## 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 (IF DIFFERENT)	. *	
	Deer Haven Subdivision		
	FACILITY ADDRESS		
V.A	Smith Ridge Rd Garfield AR 72752		

PERMIT NO.	
4908-WR-1	
AFIN NO.	1
04-01681	1

	WASTEWATER EFFLUENT MONITORING PERIOD									
	MM/DD/YYYY	MM/DD/YYYY								
FROM	5/1/2017	5/31/2017								

· · · · · · · · · · · · · · · · · · ·		TREATED WASTE	WATER EFFLUENT SA	MPLING						
PARAMET	ER	PERMIT REQUIREMENT	SAMPLE MEASUR	UNITS		QUENCY OF NALYSIS	SAMPLE TYPE			
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT	5.1		MG/L	1	ONCE/ MONTH	GRAB		
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	2.1		MG/L	1	ONCE/ MONTH	GRAB		
PH FFLUENT GROSS VALUE		6 to 9	6.8	-	S.U.	1	ONCE/ MONTH	GRAB		
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE		15	3.5		MG/L	L .	ONCE/ MONTH	GRAB		
NTROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE		REPORT	1.4		MG/L ONCE/ MONTH			GRAB		
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		10,000	100	colonies/100ml ONCE/ MONTH			GRAB			
OTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE		REPORT	3,42	MG/L	1	ONCE/ MONTH	GRAB			
NITRATE NITROGEN EFFLUENT GROSS VALUE		REPORT	21.67		MG/L	I	ONCE/ MONTH	GRAB		
IITRITE NITROGEN		REPORT	0.529		MG/L	I	ONCE/ MONTH	GRAB		
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE		REPORT	24.2 MG/L			1	ONCE/ MONTH	GRAB		
FLOW, THRU CONDUIT OR TREATI EFFLUENT GROSS VALUE	MENT UNIT	REPORT	MONTHLY TOTAL 48,765	DAILY MAX 1,743	GPD		ONCE/ MONTH	TOTAL FLOW		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		LAW THAT I HAVE PERSONALLY EX	<b>I</b>		<u> </u>	TELEPHONE		DATE		
Kathy Bartlett	INDIVIDUALS IMMEDIATELY RES	ITED HEREIN; AND BASED ON MY IN SPONSIBLE FOR OBTAINING THE RMATION IS TRUE, ACCURATE, AND O	PRINCIPAL	479	530-5926	6/8/2017				
TYPED OR PRINTED	AWARE THAT THERE ARE S	AREA CODE	NUMBER	MM/DD/YYY						

## 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: 1705020144

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

Report Date: 05/18/17

Sample Date : 05/12/17

Sample Time : 1500

Sample Type : GRAB DEERHAVEN
Sample From : DOSE TANK EFFLUENT

Collected By: JCB Delivery By : JCB

Work Order : Purchase Order :

	) (	Quality Assurance				
Analysis				Pre	ecision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result Notes	Quantity M	Method %	RPD_	% Recovery
05/12 1430 AEU	Ammonia Nitrogen	1.4 mg/L	SM 199	7 4500-NH3 F	0.00	99.7 *
05/15 1300 TSB	Total Kjeldahl Nitrogen	3.42 mg/L	02/201	4 HACH 10242	3.10	94.7 *
	Nitrate Nitrogen	21.67 mg/L	SM 200	0 4500-NO3 E	0.36	98.4 *
05/12 1630 RHB	Nitrite Nitrogen	0.529 mg/L	SM 200	0 4500 NO2 B	2.41	99.1 *
05/12 1500 JCB	pH	6.8 S.U.	SM 200	0 4500-H+ B	0.00	N/A *
05/15 1345 SB	Phosphorous, Total (as P)	5.1 mg/L	EPA 36	5.3	1.94	100.9
05/17 1430 JCB	Solids, Total Suspended	3.5 mg/L	SM 199	7 2540 D	8.00	N/A *
05/12 1647 RHB	Coliform, Fecal	100 /100ml	SM 922	2 D 1997	0.00	N/A *
05/12 1400 AEU	BOD, Carbonaceous	2.1 mg/L	SM 200	1 5210 B	8.37	98.9 *
05/16 0945 TSB	Nitrogen, Plant Available	24.2 mg/L	SM 199	7 4500-N		
05/12 1530 JCB	Sample Collection/Travel	1 each			•	

