

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

<b>PERMITTEE NAME</b>
First Asset Holdings, LLC

<b>FACILITY NAME (IF DIFFERENT)</b>
Deer Haven Subdivision

<b>PERMIT NO.</b>
4908-WR-1


<b>PERMITTEE ADDRESS</b>
PO Box 7 Fort Smith, AR 72902

<b>FACILITY ADDRESS</b>
Smith Ridge Rd Garfield AR 72752

<b>AFIN NO.</b>
04-01681

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/1/2015	10/31/2015

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	9.4		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	6.1		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	3		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	5.3		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	< 4		colonies/100ml	ONCE/ MONTH	GRAB
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	19.04		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	42		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	51.4		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		36,605	1,320			

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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		DATE
			479	530-5926	11/13/2015
TYPED OR PRINTED			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: 1510020169	Sample Date : 10/20/15	Collected By: WDS
Customer Name : GREENFIELD CAP DEV-DEER HAVEN	Sample Time : 0910	Delivery By : WDS
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB DEER HAVEN	Work Order :
Report Date : 10/28/15	Sample From : DOSE TANK EFFLUENT	Purchase Order :

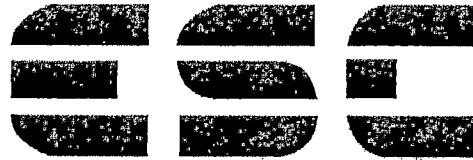
<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
<u>Analysis</u>			<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>					<u>Parameter</u>	<u>% RPD</u>
10/21	1500	TSB	Ammonia Nitrogen	5.3 mg/L		SM 1997 4500-NH3 F	0.00	100.5
10/27	0830	TSB	Kjeldahl Nitrogen Total	19.04 mg/L		SM 1997 4500-NorgB	0.00	100.4
10/21	1415	TSB	Nitrate Nitrogen	42.00 mg/L		SM 2000 4500-NO3 E	0.97	101.9 *
10/22	1515	TSB	Nitrite Nitrogen	< 0.015 mg/L		SM 2000 4500 NO2 B	0.00	101.1 *
10/20	0910	WDS	pH	6.1 S.U.		SM 2000 4500-H+ B	0.00	N/A *
10/23	0900	TSB	Phosphorous, Total (as P)	9.4 mg/L		EPA 365.3	0.00	100.7
10/22	1430	KIK	Solids, Total Suspended	3.0 mg/L		SM 1997 2540 D	40.00	N/A
10/20	1040	WDS	Coliform, Fecal	< 4 /100ml		SM 1997 9222 D	9.52	N/A *
10/21	0800	KIK	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	6.54	89.3 *
10/27	1630	TSB	Nitrogen, Plant Available	51.4 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](http://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			Address: PO Box 127 Avoca Ar 72711			Telephone: _____ Telephone: _____			ESC Client Number: 1821			Permit/Project #: _____		Purchase Order #: _____			pH(23) TP(25), NH <sub>3</sub> -N(15-A), TKN(16-A), NO <sub>3</sub> (15-A), NO <sub>2</sub> (19) CBOD(70), TSS(26), PAN(99.99) F. Coliform (43)
Sampler Name(s): Wade Schmitt						and Signature(s): <i>Wade Schmitt</i>											
Sample Identification						Sample Collection				Sample Containers							
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	TP(25), NH <sub>3</sub> -N(15-A), TKN(16-A), NO <sub>3</sub> (15-A), NO <sub>2</sub> (19)	CBOD(70), TSS(26), PAN(99.99)	F. Coliform (43)				
Dose Tank/Effluent	1510020169	10-20-15	9:10	GRAB	Water	teflon	150 ml	none	1	x							
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , 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? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>							
<i>Wade Schmitt</i>		10-20-15	9:55					Turnaround:		Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
				<i>Samuel...</i>		10-20-15	9:55										
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	9:10	WAS	6.1							
						Time:	Temp.:				°C	°F					
						Reading:	DO:										
						Units:	Debris:										
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___								