

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

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


<b>FACILITY NAME</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
12/1/2018	12/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.169043	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	6,976	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	7	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	< 10	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	8.22	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	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 COGNIZANT OFFICIAL</b>	<b>TELEPHONE</b> (479) 530-5926
Ken Gregory		<b>DATE</b> 1/3/2019	
TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE						
Zone 1		1164.99	Zone 5		1164.99	
Zone 2		1164.99	Zone 6		1164.99	
Zone 3		1164.99				
Zone 4		1164.99				

# 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: 1812020099  
Customer Name : DEER HAVEN UTILITY LLC  
Customer/Permit No. : 1821 / 4908-WR-1  
Report Date : 12/20/18

Sample Date : 12/14/18  
Sample Time : 1330  
Sample Type : GRAB DEER HAVE  
Sample From : DOSE TANK EFFLUENT

Collected By: JEW  
Delivery By : JEW  
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>
12/14	1330	JEW	pH	7.4	S.U.		0.00	N/A *
12/18	1000	TSB	Phosphorous, Total (as P)	8.220	mg/L		0.00	106.0 *
12/20	0930	TSB	Solids, Total Suspended	7.0	mg/L		1.46	N/A *
12/14	1607	VLP	Fecal Coliform (MPN/100mL)	< 10.0	/100mL		0.00	0.0
12/14	1400	TSB	BOD, Carbonaceous	< 2.0	mg/L		10.41	96.0 *
12/12		ESC	Sample Collection/Travel	1	each			

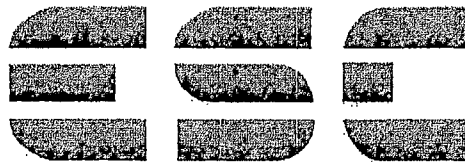
\* QA data shown is from a different sample or standard on the same date.

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

  
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) Total P (25) CBOD(70), TSS(28) Fecal Coliform (43.IF)						
Address: PO Box 127 Avoca Ar 72711						Purchase Order #: _____											
Telephone: _____						Sampler Name(s): <i>James Wiltse James W. Hise</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	1812020099	12-14-18	1330	GRAB	Water	teflon	150 ml	None, Cool <sup>†</sup>	1	x							
Dose Tank/Effluent	1812020099			GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		x						
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	None, Cool <sup>†</sup>	1			x					
Dose Tank/Effluent				GRAB	Water	Whirlpak	100 ml	NaS <sub>2</sub> O <sub>4</sub> Cool <sup>†</sup>	1				x				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:									
<i>James Wiltse James Wiltse</i>		12-14-18	1600					Used? <input 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 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 Wiltse James Wiltse</i>		12-14-18	1600	Yes <input type="checkbox"/> No <input type="checkbox"/>									
Comments:						FLOW DATA		Field Test	Time	Analyst	Result	Result	Units				
						Analyst:		pH:	1330	JW	7.4	7.7					
						Time:		Temp.:	1330	JW	12.5	12.3	(°C) °F				
						Reading:		DO:									
						Units:		Debris:									
<sup>†</sup> Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page __ of __							

P.O.  
Fayetteville

BC: 72118532801 DU2326N009194-00470  
UNABLE TO FORWARD/FOR REVIEW  
731 7E N C0001/09/19  
\*\*R015\*\*

ADEQ Water Division  
Permits Branch  
5301 Northshore Dr  
N Little Rock, AR 72118-5317

