

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

PERMITTEE NAME
Deer Haven Utility
PERMITTEE ADDRESS
PO Box 9299 Fayetteville AR 72703


FACILITY NAME
Deer Haven Subdivision
FACILITY ADDRESS
15046 Smith Ridge Rd Garfield AR 72732

PERMIT NO.
4908-WR-2

AFIN NO.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
4/1/2021		4/31/2021

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.325,548	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.022,692	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	11.3	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	21.3	mg/l		
Fecal Colliform Bacteria (FCB)	4,000	365	colonies/100ml		
pH	6.0 - 9.0	7.2	s.u.		
Total Phosphorus (TP)	REPORT	10.32	mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT	62.2	mg/l		
Ammonia Nitrogen	REPORT	28.2	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	0.26	mg/l		
Plant Available Nitrogen (PAN)	REPORT	38.7	mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER	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.	 SIGNATURE OF COGNIZANT OFFICIAL	TELEPHONE (479) 530-5926
Kathy Bartlett			DATE
TYPED OR PRINTED			5/14/2021

COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)
see attached NCR

* LOADING RATE BY ZONE					
Zone 1		3782	Zone 5		3782
Zone 2		3782	Zone 6		3782
Zone 3		3782			
Zone 4		3782			

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: 2104020195
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 05/05/21

Sample Date : 04/29/21
Sample Time : 1540
Sample Type : GRAB
Sample From : EFFLUENT

Collected By: TWM
Delivery By : TWM
Work Order :
Purchase Order :

Laboratory Analysis							Quality Assurance		
Analysis			Parameter	Result	Notes	Quantity	Method	Precision	Accuracy
Date	Time	By						% RPD	% Recovery
05/03	1300	HNS	Ammonia as N, (HACH 10205)	28.20 mg/L			SM 2011 4500-NH3 F	1.49	100.0 *
04/30	1000	TWM	Total Kjeldahl Nitrogen	62.2 mg/L			02/2014 HACH 10242	0.68	101.0 *
04/29	1545	TWM	pH	7.2 S.U.			SM 2011 4500-H+ B	0.00	N/A
05/04	1200	HNS	Phosphorous, Total (as P)	10.32 mg/L			EPA 365.3	2.75	101.0
05/03	0930	HNS	Solids, Total Suspended	21.3 mg/L			SM 2011 2540 D	0.54	N/A *
04/29	1650	HNS	Fecal Coliform (MPN/100mL	364.5 /100ml			06/2012 Colilert18	0.00	N/A *
04/30	1530	TWM	BOD, Carbonaceous	11.3 mg/L			SM 2001 5210 B	0.00	76.0 *
05/03	1130	HNS	Nitrate + Nitrite	0.26 mg/L			01/2013 HACH 10206	2.98	106.2 *
05/05	1145	TWM	Nitrogen, Plant Available	38.7 mg/L			SM 1997 4500-N		

* QA data shown is from a different sample or standard on the same date.

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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.

325548 22692

ANL

Environmental Services Company, Inc.
Northwest Arkansas
1107 Century Street
Springdale, Arkansas 72762
website: www.esclabs.com



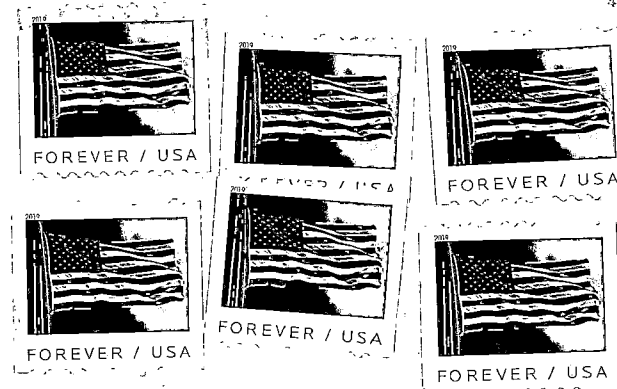
Corporate Office, Little Rock, Arkansas
501-221-2565


Carlsbad, New Mexico
575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters											
Company Name: Deer Haven Utility LLC						Permit/Project #:					TP(25), NH ₃ -N(15.A), s-TKN (16.C), NO ₃ + NO ₂ (91) CBOD(70), TSS(28), PAN(99.99) F. Coliform (43.IF) pH(23)											
Address: PO Box 127						Purchase Order #:																
Avoca Ar 72711						Sampler Name(s): <i>T. Herms</i>																
Telephone:						and Signature(s):																
ESC Client Number: 1821																						
Sample Identification		Sample Collection				Sample Containers																
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#													
Dose Tank/Effluent	2104020195	4/29/21	1540	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , 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	0					X								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:														
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>														
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:														
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>														
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:														
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units									
						Analyst:		pH:	1545	TJM	7.2	7.2										
						Time:		Temp.:					°C °F									
						Reading:		DO:														
						Units:		Debris:														
G:\WA\ OC\FORMS\CHAIN.XLS Cool all samples to 6 degrees C.						Chlorinated? Yes No		This Document is Pa		1		of 1										



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

**ADEQ
WATER DIVISION/PERMITS BRANCH
5301 Northshore Drive
N Little Rock, AR 72118-5317**