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	

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

4908-WR-1
CONTACINI NIO SER

1	WASTEWATER E	FFLUENT MONITORING PERIOD	
Γ	MM/DD/YYYY	MM/DD/YYYY	,
FROM	9/1/2014	9/30/2014	
	TREATED WASTEV	VATER EFFLUENT, SAMPLING	
	PERMIT REQUIREMENT	SAMDLE MEASUREMENT	LIMITO

PARAMETER PERMIT REQUIREMENT SAMPLE MEASUREMENT UNITS								SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE			ANALYSIS 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 7.2 S.U.						ONCE/ MONTH	GRAB		
OLIDS, TOTAL SUSPENDED FFLUENT GROSS VALUE		15	2	9 1 M(2/1 1			ONCE/ MONTH	GRAB		
ITROGEN, AMMONIA TOTAL (AS N) FFLUENT GROSS VALUE		REPORT	11.9		MG/L		ONCE/ MONTH	GRAB		
OLIFORM, FECAL GENERAL FFLUENT GROSS VALUE		10,000	< 4		colonies/100ml		ONCE/ MONTH	GRAB		
OTAL KJELDAHL NITROGEN FFLUENT GROSS VALUE	REPORT 20.2 MG/L ONCE/ MONTH						GRAB			
IITRATE NITROGEN FFLUENT GROSS VALUE	REPORT 43.46 MG/L ONCE/ MONTH						GRAB			
ITRITE NITROGEN FFLUENT GROSS VALUE		REPORT	0.021		MG/L		GRAB			
LANT AVAILABLE NITROGEN FFLUENT GROSS VALUE		REPORT	57.8		MG/L		GRAB			
LOW, THRU CONDUIT OR TREAT FFLUENT GROSS VALUE	MENT UNIT REPORT MONTHLY TOTAL DAILY MAX GPD 46,517 33,280						ONCE/ MONTH	TOTAL FLOW		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	.]	LAW THAT I HAVE PERSONALLY EX	TELEPHONE		DATE					
Kathy Bartlett	INDIVIDUALS IMMEDIATELY RES	TED HEREIN; AND BASED ON MY INC SPONSIBLE FOR OBTAINING THE MATION IS TRUE, ACCURATE, AND (PRINCIPAL	479 530-5926		10/3/2014				
TYPED OR PRINTED	1	IGNIFICANT PENALTIES FOR SUB OSSIBILITY OF FINE AND IMPRISONM	FFICER OR D AGENT	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: 1409020188

Customer Name : GREENFIELD CAP DEV-DEER HAVEN

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

09/22 1600 TSB Nitrogen, Plant Available

Report Date : 09/23/14

Date Time 09/16 1030 09/22 1000 09/19 1000 09/12 1630 09/12 1335 09/16 0830 09/15 1345 09/12 1550 09/12 1600

Sample Date : 09/12/14

Sample Time : 1335

57.8 mg/L

Sample Type : GRAB DEER HAVEN Sample From : EFFLUENT DOSE TANK Collected By: WDS

Purchase Order :

Delivery By : WDS Work Order :

		Laboratory Analysis			Quality A	Assurance
Analysis					Precision	Accuracy
ate <u>Time</u> By	Parameter	Result Note	es Quantity	Method	% RPD	% Recovery
9/16 1030 TSB		11.9 mg/L		SM 1997 4500-NH3 F	0.00	100.6 *
	Kjeldahl Nitrogen Total	20.20 mg/L		SM 1997 4500-NorgB	2.51	97.5 *
	Nitrate Nitrogen	43.46 mg/L		SM 2000 4500-NO3 E		100.8 *
9/12 1630 KIK	Nitrite Nitrogen	0.021 mg/L		SM 2000 4500 NO2 B		99.5
9/12 1335 WDS	рн	7.2 S.T.		SM 2000 4500-H+ B	0.00	N/A *
9/16 0830 TSB	Phosphorous, Total (as P)	9.4 mg/L		EPA 365.3	1.40	100.7
9/15 1345 KIK	Solids, Total Suspended	2.0 mg/L		SM 1997 2540 D	18.18	N/A *
		< 4 /100ml		SM 1997 9222 D	0.00	N/A *
	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.00	102 0 *

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.

SM 1997 4500-N

^{*} 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

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

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Client Information				Project Information						Requested Parameters																						
Company Name:	Deer Haven Subo	livision		Permit/Project #:							<u></u>																					
Address:	PO Box 127				Purchase Order #:							TP(25),NHJ-N(15.A),TKN(16.A),N03(15.A)NO2(19)																				
	Avoca Ar 72711						, ,	- (1	_			5.AJN	66																			
Telephone:				Sampler Name(s):		Lass Git					Z03(1	(6)																				
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				1 .a		otag					N S	28)	<u>a</u>																			
ESC Client Number:	1821			and Signa	iture(s):	W.	12					5A),	SS	٦																		
				4		7						N S	CBOD(70),T\$S(28),PAN(99.99)	Coliform (43)		ŀ																
Sample Ide	T	4	Sample	Collection	_	ļ	Sample	Container	s		pH(23)	5),NF	g	18																		
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserv	ative	#	표	TP(2	SBC	П.																		
Dose Tank/Effluent	1409020128	9-12-14	13:35	GRAB	Water	teflon	150 ml	none		1	х				\Box	\exists																
				GRAB	Water	Plastic	8 oz	H₂SO₄,pH·	<2	1		x				丁																
			GRAB	Water	Plastic	1 qt	none/ice		1	\neg		x	<u> </u>		_																	
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Comments:			1-10			Field Test		Analys		Result		Resu	ılt	No It Units																		
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					Time:		Temp.:					\Box			°C	۱٥	F															
		····			Reading:		DO:																									
	Cool all samples to 6 de	eareas C			Units:		Debris:	<u> </u>	<u> </u>																							
	Cool all samples to 6 degrees C.						Chlorinated	? Yes N	0	1	nis	Doc	ume	nt is	Page	0	Æ															

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