

**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

**A FINO.**  
04-01681

**WASTEWATER EFFLUENT MONITORING PERIOD**  
FROM MM/DD/YYYY 6/1/2015 TO MM/DD/YYYY 6/30/2015

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	6.6		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	6.6		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	5.4		MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	240		colonies/100ml	ONCE/MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	7.8		MG/L	ONCE/MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	28.7		MG/L	ONCE/MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.2		MG/L	ONCE/MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	29.6		MG/L	ONCE/MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/MONTH	TOTAL FLOW
		51,466	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	7/1/2015
			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: 1506020115  
 Customer Name : GREENFIELD CAP DEV-DEER HAVEN  
 Customer/Permit No. : 1821 / 4908-WR-1  
 Report Date : 06/16/15

Sample Date : 06/10/15  
 Sample Time : 0910  
 Sample Type : GRAB DEER HAVEN  
 Sample From : DOSE TANK EFFLUENT

Collected By: WDS  
 Delivery By : WDS  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

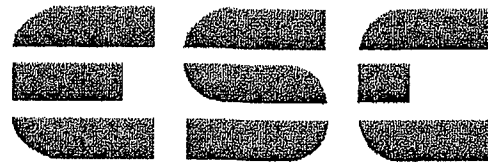
Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
06/12	1330	TSB	Ammonia Nitrogen	5.4 mg/L			SM 1997 4500-NH3 F	0.00	100.4 *
06/15	0830	TSB	Kjeldahl Nitrogen Total	7.80 mg/L			SM 1997 4500-NorgB	4.56	98.2 *
06/12	1000	TSB	Nitrate Nitrogen	28.70 mg/L			SM 2000 4500-NO3 E	1.48	101.5 *
06/10	1600	TSB	Nitrite Nitrogen	0.200 mg/L			SM 2000 4500 NO2 B	1.02	98.3
06/10	0910	WDS	pH	6.6 S.U.			SM 2000 4500-H+ B	0.00	N/A *
06/11	1600	TSB	Phosphorous, Total (as P)	7.8 mg/L			EPA 365.3	1.53	103.0
06/11	1200	KIK	Solids, Total Suspended	3.0 mg/L			SM 1997 2540 D	0.00	N/A *
06/10	1600	VLP	Coliform, Fecal	240 /100ml			SM 1997 9222 D	0.00	N/A *
06/10	1145	KIK	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	15.38	96.5 *
06/15	1521	TSB	Nitrogen, Plant Available	29.6 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 #:					pH(23) 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): Wade Schmitt												
Telephone:					and Signature(s): <i>[Signature]</i>												
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 <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)				
Dose Tank/Effluent	1506020115	6/10/15	9:10	GRAB	Water	teflon	150 ml	none	1	x							
<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>	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:									
<i>[Signature]</i> Wade Schmitt		6-10-15	12:25	<i>[Signature]</i> Richard Brown		6-10-15	12:25	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:									
								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>[Signature]</i> Richard Brown		6-10-15	12:25	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
Comments:					FLOW DATA	Field Test	Time	Analyst	Result	Result	Units						
					Analyst:	pH:	9:10	WDS	6.6								
					Time:	Temp.:					°C °F						
					Reading:	DO:											
					Units:	Debris:											
Cool all samples to 6 degrees C.					Chlorinated? Yes No					This Document is Page ___ of ___							