

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

**PERMITTEE NAME**

First Asset Holding

**FACILITY NAME**

Deer Haven Subdivision

**PERMIT NO.**

4908-WR-2

**PERMITTEE ADDRESS**

PO Box 7  
Ft Smith AR 72902

**FACILITY ADDRESS**

15046 Smith Ridge Rd  
Garfield AR 72732


**AFIN NO.**

04-01681

WASTEWATER EFFLUENT MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
4/1/2018		4/30/2018	

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.11521	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	4,298	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	6.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	5	mg/l		
Fecal Colliform Bacteria (FCB)	4,000	3,650	colonies/100ml		
pH	6.0 - 9.0	7.1	s.u.		
Total Phosphorus (TP)	REPORT	7.7	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	19.4	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	12.5	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	17.9	mg/l		
Plant Available Nitrogen (PAN)	REPORT	32.5	mg/l		

<b>NAME OF PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF COGNIZANT OFFICIAL</b>	<b>TELEPHONE</b>
Ken Gregory			(479) 530-5926
<b>TYPED OR PRINTED</b>			<b>DATE</b> 5/6/2018

**COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)**

* LOADING RATE BY ZONE						
Zone 1		717.77	Zone 5		717.77	
Zone 2		717.77	Zone 6		717.77	
Zone 3		717.77				
Zone 4		717.77				

# 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 :

## Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
Date	Time	By					
04/13	1145	TSB	Ammonia Nitrogen	12.5 mg/L			SM 1997 4500-NH3 F
04/17	0800	TSB	Total Kjeldahl Nitrogen	19.4 mg/L			02/2014 HACH 10242
04/13	1140	JCB	pH	7.1 S.U.			SM 2000 4500-H+ B
04/16	1200	AEU	Phosphorous, Total (as P)	7.7 mg/L			EPA 365.3
04/18	1430	CLS	Solids, Total Suspended	5.0 mg/L			SM 1997 2540 D
04/13	1630	AEU	Coliform, Fecal	3650 /100ml			SM 9222 D 1997
04/13	1400	TSB	BOD, Carbonaceous	6.8 mg/L			SM 2001 5210 B
04/16	1430	TSB	Nitrate + Nitrite	17.9 mg/L			01/2013 HACH 10206
04/17	1600	TSB	Nitrogen, Plant Available	32.5 mg/L			SM 1997 4500-N
04/13	1140	JCB	Sample Collection/Travel	1 each			

## Quality Assurance

Precision	Accuracy
% RPD	% Recovery
0.00	103.0 *
2.30	110.0 *
0.00	N/A *
0.00	109.0 *
9.52	N/A *
8.22	N/A
3.37	100.0 *
0.00	96.2 *

\* 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.

Carlsbad, New Mexico  
575-887-1ESC

## CHAIN OF CUSTODY

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