

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


PERMITTEE NAME
First Asset Holdings, LLC
PERMITTEE ADDRESS
PO Box 7 Fort Smith, AR 72902

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

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

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

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	3.8		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	6.4		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	0.7		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	66		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	28		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	18.77		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	3.05		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	30.7		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		40,620	1,644			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	2/3/2016
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: 1601020121
 Customer Name : GREENFIELD CAP DEV-DEER HAVEN
 Customer/Permit No. : 1821 / 4908-WR-1
 Report Date : 01/20/16

Sample Date : 01/13/16
 Sample Time : 1035
 Sample Type : GRAB DEER HAVEN
 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
01/15	1415	TSB	Ammonia Nitrogen	0.7 mg/L			SM 1997 4500-NH3 F	4.18	107.2 *
01/18	1400	TSB	Kjeldahl Nitrogen Total	28.00 mg/L			SM 1997 4500-NorgB	0.99	102.1 *
01/18	1100	TSB	Nitrate Nitrogen	18.77 mg/L			SM 2000 4500-NO3 E	1.14	103.7 *
01/14	1530	TSB	Nitrite Nitrogen	3.050 mg/L			SM 2000 4500 NO2 B	0.67	100.7 *
01/13	1035	WDS	pH	6.4 S.U.			SM 2000 4500-H+ B	0.00	N/A *
01/18	0900	TTB	Phosphorous, Total (as P)	3.8 mg/L			EPA 365.3	0.00	103.2
01/18	1545	MDR	Solids, Total Suspended	< 2.0 mg/L			SM 1997 2540 D	16.77	N/A *
01/13	1610	RHB	Coliform, Fecal	66 /100ml			SM 1997 9222 D	0.00	N/A *
01/13	1200	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	5.12	85.6 *
01/19	1330	TSB	Nitrogen, Plant Available	30.7 mg/L			SM 1997 4500-N		

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

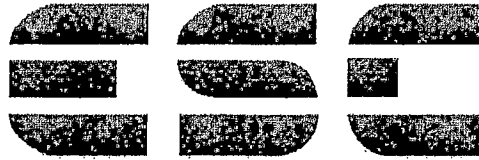
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.
 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

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters					
Company Name: Deer Haven Subdivision				Permit/Project #:						TP(25),NH ₃ -N(15.A),TKN(16.A),NO ₃ -(15.A),NO 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>Wade Schmitt</i>											
ESC Client Number: 1821															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)					
Dose Tank/Effluent	1601020121	1-13-16	10:35	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>Wade Schmitt</i>		1-13-16	12:25	<i>Samuel Brackelmann</i>				1-13-16	12:25	Used?	<input checked="" type="checkbox"/>	Intact?	<input checked="" 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>Samuel Brackelmann</i>				1-13-16	12:25	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units			
						Analyst:	pH:	10:35	WAS	6.4					
						Time:	Temp.:	10:35	WAS	9.8		°C	°F		
						Reading:	DO:								
						Units:	Debris:								
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___						