

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

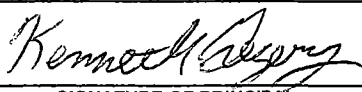
PERMITTEE NAME First Asset Holdings, LLC
PERMITTEE ADDRESS PO Box 7 Fort Smith, AR 72902

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 11/1/2015	11/30/2015

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	9		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	6.8		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	5.5		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	< 2		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	39.2		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	< 0.015		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	47.1		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		34,047	2,154			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett TYPED OR PRINTED	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	11/30/2015
			AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)					

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: 1511020127
 Customer Name : GREENFIELD CAP DEV-DEER HAVEN
 Customer/Permit No. : 1821 / 4908-WR-1
 Report Date : 11/18/15

Sample Date : 11/11/15
 Sample Time : 0950
 Sample Type : GRAB
 Sample From : DOSE TANK EFFLUENT

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

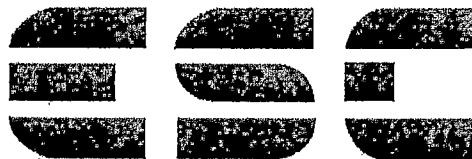
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
11/13	1600	TSB	Ammonia Nitrogen	5.5 mg/L		SM 1997 4500-NH3 F	3.02	104.7 *
11/16	0830	TSB	Kjeldahl Nitrogen Total	13.40 mg/L		SM 1997 4500-NorgB	3.20	98.9 *
11/13	1400	TSB	Nitrate Nitrogen	39.20 mg/L		SM 2000 4500-NO3 E	4.55	101.1 *
11/12	1500	TSB	Nitrite Nitrogen	< 0.015 mg/L		SM 2000 4500 NO2 B	0.60	102.5 *
11/13	1115	TSB	Phosphorous, Total (as P)	9.0 mg/L		EPA 365.3	1.63	102.1 *
11/17	1330	TSB	Solids, Total Suspended	< 2.0 mg/L		SM 1997 2540 D	40.00	N/A *
11/11	1600	RHB	Coliform, Fecal	< 2 /100ml		SM 1997 9222 D	0.00	N/A
11/11	1200	RHB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	6.52	92.1 *
11/16	1650	TSB	Nitrogen, Plant Available	47.1 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.

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 #:						pH(23) TP(25),NH ₃ -N(15.A),TKN(16.A),NO ₃ (15.A)NO ₂ (19) CBOD(70),TSS(28),PAN(99.99) F. Coliform (43)						
Address:		PO Box 127 Avoca Ar 72711		Purchase Order #:												
Telephone:				Sampler Name(s):		Wade Smith										
Telephone:				and Signature(s):		[Signature]										
ESC Client Number:		1821														
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#							
Dose Tank/Effluent	1511020127	11/15	9:50	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:		Used?	Intact?					
[Signature]		11/15	11:35	[Signature]				Were samples properly preserved:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Tumaround:		Regular	Special					
[Signature]				[Signature]				Were samples properly preserved:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Flow Data		Analyst	Result	Result	Units			
[Signature]				[Signature]		11/15	11:35	Analyst:		WDS	3.6					
Comments:		FLOW DATA		Field Test		Time	Analyst	Result	Result	Units						
		Analyst:		pH:		9:50	WDS	3.6								
		Time:		Temp.:		9:50	WDS	18.6						°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>							

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Control Number: 1511020209
 Customer Name : GREENFIELD CAP DEV-DEER HAVEN
 Customer/Permit No. : 1821 / 4908-WR-1
 Report Date : 11/17/15

Sample Date : 11/13/15
 Sample Time : 1025
 Sample Type : GRAB
 Sample From : DOSE TANK EFFLUENT

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

Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
Date	Time	By					
11/13	1025	WDS	pH	6.8 S.U.			SM 2000 4500-H+ B

Quality Assurance

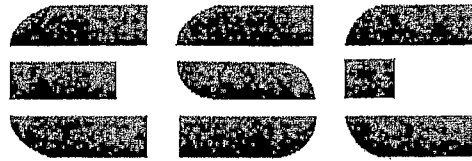
Precision	Accuracy
% RPD	% Recovery
0.00	N/A

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

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Client Information						Project Information					Requested Parameters															
Company Name: Deer Haven Subdivision			Address: PO Box 127 Avoca Ar 72711			Telephone: _____			Telephone: _____			ESC Client Number: 1821			Permit/Project #: _____			Purchase Order #: _____			Sampler Name(s): Wade Schmitt			and Signature(s): [Signature]		
Sample Identification			Sample Collection			Sample Containers				pH(23)																
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#																	
Dose Tank/Effluent	1511020209	11-13-15	10:25	GRAB	Water	teflon	150 ml	none	1		x															
Relinquished By: (Signature and Printed Name) [Signature]			Date		Time		Received By: (Signature and Printed Name)				Date		Time		Custody Seals:											
			11-13-15		13:15										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:											
							Richard Brown RICHARD BROWN				11-13-15		13:15		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Comments:						FLOW DATA		Field Test		Time		Analyst		Result		Result		Units								
						Analyst:		pH:		10:25		WPS		6.8												
						Time:		Temp.:		10:25		WPS		19.2		°C		°F								
						Reading:		DO:																		
						Units:		Debris:																		
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___																