

**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

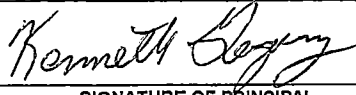
PERMITTEE ADDRESS
PO Box 7 Fort Smith, AR 72902

FACILITY ADDRESS
Smith Ridge Rd Garfield AR 72752

AFIN NO.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 6/1/2017	6/30/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.1		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	6.1		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	4		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	8.9		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	166		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	20.16		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	29.8		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.538		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	42.6		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		48,758	1,972			

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
Kathy Bartlett		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	479 530-5926	7/12/2017
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: 1706020112
 Customer Name : DEER HAVEN UTILITY LLC
 Customer/Permit No. : 1821 / 4908-WR-1
 Report Date : 06/16/17

Sample Date : 06/09/17
 Sample Time : 1257
 Sample Type : GRAB DOSE TANK
 Sample From : EFFLUENT

Collected By: RHB
 Delivery By : RHB
 Work Order :
 Purchase Order :

Laboratory Analysis

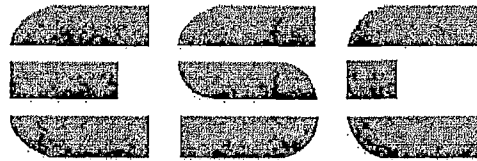
Analysis							<u>Quality Assurance</u>		
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
06/09	0900	TSB	Ammonia Nitrogen	8.9 mg/L			SM 1997 4500-NH3 F	0.00	104.7 *
06/13	0900	TSB	Total Kjeldahl Nitrogen	20.16 mg/L			02/2014 HACH 10242	4.88	96.3 *
06/15	1300	TSB	Nitrate Nitrogen	29.80 mg/L			SM 2000 4500-NO3 E	0.18	101.8 *
06/09	1500	TSB	Nitrite Nitrogen	0.538 mg/L			SM 2000 4500 NO2 B	1.63	100.2
06/09	1300	RHB	pH	6.1 S.U.			SM 2000 4500-H+ B	0.00	N/A *
06/12	1530	TSB	Phosphorous, Total (as P)	7.1 mg/L			EPA 365.3	3.28	101.2
06/14	1315	JCB	Solids, Total Suspended	4.0 mg/L			SM 1997 2540 D	19.61	N/A *
06/09	1300	AEU	Coliform, Fecal	166 /100ml			SM 9222 D 1997	22.22	N/A *
06/09	1400	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	4.83	92.4 *
06/16	1400	TSB	Nitrogen, Plant Available	42.6 mg/L			SM 1997 4500-N		
06/09	1257	RHB	Sample Collection/Travel	1 each					

* 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 #:													
Address:		PO Box 127		Purchase Order #:													
		Avoca Ar 72711		Sampler Name(s):		RICHARD BROWN											
Telephone:				and Signature(s):		Richard Brown											
Telephone:																	
ESC Client Number:		1821															
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	TP(25),NH ₄ -N(15.A),TKN(16.A),NO3(15.A),NO2(19)	CBOD(70),TSS(28),PAN(99.99)	F. Coliform (43)				
Dose Tank/Effluent	1706020112	6-9-17	12:57	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:									
Richard Brown RICHARD BROWN		6-9-17	14:00	[Signature]				Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:									
				[Signature]				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:									
				[Signature]		6/9/17	1400	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
Comments:				FLOW DATA		Field Test		Time		Analyst		Result		Result		Units	
				Analyst:		pH:		13:00		RHB		6.1					
				Time:		Temp.:		+		+		23.7		°C		°F	
				Reading:		DO:											
				Units:		Debris:											
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1							