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

| - 4 | PERMITTEE NAME            | <br> |
|-----|---------------------------|------|
|     | First Asset Holdings, LLC |      |
|     | PERMITTEE ADDRESS         | <br> |
|     | PO Box 7                  |      |
|     | Fort Smith, AR 72902      |      |
|     |                           |      |

| Si     | FACILITY NAME (IF DIFFERENT)     |      |
|--------|----------------------------------|------|
|        | Deer Haven Subdivision           | <br> |
| . g. · | FACILITY ADDRESS                 | _    |
|        | Smith Ridge Rd Garfield AR 72752 | <br> |

|   | PERMIT NO. | - |
|---|------------|---|
|   | 4908-WR-1  |   |
|   |            |   |
| 1 | AFIN NO.   |   |

04-01681

|      | WASTEWATER EFFLUENT MONITORING PERIOD |            |  |  |  |  |  |  |
|------|---------------------------------------|------------|--|--|--|--|--|--|
|      | MM/DD/YYYY                            | MM/DD/YYYY |  |  |  |  |  |  |
| FROM | 9/1/2016                              | 9/30/2016  |  |  |  |  |  |  |

|  |   | TREATED WASTI  | EWATER EFFLUENT SAMPLING             | 57.27          | 9 41,                    |             |
|--|---|--|--------------------------------------|----------------|--------------------------|-------------|
| PARAMETER PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE |   | PERMIT REQUIREMENT   | SAMPLE MEASUREMENT                   | UNITS          | FREQUENCY OF<br>ANALYSIS | SAMPLE TYPE |
|  |   | REPORT 9   |                                      | MG/L           | ONCE/<br>MONTH           | GRAB        |
| BOD, 5-DAY (20 DEG. C)<br>FFLUENT GROSS VALUE            |   | 15   | < 2                                  | MG/L           | ONCE/<br>MONTH           | GRAB-       |
| H<br>FFLUENT GROSS VALUE                                 |   | 6 to 9   | 7.2                                  | S,U.           | ONCE/<br>MONTH           | GRAB        |
| DLIDS, TOTAL SUSPENDED<br>FLUENT GROSS VALUE             |   | 15   | < 2                                  | MG/L           | ONCE/<br>MONTH           | GRAB        |
| TROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE         |   | REPORT   | 9.9                                  | MG/L           | ONCE/<br>MONTH           | GRAB        |
| OLIFORM, FECAL GENERAL<br>FFLUENT GROSS VALUE            |   | 10,000   | < 2                                  | colonies/100ml | ONCE/<br>MONTH           | GRAB        |
| OTAL KJELDAHL NITROGEN<br>FFLUENT GROSS VALUE            |   | REPORT   | 15.68                                | MG/L           | ONCE/<br>MONTH           | GRAB        |
| TRATE NITROGEN<br>FLUENT GROSS VALUE                     |   | REPORT   | 43.17                                | MG/L           | ONCE/<br>MONTH           | GRAB        |
| TRITE NITROGEN<br>FLUENT GROSS VALUE                     |   | REPORT   | 0,023                                | MG/L           | ONCE/<br>MONTH           | GRAB        |
| ANT AVAILABLE NITROGEN FFLUENT GROSS VALUE               |   | REPORT   | 54.8                                 | MG/L           | ONCE/<br>MONTH           | GRAB        |
| LOW, THRU CONDUIT OR TREAT<br>FFLUENT GROSS VALUE        | MENT UNIT   | REPORT   | MONTHLY TOTAL DAILY MAX 45,559 1,874 | GPD            | ONCE/<br>MONTH           | TOTAL FLOW  |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                   | l .   | LAW THAT I HAVE PERSONALLY EX  | 1 2 2                                | 41             | TELEPHONE                | DATE        |
| Kathy Bartlett   | INDIVIDUALS IMMEDIATELY RE<br>BELIEVE THE SUBMITTED INFOR | ITED HEREIN; AND BASED ON MY IN<br>SPONSIBLE FOR OBTAINING THE<br>RMATION IS TRUE, ACCURATE, AND | CAPILO PRINCIPAL                     | 479 530-5926   | 10/10/2016               |             |
| TYPED OR PRINTED   | AWARE THAT THERE ARE SINFORMATION, INCLUDING THE P        | OFFICER OR<br>ED AGENT   | AREA NUMBER                          | MM/DD/YYYY     |                          |             |

