

**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** 5/1/2014 **MM/DD/YYYY** 5/31/2014

| TREATED WASTEWATER EFFLUENT SAMPLING | | | | | | |
|--|--------------------|--------------------|----------------|-----------------------|----------------|------------|
| PARAMETER | PERMIT REQUIREMENT | SAMPLE MEASUREMENT | UNITS | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
| PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE | REPORT | 8.6 | MG/L | ONCE/ MONTH | GRAB | |
| CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE | 15 | < 2.0 | MG/L | ONCE/ MONTH | GRAB | |
| PH EFFLUENT GROSS VALUE | 6 to 9 | 6 | 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 | 6.4 | MG/L | ONCE/ MONTH | GRAB | |
| COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE | 10,000 | 92 | colonies/100ml | ONCE/ MONTH | GRAB | |
| TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE | REPORT | 8.4 | MG/L | ONCE/ MONTH | GRAB | |
| NITRATE NITROGEN EFFLUENT GROSS VALUE | REPORT | 28.7 | MG/L | ONCE/ MONTH | GRAB | |
| NITRITE NITROGEN EFFLUENT GROSS VALUE | REPORT | 2.94 | MG/L | ONCE/ MONTH | GRAB | |
| PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE | REPORT | 38.1 | MG/L | ONCE/ MONTH | GRAB | |
| FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE | REPORT | MONTHLY TOTAL | DAILY MAX | GPD | ONCE/ MONTH | TOTAL FLOW |
| | | 44,017 | 33,280 | | | |

| | | | | | |
|--|---|--|-----------|----------|------------|
| 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 | 6/4/2014 |
| 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: 1405020185 | Sample Date : 05/14/14 | Collected By: WDS |
| Customer Name : GREENFIELD CAP DEV-DEER HAVEN | Sample Time : 1215 | Delivery By : WDS |
| Customer/Permit No. : 1821 / 4908-WR-1 | Sample Type : GRAB | Work Order : |
| Report Date : 05/23/14 | Sample From : DOSE TANK EFFLUENT | Purchase Order : |

Laboratory Analysis

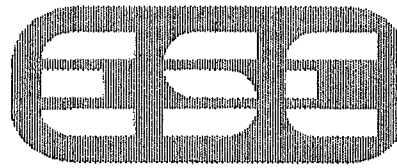
| Analysis | | | | | | Quality Assurance | | | |
|----------|------|-----|---------------------------|------------|-------|-------------------|--------------------|--------------------|------------------------|
| Date | Time | By | Parameter | Result | Notes | Quantity | Method | Precision % RPD | Accuracy % Recovery |
| 05/19 | 1300 | TSB | Ammonia Nitrogen | 6.4 mg/L | | | SM 1997 4500-NH3 F | 2.99 | 99.0 * |
| 05/20 | 0940 | KIK | Kjeldahl Nitrogen Total | 8.40 mg/L | | | SM 1997 4500-NorgB | 2.17 | 95.5 * |
| 05/19 | 0800 | TSB | Nitrate Nitrogen | 28.70 mg/L | | | SM 2000 4500-NO3 E | 1.42 | 115.0 * |
| 05/15 | 0830 | KIK | Nitrite Nitrogen | 2.940 mg/L | | | SM 2000 4500 NO2 B | 0.28 | 99.0 * |
| 05/14 | 1215 | WDS | pH | 6.0 S.U. | | | SM 2000 4500-H+ B | 0.00 | N/A * |
| 05/16 | 1400 | TSB | Phosphorous, Total (as P) | 8.6 mg/L | | | EPA 365.3 | 5.22 | 101.2 * |
| 05/19 | 1415 | KIK | Solids, Total Suspended | 2.0 mg/L | | | SM 1997 2540 D | 2.20 | N/A * |
| 05/14 | 1330 | KIK | Coliform, Fecal | 92 /100ml | | | SM 1997 9222 D | 0.00 | N/A * |
| 05/14 | 1300 | RHB | BOD, Carbonaceous | < 2.0 mg/L | | | SM 2001 5210 B | 8.45 | 96.0 * |
| 05/21 | 1000 | TSB | Nitrogen, Plant Available | 38.1 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 Bromm
 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

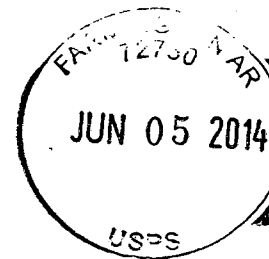
Phone: 501-221-2565 Fax: 501-221-1341

CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

| Client Information | | | | Project Information | | | | | Requested Parameters | | | | | | | | | | | |
|---|---------------|-------------------|-------|---|--------|---------------------|------------|---------------------------------------|----------------------------------|--|-------------------------------|-------------------------------------|--------------------------|----|--|--|--|--|--|--|
| Company Name: Deer Haven Subdivision | | | | Permit/Project #: | | | | | pH(23) | TP(25), NH ₃ -N(15A), TRN(16A), NO ₃ (15A), NO ₂ (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): | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | | | | | |
| ESC Client Number: 1821 | | | | | | | | | | | | | | | | | | | | |
| Sample Identification | | Sample Collection | | | | Sample Containers | | | | | | | | | | | | | | |
| Identification | ESC Control # | Date | Time | Type | Matrix | Type | Volume | Preservative | # | | | | | | | | | | | |
| Dose Tank/Effluent | 1408020185 | 5-14-14 | 12:15 | GRAB | Water | teflon | 150 ml | none | 1 | x | | | | | | | | | | |
| | I | I | I | 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: | | | Used? | Intact? | | | | | | | |
| Wade Schmitt | | 5-14-14 | 13:10 | Richard Brown | | | 5-14-14 | 13:10 | Regular | | | <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 | | | | | | | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received for Lab By: (Signature and Printed Name) | | | Date | Time | Were samples properly preserved: | | | Yes | No | | | | | | | |
| | | | | Richard Brown | | | 5-14-14 | 13:10 | Yes | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Comments: | | | | | | FLOW DATA | Field Test | Time | Analyst | Result | Result | Units | | | | | | | | |
| | | | | | | Analyst: | pH: | 12:15 | WRS | 6 | | | | | | | | | | |
| | | | | | | 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



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

