

**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	MM/DD/YYYY
	6/1/2016	6/30/2016

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	8.7		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	6.8		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	15		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	35.84		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	26.8		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	1.77		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	49.9		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		51,542	1,727			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett	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	7/14/2016
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: 1606020080

Sample Date : 06/08/16

Collected By: CS

Customer Name : DEER HAVEN UTILITY LLC

Sample Time : 1124

Delivery By : CS

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

Sample Type : GRAB

Work Order :

Report Date : 06/21/16

Sample From : DOSE TANK EFFLUENT

Purchase Order :

### Laboratory Analysis

Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
06/09	1330	TSB	Ammonia Nitrogen	15.0 mg/L			SM 1997 4500-NH3 F	1.97	102.0 *
06/20	0900	TSB	Kjeldahl Nitrogen Total	35.84 mg/L			SM 1997 4500-NorgB	0.00	101.5 *
06/09	1000	TSB	Nitrate Nitrogen	26.80 mg/L			SM 2000 4500-NO3 E	0.25	98.3 *
06/09	0800	TSB	Nitrite Nitrogen	1.770 mg/L			SM 2000 4500 NO2 B	0.25	98.3 *
06/08	1124	CLS	pH	6.8 S.U.			SM 2000 4500-H+ B	0.00	N/A *
06/09	0915	TSB	Phosphorous, Total (as P)	8.7 mg/L			EPA 365.3	0.00	102.0 *
06/13	1444	JCB	Solids, Total Suspended	< 2.0 mg/L			SM 1997 2540 D	0.00	N/A
06/08	1630	AEU	Coliform, Fecal	8 /100ml			SM 9222 D 1997	0.00	N/A *
06/08	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	0.28	87.0 *
06/21	1130	TSB	Nitrogen, Plant Available	49.9 mg/L			SM 1997 4500-N		

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

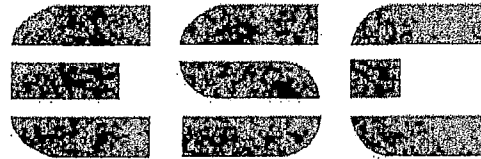
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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 Utility LLC				Permit/Project #:							TP(25),NH <sub>3</sub> -N(15-A),TKN(16-A),NO <sub>3</sub> -(15-A),NO <sub>2</sub> (19) CBOD(70),TSS(28),PAN(99.99) F. Coliform (43)																													
Address: PO Box 127				Purchase Order #:																																				
Avoca Ar 72711				Sampler Name(s): <i>Chris Strange</i>																																				
Telephone:				and Signature(s): <i>[Signature]</i>																																				
Telephone:				ESC Client Number: 1821																																				
Sample Identification		Sample Collection				Sample Containers				pH(23)																														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#																															
Dose Tank/Effluent	1606020080	6-8-16	1124	GRAB	Water	teflon	150 ml	none	1	X																														
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , 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:		Used?	Intact?																												
<i>[Signature]</i>		6-8-16	1230	<i>[Signature]</i>							<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Turnaround:		Regular	Special																												
				<i>[Signature]</i>							<input checked="" type="checkbox"/>	<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:		Yes	No																												
				<i>[Signature]</i>			6-8-16	1230			<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units																													
				Analyst:		pH:	1124	CLS	6.76	6.77																														
				Time:		Temp.:			27.9	22.8	°F																													
				Reading:		DO:																																		
				Units:		Debris:																																		
Cool all samples to 6 degrees C.							Chlorinated? Yes No			This Document is Page 1 of 1																														