

**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
8/1/2020	8/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.287,871	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.011,586	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	7.4	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	29.3	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	> 9678.4	colonies/100ml		
pH	6.0 - 9.0	7.3	s.u.		
Total Phosphorus (TP)	REPORT	9.52	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">NAME OF PRINCIPAL EXECUTIVE OFFICER</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Kathy Bartlett</td> </tr> <tr> <td style="text-align: center; padding: 2px;">TYPED OR PRINTED</td> </tr> </table>	NAME OF PRINCIPAL EXECUTIVE OFFICER	Kathy Bartlett	TYPED OR PRINTED	<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>	<div style="text-align: center;"> SIGNATURE OF COGNIZANT OFFICIAL </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">TELEPHONE</td> </tr> <tr> <td style="text-align: center; padding: 2px;">(479) 530-5926</td> </tr> <tr> <td style="text-align: center; padding: 2px;">DATE</td> </tr> <tr> <td style="text-align: center; padding: 2px;">9/18/2020</td> </tr> </table>	TELEPHONE	(479) 530-5926	DATE	9/18/2020
NAME OF PRINCIPAL EXECUTIVE OFFICER										
Kathy Bartlett										
TYPED OR PRINTED										
TELEPHONE										
(479) 530-5926										
DATE										
9/18/2020										

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

Tanks needed to have sludge evacuated, completed by septic hauler end of July

* LOADING RATE BY ZONE					
Zone 1	1931	Zone 5	1931		
Zone 2	1931	Zone 6	1931		
Zone 3	1931				
Zone 4	1931				

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: 2008020037	Sample Date : 08/20/20	Collected By: TWM
Customer Name : DEER HAVEN UTILITY LLC	Sample Time : 1500	Delivery By : TWM
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB	Work Order :
Report Date : 09/01/20	Sample From : DOSE TANK EFFLUENT	Purchase Order :

<u>Laboratory Analysis</u>						<u>Quality Assurance</u>	
<u>Analysis</u>						<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>
08/20	1505	TWM	pH	7.3	S.U.		SM 2011 4500-H+ B
08/24	1415	HNS	Phosphorous, Total (as P)	9.52	mg/L		EPA 365.3
08/24	0900	HNS	Solids, Total Suspended	29.3	mg/L		SM 2011 2540 D
08/20	1630	TWM	Fecal Coliform (MPN/100mL)	> 9678.4	/100ml (b)		06/2012 Colilert18
08/21	0730	TWM	BOD, Carbonaceous	7.4	mg/L		SM 2001 5210 B

<u>% RPD</u>	<u>% Recovery</u>
0.00	N/A
1.39	104.0 *
14.81	N/A
0.00	N/A *
0.00	84.0 *

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

KUM

207977
17987

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 #:						<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">pH (23)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Total P (25)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Fecal Coliform (43.1F)</div> </div>							
Address: PO Box 127				Purchase Order #:													
Avoca Ar 72711																	
Telephone:				Sampler Name(s): <i>1/Therwick</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	220802037	8/20/20	1500	GRAB	Water	Glass	150 ml	None, Cool [†]	0	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	Sterile	125 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:									
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:		Time:		Analyst		Result		Result		Units	
				Time:		Temp.:		Time:		Analyst		Result		Result		Units	
				Reading:		DO:		Time:		Analyst		Result		Result		Units	
				Units:		Debris:		Time:		Analyst		Result		Result		Units	
HAIS				Cool all samples to 6 degrees C.		Chlorinated? Yes No		Time:		Analyst		Result		Result		Units	



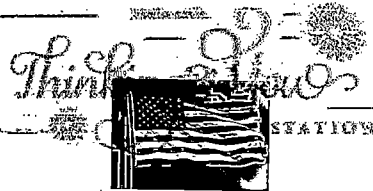
NWA Utility Services Inc
PO Box 9299
Fayetteville, AR 72703

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

72118-531799

NW ARKANSAS AR 727

19 SEP 2020 PM 2.1



FOREVER 7 USA

