

**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**
5/1/2015 5/31/2015

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	8.2		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	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	7.3		MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	86		colonies/100ml	ONCE/MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	9		MG/L	ONCE/MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	27.98		MG/L	ONCE/MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.42		MG/L	ONCE/MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	36.1		MG/L	ONCE/MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/MONTH	TOTAL FLOW
		58,834	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	6/1/2015
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: 1505020155	Sample Date : 05/13/15	Collected By: KIK
Customer Name : GREENFIELD CAP DEV-DEER HAVEN	Sample Time : 1030	Delivery By : KIK
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB	Work Order :
Report Date : 05/19/15	Sample From : EFFLUENT DOSE TANK	Purchase Order :

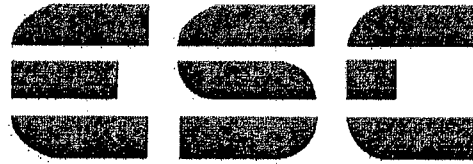
Laboratory Analysis							Quality Assurance	
Analysis			Result	Notes	Quantity	Method	Precision	Accuracy
Date	Time	By					Parameter	% RPD
05/14	1130	TSB	Ammonia Nitrogen	7.3 mg/L		SM 1997 4500-NH3 F	0.00	101.0 *
05/15	1000	TSB	Kjeldahl Nitrogen Total	9.00 mg/L		SM 1997 4500-NorgB	0.00	102.2 *
05/14	1045	TSB	Nitrate Nitrogen	27.98 mg/L		SM 2000 4500-NO3 E	2.45	101.8 *
05/14	1000	TSB	Nitrite Nitrogen	0.420 mg/L		SM 2000 4500 NO2 B	0.45	101.0 *
05/13	1030	KIK	pH	7.1 S.U.		SM 2000 4500-H+ B	0.00	N/A
05/15	0900	TSB	Phosphorous, Total (as P)	8.2 mg/L		EPA 365.3	0.00	101.5 *
05/18	1500	KIK	Solids, Total Suspended	< 2.0 mg/L		SM 1997 2540 D	0.00	N/A *
05/13	1615	KIK	Coliform, Fecal	86 /100ml		SM 1997 9222 D	0.00	N/A *
05/13	1115	TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	23.06	93.2 *
05/15	1615	TSB	Nitrogen, Plant Available	36.1 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 Brom
 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 ₃ -N(15-A), TPO(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						Sampler Name(s): <i>Kyle Knevens</i>																
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	#													
Dose Tank/Effluent	1505820155	5-13-15	1030	GRAB	Water	teflon	150 ml	none	1	x												
	<i>L</i>	<i>L</i>	<i>L</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:													
<i>[Signature]</i>		5-13-15	1045	<i>[Signature]</i>					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:													
				<i>[Signature]</i>					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>			5/13/15	1145	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>										
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units										
						Analyst:	pH:	1030	KIC	7.1	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 ___												