## 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

## **CHAIN OF CUSTODY**

| Phone: 479-750-1170                                     | Fax: 479-750-1172                   |              | C                 | HAIN  |   |              |               |                                     |                             |             |               |   |                  |              |               |       |
|---|-------------------------------------|--------------|-------------------|---|---|--------------|---------------|-------------------------------------|-----------------------------|-------------|---------------|---|------------------|--------------|---------------|-------|
| Client Information                                      |                                     |              |                   |   | Pr                                      | oject Inf    | ormation      | 1                                   |                             |             | F             | ≀equ  | estec            | l Pa         | ram           | eters |
| Company Name:   | ompany Name: Deer Haven Utility LLC |              |                   | Permit/Project #:                                   |   |              |               |                                     |                             | - [         | <u>6</u>      |   |                  |              |               |       |
| Address: PO Box 127  Avoca Ar 72711                     |                                     | Purchase     | Purchase Order #: |   |   |              |               |                                     | NOZ                         |             |               |   |                  |              |               |       |
|   |                                     |              | •                 |   |   | · -          |               |                                     |                             | (\$2) .   6 | 1             |   |                  |              |               |       |
| Telephone:  |                                     |              |                   | Sampler Name(s):                                    |   | n Rord       |               |                                     |                             |             | ),NO3(        | <u> </u>  | ŀ                |              |               |       |
| Telephone:  |                                     |              | <del></del>       | and Signature(s):                                   |   | a BIN        | ent.          | •                                   | ヿ                           |             | (16.A<br>1 PA |   |                  | }            | ]             |       |
|   |                                     |              |                   |   |   | 7            |               | Z (2                                | £ (£)                       |             |               |   |                  |              |               |       |
| ESC Client Number:                                      | 1821                                | <del> </del> | <del></del>       | - and orgina  | ta 10(0).                               | •            | <del></del>   |                                     |                             | $\neg$      |               | A.ef.)  | E                |              |               |       |
| Sample ider   |                                     | <u> </u>     | Sample            | Collection  |   | 1            | Sample (      | Container                           |                             | <b>—</b> [7 | ડે            | 4. 10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>1        | ] ) 을            |              |               |       |
| Identification  | ESC Control #                       | Date         | Time              | Type  | Matrix                                  | Туре         | Volume        | Preserva                            |                             | # \}        | pri(23)       | 1P(25),NH <sub>3</sub> -N(15.A),TKN(16.A),N03(15.A),N02(19) CBOD(70), TSS(28), PAN(99,99) | F. Coliform (43) |              |               |       |
|   |                                     |              |                   | GRAB  |   | 1            | •             |                                     | auve                        |             | _             |   | +-               | ┿            | <del>  </del> |       |
| Dose Tank/Effluent                                      | 1609020114                          | 9/16/10      | 1420              |   | Water                                   | teflon       | 150 ml        | none                                |                             |             | ×             |   |                  | ┼            | $\vdash$      |       |
|   | -                                   | <del> </del> |                   | GRAB  | Water                                   | Plastic      | 8 oz          | H <sub>2</sub> SO <sub>4</sub> ,pH< | <2                          | 1           | $\dashv$      | X   | -                | <del> </del> |               |       |
|   |                                     | 1-1-         |                   | GRAB  | Water                                   | Plastic      | 1 qt          | none/lce                            |                             | 1           |               | <u>`</u>  | -                | ــــ         |               |       |
|   |                                     | <u> </u>     |                   | GRAB  | Water                                   | Whirlpak     | 100 ml        | none/ice                            |                             | 1           | $\perp$       |   | <u> </u>         |              |               |       |
|   |                                     |              |                   | _ <del></del>                                       | <u> </u>                                | <b> </b>     |               |                                     |                             |             | _             |   |                  |              |               |       |
|   |                                     |              |                   |   |   |              |               |                                     |                             |             |               | <u> </u>  |                  |              |               |       |
|   |                                     |              |                   |   |   |              |               |                                     |                             |             |               |   |                  |              | ·             |       |
|   |                                     |              |                   |   |   |              |               |                                     |                             |             |               |   |                  |              |               |       |
|   |                                     |              |                   |   |   |              |               |                                     |                             |             |               |   |                  |              |               |       |
|   |                                     |              |                   |   |   |              |               |                                     |                             | T           |               |   |                  |              |               |       |
| Relinguished By: (Signature and Printe                  | d Name)<br>hn Bycol                 | 9/16/16      | 1600              | Received By: (Signature and Printed Name) Date Time |   |              | islody<br>ed? | y Seals:                            |                             | Intac       | it?           |   |                  |              |               |       |
| Relinquished By Signature and Printe                    | d Name)                             | Date         | Time              | Received By: (Sig                                   | gnature and Printe                      | d Name)      |               | Date                                | Time                        |             | rnaro         | ound:   | <del></del>      | Spec         |               |       |
| Relinquished By: (Signature and Printed Name) Date Time |                                     | Time         | Received for Lab  |   |   | Date 9-16-16 | Time<br>1600  | W                                   | Were samples properly prese |             |               |   |                  |              |               |       |
| Comments:   |                                     |              | 11-7CBCO M        | FLOW D  | ATA                                     | Field Test   |               | Analyst                             |                             | sult        |               | sult  |                  | Units        |               |       |
|   |                                     |              |                   |   | Analyst:                                |              | рН:           | 1420                                | الميمل                      |             | 7. KG         | 3 7   | 14               |              |               |       |
|   |                                     |              |                   |   | Time:<br>Reading:                       |              | Temp.:<br>DO: | - 15                                | 7                           |             | 1 5 K         | <u> 2   3</u>   | 5.9              | (C)          |               | °F    |
|   |                                     |              |                   |   | Units:                                  |              | Debris:       |                                     |                             |             |               | 士   |                  |              |               |       |
|   | Cool all samples to 6 d             | egrees C.    |                   |   | • |              | Chlorinated   | ? Yes N                             | 0                           | Th          | is D          | ocum)   | ent is           | Page         | ∋ <u></u> ₹ ( | of    |

