

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

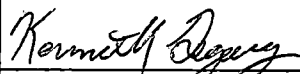
PERMITTEE NAME
First Asset Holdings, LLC
PERMITTEE ADDRESS
PO Box 7 Fort Smith, AR 72902

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

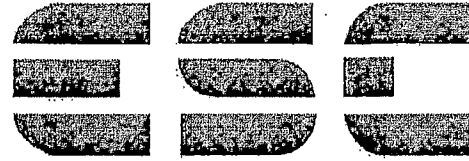
PERMIT NO.
4908-WR-1
AFIN NO.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/1/2016	11/30/2016

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	8.7		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	2.2		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	6.6		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	3		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	100		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	13.44		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	37.96		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.136		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	44.2		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		47,507	1,826			

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 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	12/13/2016
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)					

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 Utility LLC				Permit/Project #: _____						pH(23) TP(25), NH ₃ -N(15-A), TRN(16-A), NO3(15-A), NO2(19) CBOD(70), TSS(28), PAN(99.99) F. Coliform (43)						
Address: PO Box 127 Avoca Ar 72711				Purchase Order #: _____												
Telephone: _____				Sampler Name(s): <i>Amber Underwood</i>												
Telephone: _____				and Signature(s): <i>[Signature]</i>												
ESC Client Number: 1821																
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	TP(25), NH ₃ -N(15-A), TRN(16-A), NO3(15-A), NO2(19)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43)			
Dose Tank/Effluent	<i>111020160</i>	<i>11/11/16</i>	<i>1012</i>	GRAB	Water	teflon	150 ml	none	1	<input checked="" type="checkbox"/>						
				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		<input checked="" type="checkbox"/>					
				GRAB	Water	Plastic	1 qt	none/ice	1			<input checked="" type="checkbox"/>				
				GRAB	Water	Whirlpak	100 ml	none/ice	1				<input checked="" type="checkbox"/>			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:						
<i>[Signature]</i>		<i>11/11/16</i>	<i>1100</i>	<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:						
										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>				<i>11/11/16</i>	<i>1100</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>					
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units				
						Analyst:	pH:	<i>1017</i>	<i>APL</i>	<i>6.6</i>	<i>6.9</i>					
						Time:	Temp.:	<i>1017</i>	<i>APL</i>	<i>19.9</i>	<i>19.9</i>	<i>(C)</i> °F				
						Reading:	DO:									
						Units:	Debris:									
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page <u>1</u> of <u>1</u>						

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: 1611020150

Sample Date : 11/11/16

Collected By: AU

Customer Name : DEER HAVEN UTILITY LLC

Sample Time : 1012

Delivery By : AU

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

Sample Type : GRAB

Work Order :

Report Date : 11/18/16

Sample From : DOSE TANK EFFLUENT

Purchase Order :

Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
11/14	1430	TSB	Ammonia Nitrogen	3.0 mg/L			SM 1997 4500-NH3 F	0.00	96.0 *
11/15	0800	TSB	Kjeldahl Nitrogen Total	13.44 mg/L			SM 1997 4500-NorgB	3.39	99.0
11/15	0950	TSB	Nitrate Nitrogen	37.96 mg/L			SM 2000 4500-NO3 E	0.79	100.7 *
11/11	1215	AEU	Nitrite Nitrogen	0.136 mg/L			SM 2000 4500 NO2 B	0.40	98.2
11/11	1017	AEU	pH	6.6 S.U.			SM 2000 4500-H+ B	0.00	N/A *
11/15	0830	TSB	Phosphorous, Total (as P)	8.7 mg/L			EPA 365.3	0.00	100.7 *
11/17	1104	AEU	Solids, Total Suspended	< 2.0 mg/L			SM 1997 2540 D	0.00	N/A *
11/11	1430	CLS	Coliform, Fecal	100 /100ml			SM 9222 D 1997	2.15	N/A *
11/11	1340	RHB	BOD, Carbonaceous	2.2 mg/L			SM 2001 5210 B	8.37	104.6 *
11/16	1100	TSB	Nitrogen, Plant Available	44.2 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 Brown
 Environmental Services Co., Inc.