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

PERMITTEE NAME						]			PERMIT NO					
First Asset Holding										4908-WR-2				
PERMITTEE ADDRESS PO Box 7 Ft Smith AR 72902								FACILITY 15046 Sm Garfield		Rd			AFIN NO. 04-01681	
TREATED WASTEWATER EFFLUENT SAMPLING							MM/DD/ 4/1/20	MM/DD/YYYY 4/30/2018						
Parameter						Limit		Sample Meas	Sample Measurement		Monitoring	R	eporting	
Flow, Month	ly total						RE	PORT	0.1152	21	MG	Total Flow per calendar month		
Flow, daily n	naximun	*			_		RE	PORT	4,298	3	GPD	Daily		
Carbonaceous Biochemical Oxygen Demand (CBOD5)						30 6,8 mg/l								
Total Suspended Solids (TSS)							<u> </u>	45	5	5				
Fecal Coliform Bacteria (FCB)						4	1,000	3,650		colonies/100ml	Grab Sample once per month			
pH							6.0	0 - 9.0	7.1		s.u.			the 15th of the wing Month
Total Phospi	horus (T	P)					RE	PORT	7.7		mg/l			
Total Kjeldal	nl Nitrog	jen (TKN)					RE	PORT	19.4		mg/l			
Ammonia Nit	trogen						RE	PORT	12.5		mg/l	Grab sample once per quarter		
Nitrate Nitro	gen ( NC	3-N) + Nitrite	Nitrogen ( N	102-N)			RE	PORT	17.9		mg/l	Grab sample office per quarter		
Plant Availab	ole Nitro	gen (PAN)						PORT	32.5		mg/l			
INFORMATION SUB-					N SUBMITT	PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE BMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS SPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED FOR							(479) 530- 5926	
PENALTIES FOR SU				-	RUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF COGNIZAN UBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND							DATE		
TYPED OR PRINTED IMPRISONMENT.  COMMENTS AND EXPLANATION OF VIOLATIONS (Refere												<del></del>		.5/6/2018
CO	OMMEN'	TS AND EXF	LANATION	OF\	VIOLATIONS (	Keference	aii attachmeni	ts nere )						
		* L	OADING R	ATE	BY ZONE									
Zone 1		717.77	Zone 5		717.77									

717.77

Zone 2

Zone 3

Zone 4

717.77

717.77

717.77

Zone 6

## 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: 1804020152

Customer Name : DEER HAVEN UTILITY LLC

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

Report Date : 04/19/18

Sample Date : 04/13/18

Sample Time : 1140

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

Work Order :

Purchase Order :

	Quality Assurance						
Analysis						Precision	Accuracy
Date Time By	Parameter	Result	Notes	Quantity	Method	% RPD	<pre>% Recovery</pre>
04/13 1145 TSB	Ammonia Nitrogen	12.5 mg/L			SM 1997 4500-NH3 F	0.00	103.0 *
04/17 0800 TSB	Total Kjeldahl Nitrogen	19.4 mg/L			02/2014 HACH 10242	2.30	110.0 *
04/13 1140 JCB	Н	7.1 S.U.			SM 2000 4500-H+ B	0.00	N/A *
04/16 1200 AEU	Phosphorous, Total (as P)	7.7 mg/L			EPA 365.3	0.00	109.0 *
04/18 1430 CLS	Solids, Total Suspended	5.0 mg/L			SM 1997 2540 D	9.52	N/A *
04/13 1630 AEU	Coliform, Fecal	3650 /100m	1		SM 9222 D 1997	8.22	N/A
04/13 1400 TSB	BOD, Carbonaceous	6.8 mg/L			SM 2001 5210 B	3.37	100.0 *
04/16 1430 TSB	Nitrate + Nitrite	17.9 mg/L			01/2013 HACH 10206	0.00	96.2 *
04/17 1600 TSB	Nitrogen, Plant Available	32.5 mg/L			SM 1997 4500-N		
04/13 1140 JCB	<del>-</del> '	1 each					

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.

## 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 CHAIN OF CUSTODY																			
		Project Information								Red	ues	ted	Par	ame	eters					
Company Name:	Deer Haven Utility	LLC		Permit/Pro	ject #:							_					i <b>i</b>			
Address: PO Box 127				Purchase								TP(25),NH3-N(15.A), s-TKN(16.C),N03 + NO2(91)				ŀ				
	Avoca Ar 72711			1		0 1					N + E	66.								
Telephone:				Sampler N	ame(s):	Toh	n Buc	d				C),N	36)N	Ĭ		;	i			
Telephone:	<del></del>						Y VIOL					N(16	PA							
Totophone:				and Signat	ura(e)		mr 12	<u></u>	-	ヿ		s-T-s	3(28)	(43)						
ESC Client Number:	1821				ure(s).					$\dashv$		(15.A)	TSS	E			.			
					Calladian			Sample Containers					(02)	Coliform (43)						
	<del></del>	1		Collection		<del> </del>				#	pH(23)	(25),	CBOD(70),TSS(28),PAN(99.99)			. 1				
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume		itive	_	-	<u> </u>	10	п.		<del>                                     </del>				
Dose Tank/Effluent	1804020152	4/13/18	1140	GRAB	Water	teflon	150 ml	none			×	<u> </u>	<del> </del>	├—			$\vdash$			
Dose Tank/Effluent			<del> </del>	GRAB	Water	Plastic	8 oz	<del> </del>		1	_	X	<u> </u>	<u> </u>						
Dose Tank/Effluent		1	<del>                                     </del>	GRAB	Water	Plastic	1 qt	none/ice		1	_	<u> </u>	X	<u> </u>						
Dose Tank/Effluent			La	GRAB	Water	Whirlpak	100 ml	none/ice		1		ļ	<u> </u>	X	$\sqcup$	$\vdash$				
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Relinquished By Signature and Printe	ON DVCOL		1255 Time	Received By: (Sig	Received By: (Signature and Printed Name			Date			urna	ed? //			Intact?					
Relinquished By Signature and Printed Name) Date Time							· · /				legul	lar	X	A	Spec					
Relinquished By: (Signeture and Printe	d Neme)	Date	Time	Received for Lab I	Byr (Signature and	Printed Name	Mary	Time Time				samp Yes	les pr	operly	operly preserved:					
Comments:	<u> </u>	Received for Cab By Signature and Printed Nat						Result Result			ult	No Units								
		Analyst:		pH:		1140 363		7.1	7	7	<u>, Z</u>									
	<del></del>			<del></del>	Time: Reading:		Temp.: DO:		2		Ko.		1/4	ê./	°C)	·	°F			
				<del></del>	Units:		Debris:		,	_										
	Cool all samples to 6 de	grees C.				Chiorinated? Yes No				his	Doc	ume	nt is	Parr	Ī	of <u></u>				