

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

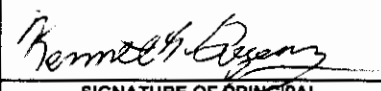
PERMITTEE NAME
First Asset Holdings, LLC
PERMITTEE ADDRESS
PO Box 7 Fort Smith, AR 72902

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 11/1/2014	11/30/2014

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.8		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	6.7		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	10.5		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	7.9		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	3,200		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	13.4		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	40.24		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.045		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	49.8		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		43,753	33,280			

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
Kathy Bartlett			479 530-5926	12/1/2014
TYPED OR PRINTED			AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

A12NN1

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: 1411020140
Customer Name : GREENFIELD CAP DEV-DEER HAVEN
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 11/20/14

Sample Date : 11/12/14
Sample Time : 0945
Sample Type : GRAB DEER HAVEN
Sample From : DOSE TANK EFFLUENT

Collected By: WDS
Delivery By : WDS
Work Order :
Purchase Order :

Laboratory Analysis							Quality Assurance	
Analysis			Result	Notes	Quantity	Method	Precision	Accuracy
Date	Time	By					% RPD	% Recovery
11/14	1600	TSB	Ammonia Nitrogen			SM 1997 4500-NH3 F	0.00	98.0 *
11/19	1300	KIK	Kjeldahl Nitrogen Total			SM 1997 4500-NorgB	1.30	103.6 *
11/17	0900	TSB	Nitrate Nitrogen			SM 2000 4500-NO3 E	2.35	101.0 *
11/14	1330	TSB	Nitrite Nitrogen			SM 2000 4500 NO2 B	0.00	100.0 *
11/12	0945	WDS	pH			SM 2000 4500-H+ B	0.00	N/A *
11/13	1400	TSB	Phosphorous, Total (as P)			EPA 365.3	1.80	100.0 *
11/14	1000	TSB	Solids, Total Suspended			SM 1997 2540 D	9.84	N/A *
11/12	1500	KIK	Coliform, Fecal			SM 1997 9222 D	0.00	N/A *
11/12	1336	RHB	BOD, Carbonaceous			SM 2001 5210 B	4.88	91.9 *
11/20	1300	TSB	Nitrogen, Plant Available			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.

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 #:					<p>pH(23)</p> <p>TP(25), NH₃-N(15-A), TKN(16-A), NO₃-(15-A), NO₂(19)</p> <p>CBOD(70), TSS(28), PAN(99.99)</p> <p>F: Coliform (43)</p>											
Address: PO Box 127						Purchase Order #:																
Avoca Ar 72711						Sampler Name(s): <i>Wade Schmitt</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	#													
Dose Tank/Effluent	1411020140	11-12-14	9:45	GRAB	Water	teflon	150 ml	none	1	x												
				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> Wade Schmitt		11-12-14	11:40					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> RICHARD BROWN		11-12-14	11:40	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units										
						Analyst:	pH:	9:45	WOS	6.7												
						Time:	Temp.:					°C °F										
						Reading:	DO:															
						Units:	Debris:															
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u> </u> of <u> </u>												