\* 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. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170



Corporate Office, Little Rock, Arkansas 501-221-2565

> Carlsbad, New Mexico 575-887-1ESC

## **CHAIN OF CUSTODY**

Client Information				Project Information					Requested				Par	ame	eters	3		
Company Name:	Deer Haven Utility	LLC		Permit/Pro						19								
Address:	PO Box 127		Purchase	Purchase Order #:						TP(25),NH3-N(15.A),TKN(16.A),N03(15.A)N02(19)						1		
	Avoca Ar 72711						Λ	1				(15.A)	9.99					1
Telephone:				Sampler N	Sampler Name(s):			-d				NO.(.	6)N					
Telephone:						Ble	n Ber	id				N(16.	8),P,	€				
·	Totophiene.			and Signat	ture(s):	0						A, T,	38(2)	4				
ESC Client Number:	1821	,,,,,,,,,		1 1	. ,							N(15.	),TS	E Lo	•			
Sample Ider	والمراوية		Sample	Collection	<u> </u>		Sample (	Containers	3		23)	H.	CBOD(70),TSS(28),PAN(99.99)	Coliform (43)				
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	ative	#	pH(23)	TP(25	CBO	F.				
Dose Tank/Effluent	1705620144	5/12/17		GRAB	Water	teflon	150 ml	попе		1	х	-				,		
2002 : 4.11.2 11.40.11	110000114	(2)10011	1,00	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	:2	1		x						
	<del>                                     </del>			GRAB	Water	Plastic	1 qt	none/ice		1			x					
				GRAB	Water	Whirlpak	100 ml	none/ice		1	<u> </u>	<u> </u>		x				
				GIVAD	VVater	VVIIIIPAK	100 1111	Honorido		i i		<u> </u>		-				
		ļ		+		<del></del>						<del>                                     </del>	<del> </del>	-	-	-		_
<u></u>		1				<b> </b>						$\vdash$	$\vdash$			-		
		<u> </u>		<del> </del>	<del></del>	<del> </del>		<del> </del>				+	<del> </del>			-		
	<u> </u>	<b></b>	<u> </u>	<del> </del>		<del> </del>				-		├	<del> </del>	├	<del>                                     </del>	-	-	<del> </del>
	<u> </u>	<u> </u>	<u> </u>	<del></del>		<del> </del>		ļ				H	┼	<del> </del>		├-		
Relinguisted By: (Signature and Printe	d Name) a /	Date	Time	Received By: (Si	nature and Printe	d Name)		Date	Tin	ne	Cust	ody S	eals:		<u>.                                    </u>	<u> </u>		
	אטארו אואט(צא	5/12/17	1640			·					Usec		111		Inta	ct?		<u> </u>
Relinquished By? (Signature and Printe	od Name)	Date	Time	Received By: (SI	gnature and Printe	d Name)		Date	Tin	пө	Tum Regu	around ular	<u>م:</u>	1	Spe	cial		1
Relinquished By: (Signature and Printe	id Name)	Date	Time	Received for Lab	By; (Signature an	d Printed Name	9) (2	Date	Tin	Time		e sam	ples pr	roperi		erved:		} 1
		<u></u>		Fichai	a Brown	FICHAR	D BROWN	<i>5-12-1 (</i> Time	164		Res	Yes	Resi			No Unit		
Comments:				FLOW D Analyst:	AIA	Field Test pH:	1500	Analy		G.		Con			Offic			
			_		Time:		Temp.:	1000	100		QÓ	<del>,4</del>	20	4 (	(c)		°F	
			· · · · · · · · · · · · · · · · · · ·	<del> </del>	Reading:	<del>-</del>	DO:											
					Units:		Debris:						<u> </u>					
·				Chlorinated	? Yes N	lo	وسعده	Thi	s Do	cume	ent is	Pag	je ]	of_				