## 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: 1609020114

Customer Name: DEER HAVEN UTILITY LLC Customer/Permit No.: 1821 / 4908-WR-1

Report Date : 09/23/16

Sample Date : 09/16/16

Sample Time : 1420

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

Collected By: JB Delivery By : JB

Work Order : Purchase Order :

|                     |                           | Laboratory Analysis |          |                    | Quality A | Assurance  |
|---------------------|---------------------------|---------------------|----------|--------------------|-----------|------------|
| Analysis            |                           |                     |          |                    | Precision | Accuracy   |
| <u>Date Time By</u> | Parameter                 | Result Notes        | Quantity | Method             | % RPD     | % Recovery |
| 09/20 1430 TSB      | Ammonia Nitrogen          | 9.9 mg/L            |          | SM 1997 4500-NH3 F | 0.00      | 103.6 *    |
|                     | Kjeldahl Nitrogen Total   | 15.68 mg/L          |          | SM 1997 4500-NorgB | 1.34      | 99.5 *     |
|                     | Nitrate Nitrogen          | 43.17 mg/L          |          | SM 2000 4500-NO3 E | 1.40      | 99.7 *     |
| 09/16 1600 CLS      | Nitrite Nitrogen          | 0.023 mg/L          |          | SM 2000 4500 NO2 B | 4.03      | 100.7 *    |
| 09/16 1420 JCB      | Нф                        | 7.2 S.U.            |          | SM 2000 4500-H+ B  | 1.36      | N/A *      |
| 09/20 0930 TSB      | Phosphorous, Total (as P) | 9.0 mg/L            |          | EPA 365.3          | 1.38      | 102.6      |
| 09/20 1410 AEU      | Solids, Total Suspended   | < 2.0 mg/L          |          | SM 1997 2540 D     | 0.00      | N/A *      |
| 09/16 1615 AEU      | Coliform, Fecal           | < 2 /100ml          |          | SM 9222 D 1997     | 66.67     | N/A *      |
| 09/16 1400 TSB      | BOD, Carbonaceous         | < 2.0 mg/L          |          | SM 2001 5210 B     | 11.07     | 104.1 *    |
| 09/23 0830 TSB      | Nitrogen, Plant Available | 54.8 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.

Signature

Environmental Services Co., Inc.

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