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

PERMITTEENAME	
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

6	PERMIT NO.
	4908-WR-1
*	AFIN NO.
1990	

WASTEWATER EFFLUENT MONITORING PERIOD								
Γ	MM/DD/YYYY	MM/DD/YYYY						
FROM	9/1/2015	9/30/2015						

PARAMETI	ER	PERMIT REQUIREMENT	UREMENT	UNITS		QUENCY OF	SAMPLE TYPE			
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		REPORT	9	9 MG/L			ONCE/ MONTH	GRAB		
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	2.1	2.1			ONCE/ MONTH	GRAB		
H FFLUENT GROSS VALUE		6 to 9	6.7		S,U,	ONCE/ MONTH		GRAB		
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE		15	< 2	-	MG/L		ONCE/ MONTH	GRAB		
ITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE		REPORT	6		MG/L		ONCE/ MONTH	GRAB		
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		10,000	14		colonies/100ml		ONCE/ MONTH	GRAB		
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE NITRATE NITROGEN EFFLUENT GROSS VALUE		REPORT			MG/L		ONCE/ MONTH	GRAB		
		REPORT			MG/L		ONCE/ MONTH	GRAB		
ITRITE NITROGEN FFLUENT GROSS VALUE		REPORT	0.018		MG/L		ONCE/ MONTH	GRAB		
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE		REPORT	45.8 Mg/L				ONCE/ MONTH	GRAB		
LOW, THRU CONDUIT OR TREATM FFLUENT GROSS VALUE	MENT UNIT	REPORT MONTHLY TOTAL DAILY MAX GPD GPD			ONCE/ MONTH	TOTAL FLOW				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		LAW THAT I HAVE PERSONALLY EX	<u>م!</u> ا		1 1	TE	ELEPHONE	DATE		
Kathy Bartlett	INDIVIDUALS IMMEDIATELY RES	TED HEREIN; AND BASED ON MY IN SPONSIBLE FOR OBTAINING THE MATION IS TRUE, ACCURATE, AND	INFORMATION, I ///COMPLETE. 1 AM	IATION, 1 / Comits Slegging			530-5926	10/8/2015		
TYPED OR PRINTED	· ·	SIGNIFICANT PENALTIES FOR SUI OSSIBILITY OF FINE AND IMPRISONME		EXECUTIVE O		AREA CODE	NUMBER	MM/DD/YYYY		

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: 1509020198

Customer Name : GREENFIELD CAP DEV-DEER HAVEN

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

Report Date : 09/18/15

Sample Date : 09/11/15

Sample Time : 1150

Sample Type : GRAB DEER HAVEN
Sample From : DOSE TANK EFFLUENT

Collected By: WDS Delivery By: WDS

Work Order : Purchase Order :

		Quality Assurance				
Analysis					Precision	Accuracy
<u>Date Time By</u>	<u> Parameter</u>	Result Notes	Quantity	Method	% RPD	% Recovery
09/15 1130 TSB	Ammonia Nitrogen	6.0 mg/L		SM 1997 4500-NH3 F	2.25	98.4 *
	Kjeldahl Nitrogen Total	10.10 mg/L		SM 1997 4500-NorgB	1.16	99.7 *
	Nitrate Nitrogen	38.60 mg/L		SM 2000 4500-NO3 E	0.47	103.1 *
09/15 0925 TSB	Nitrite Nitrogen	0.018 mg/L		SM 2000 4500 NO2 B	0.92	103.8
09/11 1150 WDS	рН	6.7 S.U.		SM 2000 4500-H+ B	0.00	N/A *
09/15 1510 TSB	Phosphorous, Total (as P)	9.0 mg/L		EPA 365.3	0.00	100.0 *
09/17 1030 KIK	Solids, Total Suspended	< 2.0 mg/L		SM 1997 2540 D	0.00	N/A *
09/11 1500 WDS	Coliform, Fecal	14 /100ml		SM 1997 9222 D	0.00	N/A *
09/11 0800 KIK	BOD, Carbonaceous	2.1 mg/L		SM 2001 5210 B	0.00	101.1 *
09/15 1600 TSB	Nitrogen, Plant Available	45.8 mg/T		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.

Signature

Environmental Services Co., Inc.

^{*} QA 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

Fov: 470-750-1172

Phone: 479-750-1170

Corporate Office, Little Rock, Arkansas 501-221-2565

Carlsbad, New Mexico 575-887-1ESC

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CHAIN OF CUSTODY

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Client Information					Pr	oject Info	ormation	1		I	R	eque	sted	Par	/am/	eter	s
Company Name:	Deer Haven Subdi	vision		Permit/Pro	ject #:						ē	3	T				
Address:	PO Box 127		1	Purchase (Order #:		Λ				Pr1(25), TP(25),NH ₃ -N(15A),TKN(16.A),NO3(15.A),NO2(19)	<u> </u>		'	'	'	
Avoca Ar 72711						$\overline{\Omega}$	1. 1	-/.	-71		75.A)	9.99)		'	'	'	
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		***************************************	,,,,,,	and Signati	ture(s):	6/1	1/2				TKN	S(28	(43	. '	'	!	
ESC Client Number:	1821			dila oig	410(0).					7	1715.A	TS,	Ę	'	'	1	
	dentification	T	Sample	Collection		T	Sample	Containers		16	ر الآ المثيلا	CBOD(70), TSS(28), PAN(99.99)	Coliform (43)	'	'		
Identification	ESC Control #	Date	Time	7	Matrix	1	Volume	7		# h	71,7		Ö	'	'		
Dose Tank/Effluent				Type		Type	† · · · · · · · · · · · · · · · · · · ·					10	<u>г.</u>	-	+	₩	
Dose rank/Eniuem	it 1509020 198	9-11-15	11:50	GRAB	Water	teflon	150 ml	none	1		×	+		1	 '	↓ !	
		 	 	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pH<2	2 1	4	十'	x		 '	<u> </u>	 '	<u> </u>
		<u> </u>	 	_ GRAB	Water	Plastic	1 qt	none/ice	1	4	_	X		⊥_'	<u> </u> '	1	<u></u>
				GRAB	Water	Whirlpak	100 ml	none/ice					x	/	<u>L'</u>		
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Comments:	**************************************	<u></u>	<u> </u>	THIMITIES	NOOW (0) FLOW DA		Field Test		3D Analyst		Yes esult	Res	-		No Units	للِّ	
John Herrer					Analyst:		pH:		Analyst		. 7	Nes	Juit ,	+	Units	<u>, </u>	
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					Reading: Units:		DO: Debris:	+		+							
	Cool all samples to 6 de	egrees C.			Units.		Chlorinated	d? Yes No		+	rie D	ocume	ent is	. Dag		of	
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