

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

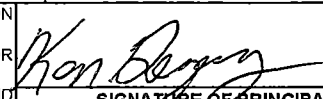
<b>PERMITTEE NAME</b>
First Asset Holding
<b>PERMITTEE ADDRESS</b>
PO Box 7 Fort Smith AR 72902

<b>FACILITY NAME (IF DIFFERENT)</b>
Deer Haven Subdivision
<b>FACILITY ADDRESS</b>
15046 Smith Ridge Rd Garfield AR 72732

<b>PERMIT NO.</b>
4908-WR-2
<b>AFIN NO.</b>
04-01681

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
12/1/2017	12/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING					
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Carbonaceous Biochemical Oxygen Demand (CBOD <sub>5</sub> )	30	2.4	mg/l	GRAB SAMPLE ONCE A MONTH	
Total Suspended Solids (TSS)	45	6	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	800	colonies/100ml		
pH	6.0 - 9.0	7.7	s.u.		
Total Phosphorus (TP)	REPORT	8.3	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	GRAB SAMPLE ONCE A QUARTER	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen (NO <sub>2</sub> N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME/TITLE 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.	 <b>SIGNATURE OF PRINCIPAL</b> <b>EXECUTIVE OFFICER OR</b> <b>AUTHORIZED AGENT</b>	Telephone (479) 530-5926	Date 1/10/2018 MM/DD/YYYY
Ken Gregory				
TYPED OR PRINTED				

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

# 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: 1712020082  
Customer Name : DEER HAVEN UTILITY LLC  
Customer/Permit No. : 1821 / 4908-WR-1  
Report Date : 12/14/17

Sample Date : 12/08/17  
Sample Time : 1209  
Sample Type : GRAB  
Sample From : DOSE TANK EFFLUENT

Collected By: AEU  
Delivery By : AEU  
Work Order :  
Purchase Order :

## Laboratory Analysis

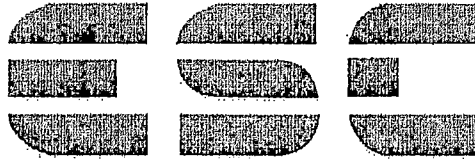
Analysis							<u>Quality Assurance</u>	
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Precision</u>	<u>Accuracy</u>
							<u>% RPD</u>	<u>% Recovery</u>
12/08	1211	AEU	pH	7.7	S.U.		1.55	N/A *
12/12	1030	TSB	Phosphorous, Total (as P)	8.3	mg/L		0.92	102.0 *
12/12	1530	JCB	Solids, Total Suspended	6.0	mg/L		7.41	N/A *
12/08	1610	TSB	Coliform, Fecal	800	/100ml		0.00	N/A *
12/08	1400	TSB	BOD, Carbonaceous	2.4	mg/L		1.05	88.1 *
12/08	1211	AEU	Sample Collection/Travel	1	each			

\* 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 Richard Brown  
Environmental Services Co., Inc.

Environmental Services Company, Inc.  
Northwest Arkansas  
1107 Century Street  
Springdale, Arkansas 72762  
website: [www.esclabs.com](http://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)	TP(25)	CBOD(70), TSS(28)	F. Coliform (43)						
Address: PO Box 127						Purchase Order #:														
Avoca Ar 72711						Sampler Name(s): <i>Amber Underwood</i>														
Telephone:						and Signature(s): <i>[Signature]</i>														
ESC Client Number: 1821																				
Sample Identification			Sample Collection			Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	172020082	12/8/17	1209	GRAB	Water	teflon	150 ml	none	1	<input checked="" type="checkbox"/>										
				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		<input checked="" type="checkbox"/>									
				GRAB	Water	Plastic	1 qt	none/ice	1			<input checked="" type="checkbox"/>								
				GRAB	Water	Whirlpak	100 ml	none/ice	1				<input checked="" type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
<i>[Signature]</i> Amber Underwood		12/8/17	1320	<i>[Signature]</i>				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>[Signature]</i>		12/8/17	1320	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units							
						Analyst:		pH:	12/11	AGL	7.7	7.7								
						Time:		Temp.:	1	1	12.9	12.8	°C °F							
						Reading:		DO:												
						Units:		Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1										