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

PERMITTEE NAME	# - 1
First Asset Holdings, LLC	
PERMITTEE ADDRESS	***
PO Box 7	
Fort Smith, AR 72902	

	FACILITY NAME (IF DIFFERENT)
	Deer Haven Subdivision
1.	FACILITY ADDRESS
	Smith Ridge Rd Garfield AR 72752

	PERMIT NO.	,
	4908-WR-1	
-	AFIN NO.	N. []
	04-01681	

	WASTEWATER EFFLUENT MONITORING PERIOD							
	MM/DD/YYYY	MM/DD/YYYY						
FROM	5/1/2016	5/31/2016						

PARAMETER	PARAMETER PERMIT REQUIREMENT SAMPLE MEASUREMENT UNITS		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
HOSPHOROUS, TOTAL (AS P) FFLUENT GROSS VALUE	REPORT	REPORT 11.4		ONCE/ MONTH	GRAB		
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE	15	4.3 MG/L		ONCE/ MONTH	GRAB		
H FFLUENT GROSS VALUE	6 to 9	6.7	6.7 S.U.		GRAB		
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE	15	< 2	MG/L	ONCE/ MONTH	GRAB		
ITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE	REPORT	11.8	MG/L	ONCE/ MONTH	GRAB		
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE	10,000	16	colonies/100ml	ONCE/ MONTH	GRAB		
OTAL KJELDAHL NITROGEN FFLUENT GROSS VALUE	REPORT	20.16	MG/L	ONCE/ MONTH	GRAB		
ITRATE NITROGEN FFLUENT GROSS VALUE	REPORT	22.51	MG/L	ONCE/ MONTH	GRAB		
ITRITE NITROGEN FFLUENT GROSS VALUE	REPORT 0.393 Mg/l		MG/L	ONCE/ MONTH	GRAB		
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE	REPORT	37.2	37.2 MG/L		GRAB		
LOW, THRU CONDUIT OR TREATMENT UNIT FFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL DAILY MAX 35,013 1,617	ONCE/ MONTH	TOTAL FLOW			
	IDER PENALTY OF LAW THAT I HAVE PERSONALLY E		1	TELEPHONE	DATE		
INDIVIDUALS Kathy Bartlett BELIEVE THE	FORMATION SUBMITTED HEREIN; AND BASED ON MY IN IMMEDIATELY RESPONSIBLE FOR OBTAINING THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND	479 530-5926	6/12/2016				
TYPED OR PRINTED	TYPED OR PRINTED AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE EXECUTIVE OFFICER OR INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. AUTHORIZED AGENT						

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: 1605020135

Customer Name : DEER HAVEN UTILITY LLC Customer/Permit No.: 1821 / 4908-WR-1

Report Date : 05/19/16

Sample Date : 05/13/16 Sample Time: 1428

Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Collected By: CS Delivery By : CS Work Order : Purchase Order :

		Quality A	Assurance		
Analysis				Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity Method	% RPD	% Recovery
05/19 1100 TSB	Ammonia Nitrogen	11.8 mg/L	SM 1997 4500-NH3 F	1.38	100.4 *
05/17 0800 TSB	Kjeldahl Nitrogen Total	20.16 mg/L	SM 1997 4500-NorgB	0,00	97.9 *
	Nitrate Nitrogen	22.51 mg/L	SM 2000 4500-NO3 E		100.3 *
05/13 1500 TSB	Nitrite Nitrogen	0.393 mg/L	SM 2000 4500 NO2 B		100.5
05/13 1428 CLS	рH	6.7 S.U.	SM 2000 4500-H+ B	0.00	N/A *
05/16 1300 TSB	Phosphorous, Total (as P)	11.4 mg/L	EPA 365.3	0.00	101.0 *
	Solids, Total Suspended	< 2.0 mg/L	SM 1997 2540 D	0.00	N/A *
05/13 1700 CLS	Coliform, Fecal	16 /100ml	SM 9222 D 1997	0.00	N/A *
05/13 1400 TSB	BOD, Carbonaceous	4.3 mg/L	SM 2001 5210 B	6.97	87.0 *
05/19 1600 TSB	Nitrogen, Plant Available	37.2 mg/L	SM 1997 4500-N		27.0

* 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.

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

CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 4/9-750-11/2		OI	16-VIIA (Jr CU	310	ז ט											
	Client Information			Project Information					Requested Parameters						s			
Company Name:	Deer Haven Utility	LLC		Permit/Project #:								6						701
Address:	PO Box 127		Purchase	Order #:							102(1						ı	
Avoca Ar 72711												5.A)N	66					ı
Telephone:				Sampler Name(s): Chos S		s 8 Araye					TP(25),NH3-N(15.A),TKN(16.A),ND3(15.A)NO2(19)	CBOD(70), TSS(28), PAN(99.99)			, [
Telephone:											16.A).	PA.						
				and Ciana	A	1				\dashv		XX.	(28)	43)		İ		
ESC Client Number:	1821			and Signa	ture(s):	Ca						15.A).	TSS	Coliform (43)		l		
	والشارات وبرواري بأبران الأكال كالأراب	7			Named to Section Supplementary of the Section				-			13-N(6	ifor				
Sample Ider	7		Sample	Collection		ļ	Sample	Container	NAME OF TAXABLE PARTY.		pH(23)	15. 15.	ĝ	S				
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserv	ative	#	딢	E C	Ö	LL			consumative of	
Dose Tank/Effluent	1605020135	5-12-11	1428	GRAB	Water	teflon	150 ml	none		1	x							
				GRAB	Water	Plastic	8 oz	H₂SO₄,pH	<2	1		x						
•				GRAB	Water	Plastic	1 qt	none/ice		1			x					
4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	GRAB	Water	Whirlpak		none/ice		1				x		_		
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Relinquished By: (Signature and Printed	Name)	Date	Time	Received By: /Si	nature and Printer	Nama)		Date	Tine	, ,	1156	dy Se	36.					
	Street	5-13-16	1650	Received By: (Signature and Printed Name) Date Time		- 1	Jsed7		7.	l	intacl	l? [•				
Relinquished By: (Signature and Printed	Name)	Date	Time	Received By: (Signature and Printed Name) Date Time				round	-) I								
Relinquished By: (Signature and Printed	Name)	Date	Time	Received for Lab By: (Signature and Printed Name)		Date			Regula Vere		les pro	coeriv	Spec					
			Kichard	Brown RI	CHARDE	BROWN	5-13-11	/GSO		. '	Yes	X		No				
Comments:	·				FLOW DA		Field Test		Analys	_	Resu		Resu			Jnits		
					Analyst: Time:		pH: Temp.:	1458	4		6 7 26.		26		<u> </u>	 -	°F	
					Reading:		DO:			-	<u> </u>			-	<u> </u>			_
					Units:		Debris:											
Cool all samples to 6 degrees C.							Chlorinated	? Yes N	0	7	his	Doc	umei	nt is	Page	1_0	of 1	

FORMS/CHAIN,XLS G:\WP56.