

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

PERMITTEE NAME
 Benton County Water District #1

FACILITY NAME (IF DIFFERENT)
 Deer Haven Subdivision

PERMIT NO.
 4908-W

PERMITTEE ADDRESS
 PO Box 127
 Avoca, AR 72711

FACILITY ADDRESS
 Smith Ridge Rd Garfield AR 72752

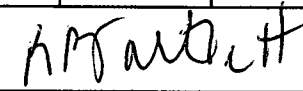
AFIN NO.
 04-01681

WASTEWATER EFFLUENT MONITORING PERIOD
 FROM

MM/DD/YYYY	MM/DD/YYYY
7/1/2012	7/31/2012

Permit in the process of being transferred to First Asset Holdings LLC Permit #4908-WR-1

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	9		MG/L	ONCE/MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	< 2.0		MG/L	ONCE/MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	6.8		S.U.	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	< 2.0		MG/L	ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	*****	9		MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	< 2		N/100 ML	ONCE/MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/MONTH	TOTAL FLOW
		28,290	33,280			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
Kathryn Bartlett TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	479	5305926	8/15/2012
		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: 1207020295	Sample Date : 07/18/12	Collected By: SJI
Customer Name : GREENFIELD CAP DEV-DEER HAVEN	Sample Time : 1120	Delivery By : SJI
Customer Number : 1821	Sample Type : GRAB	Work Order :
Report Date : 07/23/12	Sample From : DOSE TANK/EFFLUENT	Purchase Order :

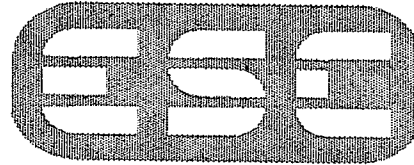
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>		
<u>Analysis</u>							<u>Precision</u>	<u>Accuracy</u>	
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>% RPD</u>	<u>% Recover</u>
07/19	1430	MNM	Ammonia Nitrogen	9.0 mg/L			SM 18th 4500-NH3 H	7.77	92.6
07/18	1130	SJI	pH	6.8 S.U.			SM 18th 4500-H+ B	0.00	N/A
07/19	1400	MNM	Phosphorous, Total (as P)	9.0 mg/L			EPA 365.3	0.00	94.4
07/20	0845	MNM	Solids, Total Suspended	< 2.0 mg/L			SM 18th 2540D	0.00	N/A
07/18	1500	RHB	Coliform, Fecal	< 2 /100ml			SM 18th 9222D	0.00	N/A
07/18	1400	SJI	BOD, Carbonaceous	< 2.0 mg/L			SM 18th 5210B	0.00	95.2

* 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	P, NH ₃ -N	CBOD, TSS	F. COLIFORM			
Address:		PO Box 127 Avoca Ar 72711				Purchase Order #:											
Telephone:		(479)936-0333 (Cell)				Sampler Name(s):		Sam J. Isaacks									
Telephone:						and Signature(s):											
ESC Client Number:		1821															
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
Dose Tank/Effluent	12-07-02 295	7/8/12	1120	GRAB	Water	teflon	150 ml	none	1	X							
				GRAB	Water	Plastic	1 qt	H ₂ SO ₄ , pH<2	1		X						
				GRAB	Water	Plastic	1 qt	none/ice	1			X					
				GRAB	Water	Whirlpak	300ml	none/ice	1				X				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:									
Sam J. Isaacks		7/8/12	1340					Used? <input 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 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:									
				SAM ISAACKS		7/8/12	1340	Yes <input type="checkbox"/>		No <input type="checkbox"/>							
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	7:22	SD	68							
						Time:	Temp.:			73.3		°C	°F				
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.						Chlorinated? Yes No		This Document is Page ___ of ___									