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	

Deer Haven Subdivision
FACILITY ADDRESS
Smith Ridge Rd Garfield AR 72752

	PERMIT NO.	
	4908-WR-1	
Г	AFIN NO.	٦
Г	04-01681	_

	WASTEWATER	FEEL LIENT MONITORING BERIOR	
}	MM/DD/YYYY	EFFLUENT MONITORING PERIOD MM/DD/YYYY	
FROM	11/1/2012 .	11/31/2012	
	TREATED WASTE	WATER EFFLUENT SAMPLING	
	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS

PARAMETER		PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT	7.2		MG/L	ONCE/ MONTH		GRAB	
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE		15	< 2.0		MG/L	ONCE/ MONTH		GRAB	
1 FLUENT GROSS VALUE		6 to 9	6.2		S.U.	1	ONCE/ MONTH GRAB		
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE		15	4		MG/L		ONCE/ MONTH	GRAB	
TROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE		REPORT	2.5		MG/L		ONCE/ MONTH	GRAB	
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE		10,000	2		colonies/100ml	1	ONCE/ MONTH	GRAB	
OTAL KJELDAHL NITROGEN FFLUENT GROSS VALUE		REPORT	5		MG/L		ONCE/ MONTH	GRAB	
ITRATE NITROGEN FFLUENT GROSS VALUE		REPORT	33.89		MG/L	1	ONCE/ MONTH	GRAB	
ITRITE NITROGEN FFLUENT GROSS VALUE		REPORT	0.014		MG/L	1	ONCE/ MONTH	GRAB	
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE		REPORT	37.2		MG/L		ONCE/ MONTH	GRAB	
LOW, THRU CONDUIT OR TREAT	MENT UNIT	REPORT	MONTHLY TOTAL 39,441	DAILY MAX 33,280	GPD	ONCE/ MONTH		TOTAL FLOW	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	J	LAW THAT I HAVE PERSONALLY EX				TE	LEPHONE	DATE	
Kathryn Bartlett	INDIVIDUALS IMMEDIATELY RES	ITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE DIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I ELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM			SIGNATURE OF PRINCIPAL		530-5926	12/13/2012	
TYPED OR PRINTED	AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. AUTHORIZED AGENT CODE NUMBER CODE				NUMBER	MM/DD/YYYY			

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: 1211020230

Customer Name : GREENFIELD CAP DEV-DEER HAVEN

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

Report Date : 11/19/12

Sample Date : 11/14/12

Sample Time : 1020 Sample Type : GRAB

Sample Type : GRAB
Sample From : DEER HAVEN EFFLUENT

Collected By: SJI Delivery By : SJI

Work Order : Purchase Order :

Analysis		Laboratory Analysis		Quality A	
Date Time By	Parameter	Result Notes Quantity	20042-3	Precision	Accuracy
11/15 0830 KIK	Ammonia Nitrogen	2.5 mg/L	Method	_ % RPD	Recover
11/20 0840 MNM	Kjeldahl Nitrogen Total	5.04 mg/L	SM 18th 4500-NH3 H		99.2
11/19 0800 MNM	Nitrate Nitrogen		SM 18th 4500-NorgB		103.6
11/21 1115 MNTM	Nitrite Nitrogen	33.89 mg/L	SM 18th 4500-NO3 E		97.9
11/14 1025 SJI	with the Mitrogen	0.014 mg/L	SM 18th 4500 NO2 B	4.58	95.5
		6.2 S.U.	SM 18th 4500-H+ B	0.00	N/A
11/20 0900 MNM	Phosphorous, Total (as P)	7.2 mg/L	EPA 365.3	6.25	93.7
11/17 0900 SJT	Solids, Total Suspended	4.0 mg/L	SM 18th 2540D	0.00	
11/14 1400 SJI	Coliform, Fecal	2 /100ml	SM 18th 9222D		N/A
11/14 1300 SJI	BOD, Carbonaceous	< 2.0 mg/L	SM 18th 5210B	0.00	N/A
	Nitrogen, Plant Available	37.2 mg/L	SM 18th 4500-NH3E	0.00	107.0

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.

^{*} QA data shown is from a different sample or standard on the same date.

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Environmental Services Company, Inc. Northwest Branch 1107 Century Springdale, AR 72764

CHAIN OF CUSTODY

Phone 479-750-1170 Fax:: 479-750-1172 Client Information **Project Information** Requested Parameters Company Name: Deer Haven Subdivision Permit/Project #: Address: PO Box 127 Purchase Order #: Avoca Ar 72711 CBOD, TSS, NO2, PAN Telephone: Sampler Name(s): Sam J. Isaacks P, NH3-N,TKN,N03 Telephone: and Signature(s): ESC Client Number: 1821 Sample Identification Sample Collection Sample Containers Identification ESC Control # Date Time Volume Preservative Hd Type # Matrix Type Dose Tank/Effluent 1211026230 1020 **GRAB** Water teflon 150 ml none X **GRAB** Water Plastic H₂SO₄,pH<2 1 at **GRAB** Water **Plastic** 1 qt none/ice X **GRAB** Water Whirlpak 300ml none/ice Relinquished By: (Signature and Printed Name Received By: (Signature and Printed Name) Custody Seals: Sam J. Isaacks نعرح Used? Intact? Relinquished By: (Signature and Printed Name) Received By: (Signature and Printed Name) Time Tumaround Regular Special Relinquished By: (Signature and Printed Name) Received for Lab By: (Signature and Printed Name) C Date Were samples properly preserved: Time کحب Yes Comments: FLOW DATA Field Test Time Analyst Result Units Analyst: pH: 6.1 1621 SOF Time: Temp.: 16-1 DO: Reading: Units: Debris: Cool all samples to 6 degrees C. This Document is Page Chlorinated? Yes No