sample ide			Cample	Oallanting		Sample Containers				┨╦	7-E	(02)	<u> [</u>					
	<u> </u>		T .	Collection				Y		Г.:	pH(23)	(25).N	ő					
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	†	F	Ö	LL.	ļ			2
Dose Tank/Effluent /50262016	1502020105	2-11-15	12,40	GRAB	Water	teflon	150 ml	none		1	×	<u> </u>	ـــــ	_				
				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	<2	1		X	<u> </u>					
		/		GRAB	Water	Plastic	1 qt	none/ice		1	L		х				<u> </u>	
				GRAB	Water	Whirlpak	100 ml	none/ice		1				x				
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			(5)40							Used		W	Ĺ	Intac	t?		_	
		Time	Received By: (Sig	(Signature and Printed Name)			Date	Tim			around Jar		1	Spec	cial F			
Relinquished By: (Signature and Printed Name) Date Time Comments:		Time	Received for Lab By: (Signature and Printed Name RICHAR)) 7 1	Date	, Tim	Time We		samp	oles pr	roperly	prese	rved:		_		
		Kiekard Brown Ki		ACHARD BLOWN ATA Field Test		2-11-15 157 Time Analy			Resi	Yes	Resi	1		No Units		_		
			Analyst:		710	pH:	12:40	Analyst WRS		G c			uit	Onto		-		
					Time:		Temp.:						1		°C °F		F	_
					Reading:		DO:						<u> </u>	·····	<u> </u>			
Cool all samples to 6 degrees C.					Units:		Debris:	2 / 1	<u></u>		Thi	Dec		i-	Dag		. f	
Coor an earnifies to 0 degrees C.							Chlorinated? Yes No				LITHS	י טטע	June	iil is	Page	ر ا ــــــ د	of	