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## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION MONTHLY MONITORING REPORT

PERMITTEE!NAME	
 First Asset Holdings, LLC	
 PERMITTEE ADDRESS	
 PO Box 7	

Fort Smith, AR 72902

FACILITY/NAME*(IFIDIFFERENT)	
Deer Haven Subdivision	
FACILITY/ADDRESS	
Smith Ridge Rd Garfield AR 72752	

PERMITANO. 4908-WR-1

04-01681

WASTEWATER EFFLUENTIMONITORING PERIOD						
	MM/DD/YYYY	MM/DD/YYYY				
FROM	5/1/2013	5/31/2013				

PARAMETER		PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS		SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT	0.7		MG/L	ONCE/ MONTH		GRAB
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE		15	<2.0		MG/L	ONCE/ MONTH		GRAB
H FFLUENT GROSS VALUE		6 to 9	7.5		S.U.	ONCE/ MONTH		GRAB
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE		15	6		MG/L	ONCE/ MONTH		GRAB
TROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE		REPORT	6.1		MG/L	ONCE/ MONTH		GRAB
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE		10,000	120		colonies/100ml	ONCE/ MONTH		GRAB
OTAL KJELDAHL NITROGEN FFLUENT GROSS VALUE		REPORT	10	10		ONCE/ MONTH		GRAB
ITRATE NITROGEN FFLUENT GROSS VALUE			16.78		MG/L	ONCE/ MONTH		GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE		REPORT	1.22		MG/L	ONCE/ MONTH		GRAB
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE			25.3		MG/L ONCE/ MONTH		GRAB	
LOW, THRU CONDUIT OR TREAT FFLUENT GROSS VALUE	MENT UNIT	REPORT	MONTHLY TOTAL 51,941	DAILY MAX 33,280	GPD	ONCE/ MONTH		TOTAL FLOW
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					ELEPHONE	DATE	
Kathy Bartlett	INDIVIDUALS IMMEDIATELY RES BELIEVE THE SUBMITTED INFORI AWARE THAT THERE ARE SI	COMPLETE. I AM SIGNATURE OF PRINCIPAL			479	530-5926	6/3/2013	
TYPED OR PRINTED INFORMATION, INCLUDING THE PO COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all		OSSIBILITY OF FINE AND IMPRISON	MENT.	AUTHORIZE		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: 1305020122

Customer Name : GREENFIELD CAP DEV-DEER HAVEN

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

Report Date : 05/23/13

Sample Date : 05/15/13 Sample Time : 1205

Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Collected By: WDS Delivery By : WDS

Work Order : Purchase Order :

	Laboratory Analysis			Quality Assurance		
Analysis					Precision	Accuracy
<u>Date Time By</u>	<u> Parameter</u>	Result Notes	Quantity	Method	울 RPD	% Recover
	Ammonia Nitrogen	6.1 mg/L		SM 18th 4500-NH3 H	2.53	102.0
	Kjeldahl Nitrogen Total	10.00 mg/L		SM 18th 4500-NorgB	4.76	85.0
	Nitrate Nitrogen	16.78 mg/L		SM 18th 4500-NO3 E	0.00	100.3
05/22 1500 MINM	Nitrite Nitrogen	1.220 mg/L		SM 18th 4500 NO2 B	1.63	100.3
05/15 1205 WDS	pH	7.5 S.U.	,	SM 18th 4500-H+ B	0.00	N/A
05/20 0900 TSB	Phosphorous, Total (as P)	0.7 mg/L		EPA 365.3	2.61	100.0
05/16 1200 MNM	Solids, Total Suspended	6.0 mg/L	•	SM 18th 2540D	0.00	N/A
05/15 1745 KIK	Coliform, Fecal	120 /100ml		SM 18th 9222D	0.00	N/A
05/15 1400 KIK	BOD, Carbonaceous	< 2.0 mg/L		SM 18th 5210B	0.00	90.5
05/22 1530 MNM	Nitrogen, Plant Available			SM 18th 4500-NH3E	2.00	

\* 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.

## 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

Phone: 501-221-2565



Environmental Services Company, Inc. Northwest Branch 1107 Century Springdale, AR 72764

## **CHAIN OF CUSTODY**

Fax: 501-221-1341 Phone 479-750-1170 Fax:: 479-750-1172 Client Information Project Information Requested Parameters Company Name: Deer Haven Subdivision Permit/Project #: Address: PO Box 127 Purchase Order #: Avoca Ar 72711 CBOD, TSS, NO2, PAN Telephone: Sampler Name(s): P, NH3-N,TKN,N03 Telephone: COLIFORM and Signature(s): ESC Client Number: 1821 Sample Identification Sample Collection Sample Containers H Identification ESC Control# Date Time Matrix # Type Volume Preservative Type 5-15-13 1305020122 Dose Tank/Effluent 17105 **GRAB** Water x teflon 150 ml none GRAB Water **Plastic** 8 oz H2SO4,pH<2 GRAB Water Plastic none/ice X 1 at GRAB Water Whirlpak 300ml none/ice Received By: (Signature and Printed Name) Custody Seals: Used? Intact? Received By: (Signature and Printed Name) Regular Special Relinquished By: (Signature and Printed Name) Received for Lab By: (Signature and Printed Name) Were samples properly preserved: Yes 🔽 No FLOW DATA Comments: Field Test Analyst Result Units Analyst: :Ha 12-1.05 Time: Temp.: Reading: DO: Units: Debris: Cool all samples to 6 degrees C. This Document is Page Chlorinated? Yes No.