

**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**
3/1/2014 3/31/2014

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	9.2		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	2.2		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7.1		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	7.5		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	290		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	12.3		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	29.42		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	24.325		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	38.4		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		44,026	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Kathy Bartlett			479	530-5926	4/7/2014
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)					

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: 1403020098	Sample Date : 03/12/14	Collected By: KIK
Customer Name : GREENFIELD CAP DEV-DEER HAVEN	Sample Time : 1005	Delivery By : KIK
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB	Work Order :
Report Date : 03/20/14	Sample From : DOSE TANK EFFLUENT	Purchase Order :

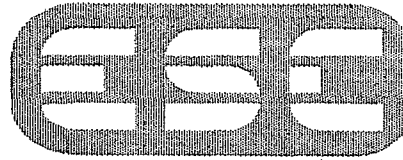
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
03/18	1530	TSB	Ammonia Nitrogen	7.5 mg/L		SM 1997 4500-NH3 F	5.37	106.0
03/18	0800	TSB	Kjeldahl Nitrogen Total	12.30 mg/L		SM 18th 4500-NorgB	4.38	102.2
03/18	1300	TSB	Nitrate Nitrogen	29.42 mg/L		SM 18th 4500-NO3 E	0.00	90.0
03/13	1100	RHB	Nitrite Nitrogen	24.325 mg/L		SM 18th 4500 NO2 B	3.04	84.6
03/12	1005	KIK	pH	7.1 S.U.		SM 18th 4500-H+ B	0.00	N/A
03/17	0800	TSB	Phosphorous, Total (as P)	9.2 mg/L		EPA 365.3	7.41	99.1
03/14	1010	KIK	Solids, Total Suspended	2.0 mg/L		SM 1997 2540D	0.00	N/A
03/12	1615	KIK	Coliform, Fecal	290 /100ml		1997 SM 9222 D	0.00	N/A
03/12	1300	RHB	BOD, Carbonaceous	2.2 mg/L		SM 2001 5210B	20.97	93.4
03/18	1600	TSB	Nitrogen, Plant Available	38.4 mg/L		SM 18th 4500-NH3E		

* 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 Brom
 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 #:			Sampler Name(s): <u>Kate Krievous</u> and Signature(s): <u>[Signature]</u>					pH(23) TP(25), NH ₄ -N(15.A), TKN(16.A), NO ₃ (15.A), NO ₂ (19) CBOD(70), TSS(28), PAN(99.99) F. Coliform (43)					
Address: PO Box 127			Purchase Order #:													
Avoca Ar 72711																
Telephone:																
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), NO ₃ (15.A), NO ₂ (19)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43)			
Dose Tank/Effluent	1403020090	3-12-14	1045	GRAB	Water	teflon	150 ml	none	1	x						
	L	↓	↓	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:							
<u>[Signature]</u> Kate Krievous		3-12-14	1140						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:							
				<u>Richard Brown</u> RICHARD BROWN			3-12-14	1140	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units				
						Analyst:	pH:	1005	KIK	7.1						
						Time:	Temp.:					°C °F				
						Reading:	DO:									
						Units:	Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___						

GCD
P.O. Box 9299
Fayetteville, AR 72703

APR 09 2014
USPS



ADEQ Water Division
Permits Branch
5301 Northshore Dr
N Little Rock, AR 72118-5317

