

**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

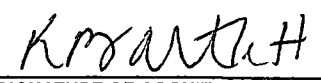
**AFIN NO.**

04-01681

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
4/1/2020		4/30/2020

**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.308,752	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.012,975	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	20.4	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	16	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	9.34	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	57.4	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	55.3	mg/l		
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)	REPORT	0.63	mg/l		
Plant Available Nitrogen (PAN)	REPORT	56.5	mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER	<p>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.</p>	 <b>SIGNATURE OF COGNIZANT OFFICIAL</b>	<b>TELEPHONE</b>
Kathy Bartlett			(479) 530-5926
TYPED OR PRINTED			<b>DATE</b> 5/12/2020

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here )

* LOADING RATE BY ZONE					
Zone 1	2595	Zone 5	2595		
Zone 2	2595	Zone 6	2595		
Zone 3	2595				
Zone 4	2595				

April 2020 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

20,937

Zone Identification

GPD/sq 2

1

2366

2

2366

3

2366

4

2366

5

2366

6

2366

7

2806

8

2985

9

Not used

10

Combined with 8

11

950

12

Not used

13

Not used

14

Not used

15

Not used

16

Not used

17

Not used

# 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: 2004020156  
Customer Name : DEER HAVEN UTILITY LLC  
Customer/Permit No. : 1821 / 4908-WR-1  
Report Date : 05/01/20

Sample Date : 04/22/20  
Sample Time : 1327  
Sample Type : GRAB  
Sample From : DOSE TANK EFFLUENT

Collected By: BRS  
Delivery By : BRS  
Work Order :  
Purchase Order :

## Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
								% Recovery
04/24	1530	TSB	Ammonia as N, (HACH 10205)	55.30 mg/L			SM 2011 4500-NH3 F	0.54
04/28	0930	TSB	Total Kjeldahl Nitrogen	57.4 mg/L			02/2014 HACH 10242	5.26
04/22	1327	BRS	pH	7.4 S.U.			SM 2011 4500-H+ B	0.00
04/23	0830	TSB	Phosphorous, Total (as P)	9.34 mg/L			EPA 365.3	1.85
04/27	1430	TSB	Solids, Total Suspended	20.4 mg/L			SM 2011 2540 D	26.85
04/22	1620	TSB	Fecal Coliform (MPN/100mL)	15.5 /100mL			06/2012 Colilert18	0.00
04/22	1630	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	26.73
04/30	0945	TSB	Nitrate + Nitrite	0.63 mg/L			01/2013 HACH 10206	0.39
04/30	1350	TSB	Nitrogen, Plant Available	56.5 mg/L			SM 1997 4500-N	98.4 *

\* 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

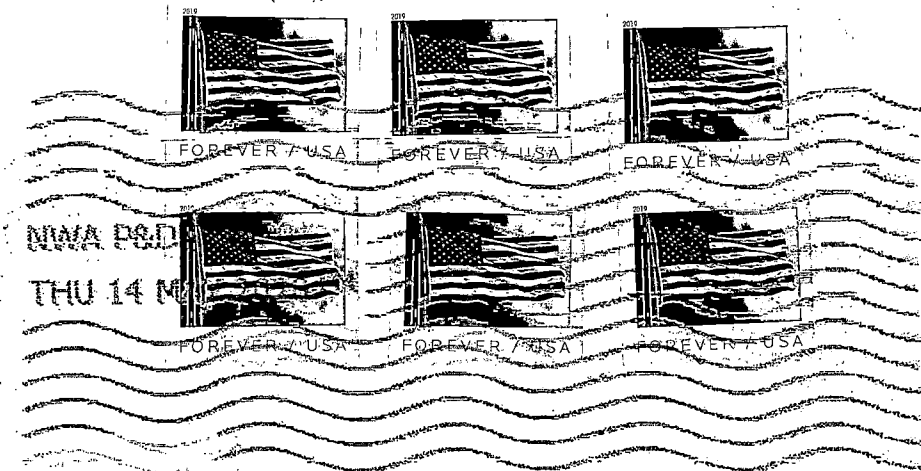
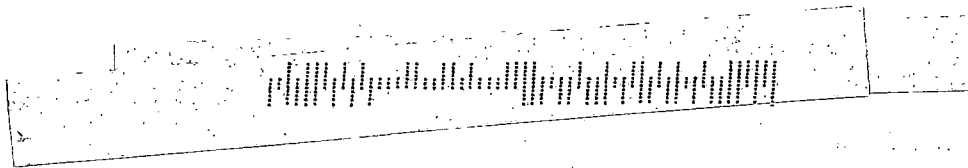
Environmental Services Co., Inc.


308,752  
12,975

**Carlsbad, New Mexico**  
**575-887-1ESC**

## CHAIN OF CUSTODY

Client Information						Project Information				Requested Parameters							
Company Name: Deer Haven Utility LLC						Permit/Project #:				TP(25),NH <sub>3</sub> -N(15.A), s-TKN (16.C), NO3 + NO2(91) CBOD(70), TSS(28),PAN(99.99) F. Coliform (43.IF) pH(23)							
Address: PO Box 127 Avoca Ar 72711						Purchase Order #:											
Telephone:						Sampler Name(s): Brian Steinman											
Telephone:						and Signature(s): [Signature]											
ESC Client Number: 1821																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
Dose Tank/Effluent	2006020156	4/22/20	13:22	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1	X	X						
Dose Tank/Effluent	↓	↓	↓	GRAB	Water	Plastic	1 qt	none/ice	1			X					
Dose Tank/Effluent	↓	↓	↓	GRAB	Water	Sterile	100 ml	none/ice	1				X				
Dose Tank/Effluent	↓	↓	↓	GRAB	Water	Glass	8 oz	none/ice	1					X			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals: Used? [X] Intact? [ ]							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround: Regular [X] Special [ ]							
Relinquished By: (Signature and Printed Name) Brian Steinman [Signature]		Date 4/22/20	Time 16:00	Received for Lab By: (Signature and Printed Name) Komen Probs Tamondro [Signature]				Date 4/22/20	Time 16:00	Were samples properly preserved: Yes [X] No [ ]							
Comments: 6.045						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units				
						Analyst:		pH:	13:22	BGS	7.4	7.4					
						Time:		Temp.:	U	U	16.2	16.1	°F				
						Reading:		DO:									
						Units:		Debris:									
G:\W\ OC\FORMS\SICHAIN.XLS Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Pa of 1							



 **NWA Utility Services Inc**  
**PO Box 9299**  
**Fayetteville, AR 72703**

ADEQ  
Water Division/Branch  
5301 Northshore Dr  
N Little Rock, AR 72118