

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

**PERMITTEE NAME**  
First Asset Holdings, LLC

**FACILITY NAME (IF DIFFERENT)**  
Deer Haven Subdivision

**PERMIT NO.**  
4908-WR-1


**PERMITTEE ADDRESS**  
PO Box 7  
Fort Smith, AR 72902

**FACILITY ADDRESS**  
Smith Ridge Rd Garfield AR 72752

**AFIN NO.**  
04-01681

**WASTEWATER EFFLUENT MONITORING PERIOD**  
FROM MM/DD/YYYY 10/1/2013 TO MM/DD/YYYY 10/31/2013

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	7.5		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	4		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	6.4		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	3.2		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	6.7		MG/L	ONCE/ MONTH	GRAB
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	3.71		MG/L	ONCE/ MONTH	GRAB
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.023		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	7.4		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		29,517	33,280			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett	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	11/4/2013
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: 1310020106

Sample Date : 10/09/13

Collected By: WDS

Customer Name : GREENFIELD CAP DEV-DEER HAVEN

Sample Time : 1110

Delivery By : WDS

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

Sample Type : GRAB DEER HAVEN

Work Order :

Report Date : 10/16/13

Sample From : DOSE TANK EFFLUENT

Purchase Order :

## Laboratory Analysis

Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recover
10/10	1345	TSB	Ammonia Nitrogen	2.3 mg/L			SM 18th 4500-NH3 H	3.17	103.0
10/11	0830	TSB	Kjeldahl Nitrogen Total	6.70 mg/L			SM 18th 4500-NorgB	0.00	106.0
10/15	1000	TSB	Nitrate Nitrogen	3.71 mg/L			SM 18th 4500-NO3 E	2.53	99.0
10/10	1030	KIK	Nitrite Nitrogen	0.023 mg/L			SM 18th 4500 NO2 B	9.09	93.2
10/09	1110	WDS	pH	6.4 S.U.			SM 18th 4500-H+ B	0.00	N/A
10/11	1000	TSB	Phosphorous, Total (as P)	7.5 mg/L			EPA 365.3	0.00	102.0
10/10	0915	KIK	Solids, Total Suspended	< 2.0 mg/L			SM 18th 2540D	0.00	N/A
10/09	1615	WDS	Coliform, Fecal	< 2 /100ml			SM 18th 9222D	0.00	N/A
10/09	1400	KIK	BOD, Carbonaceous	4.0 mg/L			SM 18th 5210B	0.00	99.5
10/16	0640	MNM	Nitrogen, Plant Available	7.4 mg/L			SM 18th 4500-NH3E		

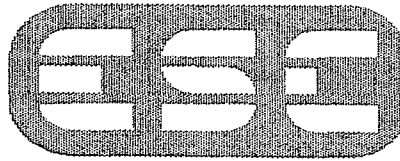
\* QA data shown is from a different sample or standard on the same date.

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

Environmental Services Co., Inc.

Environmental Services Company, Inc.  
 Corporate Office  
 13715 West Markham P.O. Box 55146  
 Little Rock, AR 72211 Little Rock, AR 72215  
 website: www.esclabs.com



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

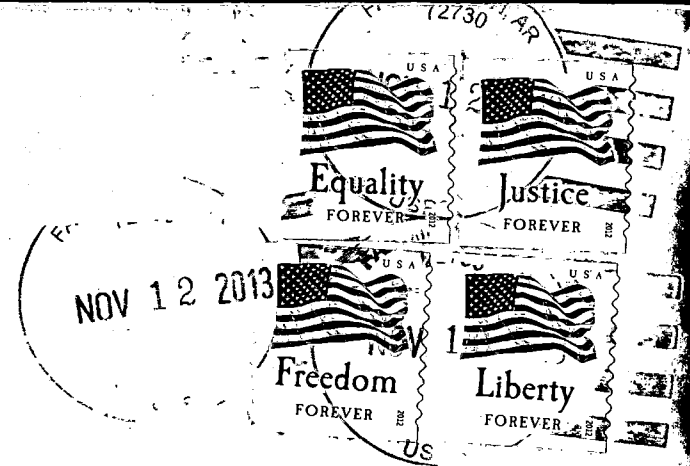
Phone: 501-221-2565 Fax: 501-221-1341

### CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information						Project Information					Requested Parameters										
Company Name: Deer Haven Subdivision						Permit/Project #:					pH(23) TP(25),NH <sub>3</sub> -N(15),A,TKN(16),NO <sub>3</sub> (15),NO <sub>2</sub> (19) CBOD(70),TSS(28),PAN(99.99) F. Coliform (43)										
Address: PO Box 127						Purchase Order #:															
Avoca Ar 72711						Sampler Name(s): Wade Schmitt															
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	1310020106	10-9-13	11:20	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:												
[Signature]		10-9-13	12:00	[Signature]					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:												
				[Signature]			10/9/13	1200	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units									
						Analyst:	pH:	11:10	WAS	6.4											
						Time:	Temp.:														
						Reading:	DO:														
						Units:	Debris:														
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page ___ of ___												

GCD  
P.O. Box 9299  
Fayetteville, AR 72703



ADEQ Water Division  
Permits Branch  
5301 Northshore Dr  
N Little Rock, AR 72118-5317