

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

PERMITTEE NAME

First Asset Holding

PERMITTEE ADDRESS

PO Box 7
Ft Smith AR 72902

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

8/1/2019

MM/DD/YYYY

8/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.249112	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	11,565	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	9.1	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	< 12.5	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	> 2419.6	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	8.43	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER

Kathy Bartlett

TYPED OR PRINTED

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

DATE

9/10/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

*** LOADING RATE BY ZONE**

Zone 1	1931.36	Zone 5	1931.36
Zone 2	1931.36	Zone 6	1931.36
Zone 3	1931.36		
Zone 4	1931.36		

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: 1908020055
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 08/24/19

Sample Date : 08/15/19
Sample Time : 1250
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

Collected By: JEW
Delivery By : JEW
Work Order :
Purchase Order :

<u>Laboratory Analysis</u>							<u>Quality Assurance</u>	
Analysis							Precision	Accuracy
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>% RPD</u>	<u>% Recovery</u>
08/15	1250	JEW	pH	7.3	S.U.		0.00	N/A
08/19	1500	TSB	Phosphorous, Total (as P)	8.430	mg/L		0.00	107.0 *
08/20	1406	TSB	Solids, Total Suspended	< 12.5	mg/L		1.24	N/A *
08/15	1640	TSB	Fecal Coliform (MPN/100mL)	> 2419.6	/100ml		0.00	0.0 *
08/16	0800	TSB	BOD, Carbonaceous	9.1	mg/L		0.65	114.0 *
08/23		ESC	Sampling and Monitoring F	1			N/A	

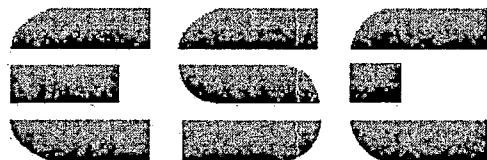
* QA data shown is from a different sample or standard on the same date.

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.

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 #:					pH (23) Total P (25) CBOD(70), TSS(28) Fecal Coliform (43 IF)							
Address: PO Box 127						Purchase Order #:												
Avoca Ar 72711						Sampler Name(s): <i>James Wilts James Wilts</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	1908020055	8-15-19	1250	GRAB	Water	teflon	150 ml	None, Cool [†]	1	X								
Dose Tank/Effluent				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1	X								
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	None, Cool [†]	1		X							
Dose Tank/Effluent				GRAB	Water	Whirlpak	100 ml	NaS ₂ O ₄ Cool [†]	1			X						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:										
<i>James Wilts James Wilts</i>		8-15-19	1615					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:										
								Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>										
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:										
				<i>James Groves James Groves</i>		8-15-19	1615	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units					
						Analyst:		pH:	1250	YELW	7.3	7.3						
						Time:		Temp.:	1250	YELW	28.4	28.6	°C	°F				
						Reading:		DO:										
						Units:		Debris:										
†Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u>1</u> of <u>1</u>								

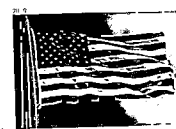
NWA Utility Services

PO BOX 9299

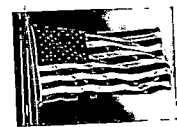
Fayetteville AR 72704



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ADEQ

Water Division / Permits
Branch

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N. Little Rock, AR

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