

**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
FROM MM/DD/YYYY 7/1/2014 TO MM/DD/YYYY 7/31/2014

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	9.3	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	3	MG/L	ONCE/ MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.6	S.U.	ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	3	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	13.1	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	8	colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	14.5	MG/L	ONCE/ MONTH	GRAB	
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	29.59	MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.809	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	43.1	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		46,728	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 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	8/6/2014
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)		AREA CODE	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

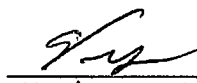
Control Number: 1407020101	Sample Date : 07/09/14	Collected By: WDS
Customer Name : GREENFIELD CAP DEV-DEER HAVEN	Sample Time : 0950	Delivery By : WDS
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB-WATER	Work Order :
Report Date : 07/17/14	Sample From : DOSE TANK/EFFLUENT	Purchase Order :

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
07/11	1400	TSB	Ammonia Nitrogen	13.1 mg/L			SM 1997 4500-NH3 F	2.16	102.0 *
07/15	0800	TSB	Kjeldahl Nitrogen Total	14.50 mg/L			SM 1997 4500-NorgB	2.17	101.0 *
07/11	0800	TSB	Nitrate Nitrogen	29.59 mg/L			SM 2000 4500-NO3 E	0.00	101.0 *
07/09	1400	TSB	Nitrite Nitrogen	0.809 mg/L			SM 2000 4500 NO2 B	0.19	102.0 *
07/09	0950	WDS	pH	6.6 S.U.			SM 2000 4500-H+ B	0.00	N/A *
07/11	1300	TSB	Phosphorous, Total (as P)	9.3 mg/L			EPA 365.3	3.28	102.0
07/10	1015	KIK	Solids, Total Suspended	3.0 mg/L			SM 1997 2540 D	11.32	N/A *
07/09	1615	VLP	Coliform, Fecal	8 /100ml			SM 1997 9222 D	26.09	N/A *
07/09	1400	KIK	BOD, Carbonaceous	3.0 mg/L			SM 2001 5210 B	40.00	93.4 *
07/16	1100	TSB	Nitrogen, Plant Available	43.1 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 
 Environmental Services Co., Inc.

