## 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	_
	First Asset Holdings, LLC PERMITTEE ADDRESS PO Box 7

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

	PERMIT NO.
	4908-WR-1
_	AEIN NO
└─	AFIN NO.
ı	04-01681 I

	WASTEWATER EFFLUENT MONITORING PERIOD								
	MM/DD/YYYY	MM/DD/YYYY							
FROM	10/1/2017	10/31/2017							

PARAMETER	PERMIT REQUIREMENT	PERMIT REQUIREMENT SAMPLE MEASUREMENT			SAMPLE TYPE	
HOSPHOROUS, TOTAL (AS P) FFLUENT GROSS VALUE	REPORT	8.6	MG/L	ONCE/ MONTH	GRAB	
BOD, 5-DAY (20 DEG. C) FFLUENT GROSS VALUE	15	2.5	MG/L	ONCE/ MONTH	GRAB	
H FFLUENT GROSS VALUE	6 to 9	6.2	S.U.	ONCE/ MONTH	GRAB	
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE	15	< 2	MG/L	ONCE/ MONTH	GRAB	
IITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE	REPORT	13.7	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	44	colonies/100ml	ONCE/ MONTH	GRAB	
OTAL KJELDAHL NITROGEN FFLUENT GROSS VALUE	REPORT	13.7	MG/L	ONCE/ MONTH	GRAB	
IITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	39.54 MG/L		ONCE/ MONTH	GRAB	
IITRITE NITROGEN FFLUENT GROSS VALUE	REPORT	0.063	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	53.3	MG/L	ONCE/ MONTH	GRAB	
LOW, THRU CONDUIT OR TREATMENT UNIT	REPORT	MONTHLY TOTAL DAILY MAX 67,744 2,909	GPD	ONCE/ MONTH	TOTAL FLOW	
TEAMS THE TRINGING A BRESCHIE STITLE TO THE	DER PENALTY OF LAW THAT I HAVE PERSONALLY	1	7	TELEPHONE	DATE	
INDIVIDUALS I	ORMATION SUBMITTED HEREIN; AND BASED ON MY I IMMEDIATELY RESPONSIBLE FOR OBTAINING THI SUBMITTED INFORMATION IS TRUE, ACCURATE, ANI	E INFORMATION, I AMOUNT OF SIGNATURE	OF PRINCIPAL OFFICER OR	479 530-5926	11/9/2017	
AWARE THAT	THERE ARE SIGNIFICANT PENALTIES FOR S , INCLUDING THE POSSIBILITY OF FINE AND IMPRISON	AREA NUMBER	MM/DD/YYYY			

Revised December 13, 2005

## 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: 1710020153

Customer Name : DEER HAVEN UTILITY LLC

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

Report Date : 10/20/17

Sample Date : 10/13/17

Sample Time: 1234 Sample Type : GRAB

Sample From : DOSE TANK/EFFLUENT

Collected By: RHB

Delivery By : RHB Work Order :

Purchase Order :

		Quality Assurance				
Analysis				Precision	Accuracy	
Date Time By	Parameter	Result Notes	Quantity Method	% RPD	% Recovery	
10/13 0830 TSB	Ammonia Nitrogen	13.7 mg/L	SM 1997 4500-NH3 F	0.00	106.8 *	
10/17 0900 TSB	Total Kjeldahl Nitrogen	13.7 mg/L	02/2014 HACH 10242	1,43	103.4	
10/19 1045 TSB	Nitrate Nitrogen	39.54 mg/L	SM 2000 4500-NO3 E	0.58	100.5 *	
10/13 1500 TSB	Nitrite Nitrogen	0.063 mg/L	SM 2000 4500 NO2 B	2.04	101.6	
10/13 1237 RHB	рН	6.2 S.U.	SM 2000 4500-H+ B	0.00	N/A *	
10/16 1400 TSB	Phosphorous, Total (as P)	8.6 mg/L	EPA 365.3	0.00	103.9 *	
10/18 1100 JCB	Solids, Total Suspended	< 2.0 mg/L	SM 1997 2540 D	5.13	N/A *	
10/13 1645 JCB	Coliform, Fecal	44 /100ml	SM 9222 D 1997	44.44	N/A	
10/13 1400 TSB	BOD, Carbonaceous	2.5 mg/L	SM 2001 5210 B	2.86	92.5 *	
10/19 1140 TSB	Nitrogen, Plant Available	53.3 mg/L	SM 1997 4500-N			

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.

Environmental Services Co., Inc.

<sup>\*</sup> OA data shown is from a different sample or standard on the same date.

## 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**

Phone. 479-730-1170	rax. 479-750-1172												سبجون					
Client Information				Project Information						Rea	ues	ted	Par	ame	eters	}		
Company Name:	Deer Haven Utility	LLC		Permit/Pro	ject#:		····					6						
Address:	PO Box 127	127			Order#:							NO2(1						
Avoca Ar 72711			111									15.A)	(66.					
Telephone:				Sampler Name(s): RICHARD BROWN			ł		) NO3(	36)N								
Telephone:								┪		(16.A	PA(							
		<del> </del>	· .·- · · · · · · · · · · · · · · · · ·	and Signature(s): Richard Brown						T.T.	S(28	(43						
ESC Client Number:	1821	<del></del>		]		140-0	<u> </u>			┪		1(15.4	,TS	Πī	Ì		l	
Sample Ider	ntification	<u> </u>	Sample	Collection			Sample	Containers	3		ନ୍ତ	H. L.	02)	Coliform (43)				İ
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva		#	pH(23)	P(25)	CBOD(70),TSS(28),PAN(99.99)	F. C		ı	.	
Dose Tank/Effluent	1710020153	10-13-17	12:34	GRAB	Water	teflon	150 ml	none		1	x							
DOOD TAINTE HADIN	1110000000	10 12 13	12-27	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<		1	Î	x						
				GRAB	Water	Plastic	1 qt	none/ice		1		<u> </u>	x					_
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Relinquished By: (Signature and Printed Name) Date		Time	Received for Lab I	By: (Signature and	Printed Name	0/	Dale /	Time	v	Vere	samp	les pro	perly	preser	ved:		$\exists$	
Comments:			GOIM V	FLOW DA	TA PYCE	Field Test	10/13/17 1322 t Time Analyst			Resu	Yes	Resu	lŧ.	_	Vo Units	Щ.		
				Analyst:		pH:	12:37	RHB	Q	2.2		11000					$\neg$	
					Time:		Temp.: DO:	Ţ.	¥	1	23.	5			<del>@</del>		'F	$\exists$
			<del></del>		Reading: Units:		DO: Debris:			+								ᅱ
	Cool all samples to 6 de	egrees C.					Chlorinated	? Yes N	0		his	Doc	umei	nt is	Page	I	of'_	$\exists$
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