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

DEDMITTER MANUE									Г	PERMIT NO.							
PERMITTEE NAME						FACILITY NAME Deer Haven Subdivision											
		First Asse	et Ho	lding				<u> </u>			, , , , , , , , , , , , , , , , , , , ,			_			
PERMITTEE ADDRESS									FACILITY ADDRES	s			AFIN NO.				
PO Box 7										L	04-01681						
Ft Smith AR 72902								Garfield AR 72732									
							-		WASTE	WATER	EFFLUENT MONI	TORING PERIC					
								MM/DD/					MM/DD/YYYY				
					Щ	4/1/20	019	_		4/30/2019							
TREATED W	/ASTE	WATER EFF	FLUE	NTSAN	MPLI	NG											
Parameter					Limit		s	ample Measurement	Units	Monitoring	Re	porting					
Flow, Monthly	/ total							REPORT			0.206665	MG	Total Flow per calendar month				
Flow, daily m	aximun	n *						RE	PORT		8,259	GPD	Daily				
Carbonaceou	s Biocl	nemical Oxyg	jen D	emand (G	СВО	05)		30			8.8 mg/l						
Total Suspen	ded So	lids (TSS)						45			5.6	mg/i					
Fecal Coliform Bacteria (FCB)					4,000			4,839	colonies/100ml	Grab Sample once per month	Prior to the 15th of the						
pН								6.0 - 9.0			7.5	s.u.		following Month			
Total Phosph	orus (T	P)						RE	PORT		5.68	mg/l		_			
Total Kjeldah	Nitrog	en (TKN)				· .		REPORT			21.4	mg/l					
Ammonia Niti	ogen					·		REPORT			18.3	mg/l	Grab sample once per quarter	r			
Nitrate Nitrog	en (NC	D3-N) + Nitrite	Nitro	ogen (NC	O2-N)			REPORT			0.66	mg/l					
Plant Availab	e Nitro	gen (PAN)						REPORT			19.9	mg/l					
NAME OF	PRINCIP	PAL EXECUTIVE O	OFFICE	iR .	_						LY EXAMINED AND		<u> </u>		TELEPHONE		
-	Ken	Gregory				INFORMATION IMMEDIATELY	RESPONSI	BLE FOR OF	non Lever	(479) 530- 5926							
								S TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF R SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND						FFICIAL	DATE		
1	YPED	OR PRINTED)			PENALTIES FO		TING FALSE	INFORMATION,	INCLUDIN	G THE POSSIBILITY	OF FINE AND			5/2/2019		
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here) We feel the over limit on fecals was due to lab pulling from wrong location									ation. W	e have							
_						discussed	with then	the proper	location to pull	ll future s	amples. We will mo	onitor and repor	i.				
		* L	LOA	DING RA	ATE I	BY ZONE								_			
Zone 1		1379.25	z	one 5		1379.25		1	1								

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Zone 2

Zone 3

Zone 4

Zone 6

1379.25

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: 1904020085 Sample Date: 04/12/19 Collected By: NTR Customer Name: DEER HAVEN UTILITY LLC Sample Time: 1324 Delivery By: NTR Customer/Permit No.: 1821 / 4908-WR-1 Sample Type: GRAB Work Order:

Report Date: 04/19/19 Sample From: DOSE TANK EFFLUENT Purchase Order:

	Laboratory Analysis								
Analysis						Precision	Accuracy		
Date Time By	Parameter	Result 1	Notes	Quantity	Method	용 RPD	% Recovery		
04/12 1500 AKA	Ammonia as N, (HACH 10205)	18.30 mg/L			SM 2011 4500-NH3 F	0.19	97.2 *		
04/15 1145 AKA	Total Kjeldahl Nitrogen	21.4 mg/L			02/2014 HACH 10242	6.45	97.3 *		
04/12 1325 NTR	рн	7.5 S.U.			SM 2000 4500-H+ B	0.00	N/A *		
04/16 1100 AKA	Phosphorous, Total (as P)	5.680 mg/L			EPA 365.3	5.81	109.0 *		
04/16 0900 TSB	Solids, Total Suspended	5.6 mg/L			SM 2011 2540 D	3.51	N/A *		
04/12 1650 AKA	Fecal Coliform (MPN/100mL	> 4839.0 /100ml	(b)		06/2012 Colilert18	0.00	0.0		
04/12 1400 TSB	BOD, Carbonaceous	8.8 mg/L			SM 2001 5210 B	12.27	85.0 *		
04/16 0930 AKA	Nitrate + Nitrite	0.66 mg/L			01/2013 HACH 10206	0.00	104.6 *		
04/18 1325 AKA	Nitrogen, Plant Available	19.9 mg/T			SM 1997 4500-N				

(b) Exceeds Permit Limits for Maximum Concentration

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

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170



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

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

	Client Information	Project Information							Req	ues	ted	Param	eter	3			
Company Name:	Permit/Project #:								9	ľ							
Address:			Purchase Order #:								NO2(
									403+	9.99	`		1				
Telephone:				Sampler Name(s): Ne			ed Rueison					6.C),r	6)NY			1	
Telephone:				1			Ned Ryerson					IKN(1	B),P/	<u> </u>		1	
·		and Signature(s):		<u></u>	Med Que					A), s-	3(2	4					
ESC Client Number:	1821	·····		and olghardio(o).		7-50					N(15.	TS,(틸				
Sample Ider	ntification	T	Sample	Collection		Sample Containers					က္ထ	,NH3	D(30	Coliform (43.IF)			
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva		#	pH(23)	TP(25),NH ₃ -N(15.A), s-TKN(16.C),N03 + NO2(91)	CBOD(70),TSS(28),PAN(99.99)	F. O			
Dose Tank/Effluent	1904020085	4-12-19	1324	GRAB	Water	teflon	150 ml			1	x						
Dose Tank/Effluent	1		7724	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<2		1		X				1	
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	none/ice		1			x			1	
Dose Tank/Effluent				GRAB	Water			none/ice 1					x		+-		
2000 10.000	 		<u></u>	0.77.0	· · · · · · · · · · · · · · · · · · ·	TTTTTTTT	100 1111	Honorido		•						†	
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Relinquished By: (Signature and Printer	Received By: (Signature and Printed Name)				Date	Tia	ne	Custo	dy Se	-	 -		ــــــــــــــــــــــــــــــــــــــ	_			
				<u>. </u>		Tim		Used									
Relinquished By: (Signature and Printed Name) Date Time					Received By: (Signature and Printed Name)			Date		10	Regu		ound: ar		Special		1
Relinquished By: (Signature and Printed Name) Date Time 412-19 1530 V					Received for Leb By: (Rignature and Printed Man NMOU STORY) TUMERO K			0) Dale 1040 412-19				samp Yes	amples properly				1
Comments: 1					THYRULISTERIES PATROLE		Field Test	Time	Analy					Result		No Units	
<u> </u>			Analyst:			pH:		NOR			7,5		7.5		-Su		
				Time:			Temp.:		NTC		17.				(C) °F		
				·	Reading:		DO:						ļ		<u> </u>		
	O! -!!!			Units:			Debris: Chlorinated? Yes No				This Document is Page of _						
<u> </u>	Cool all samples to 6 de		Chlorinated	r res N	10		HIIS	טטע	June	AILIS	гауе ј	_ 01 _1					

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