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

PERMITTEE NAME					PERMIT NO.			
First Asset Holding				4908-WR-2				
PERMITTEE ADDRESS PO Box 7 Ft Smith AR 72902					AFIN NO. 04-01681			
		WASTEW/ MM/DD/YYYY 12/1/2019	DD MM/DD/YYYY 12/31/2019					
TREATED WASTEWATER EFFLUENT SAM	/PLING							
Parameter		Limit	Sample Measurement	Units	Monitoring	F	Reporting	
Flow, Monthly total		REPORT	0.202107	MG	Total Flow per calendar month			
Flow, daily maximum *		REPORT	0.09960	GPD	Daily			
Carbonaceous Biochemical Oxygen Demand (CBOD5)		30	2	mg/l				
Total Suspended Solids (TSS)		45	14.9	mg/l]			
Fecal Coliform Bacteria (FCB)		4,000 < 10.0 colonies/100ml Grab Sample once per r						
рН		6.0 - 9.0	7.4	s.u.		Prior to the 15th of the following Month		
Total Phosphorus (TP)		REPORT	REPORT 9.05 mg/l					
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/l				
Ammonia Nitrogen		REPORT		mg/l	Grab sample once per quarter		1	
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)		REPORT		mg/l				
Plant Available Nitrogen (PAN)		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							TELEPHONE (479) 530- 5926	
TYPED OR PRINTED	PENALTIES FOR S	SIGNATURE OF COGNIZANT O	FFICIAL	1/13/2020				
COMMENTS AND EXPLANATION (OF VIOLATIONS (Refer	ence all attachments here)						
* LOADING RA	TE BY ZONE				<u> </u>			
Zone 1 1660 Zone 5	1660							

Zone 6

1660

1660

1660

1660

Zone 2

Zone 3

Zone 4

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: 1912020096

Customer Name: DEER HAVEN UTILITY LLC Customer/Permit No.: 1821 / 4908-WR-1

Report Date : 01/02/20

Sample Date : 12/19/19

Sample Time : 1342 Sample Type : GRAB

Sample From : EFFLUENT

Collected By: VLP. Delivery By : VLP

Work Order : Purchase Order :

Analysis	:	Laboratory Analysis		Quality A	
Date Time By 12/19 1345 VLP 12/27 1400 TWM 12/30 1030 TSB 12/19 1600 VLP 12/20 1200 TSB	Solids, Total Suspended Fecal Coliform (MPN/100mL	Result Notes Quantity 7.4 S.U. 9.05 mg/L 14.9 mg/L < 10.0 /100ml < 2.0 mg/L	Method SM 2011 4500-H+ B EPA 365.3 SM 2011 2540 D 06/2012 Colilert18 SM 2001 5210 B	Precision	**Recovery **N/A ** 111.0 **N/A ** 0.0 ** 92.7 **

* 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.

202107

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













Carlsbad, New Mexico 575-887-1ESC

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

CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 479-750-1172		GF	IAIN C)F CU	SIO	DY										
Client Information				Project Information					Requested Parameters								
Company Name: Deer Haven Utility LLC			Permit/Project #:														
Address:	PO Box 127			Purchase Order #:								ı					
Avoca Ar 72711											ł						
Telephone:			Sampler Name(s):		V. L	L. PAte					ı	6	Ē				
Telephone:			1 a/n		uf Si						TSS(28)	4					
			and Signature(s):			<u> </u>						75	Ĕ		1		
ESC Client Number:	1821											(25)	6	Coliform (43.IF			
Sample Identification		I	Sample	Collection	Sample Containers				(23)	<u>a</u>		<u>~</u>					
Identification	ESC Control #	Date	Time	Type Matrix		Туре	Volume	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		#) Hd	Total P	CBOD(70),	Fecal			
Dose Tank/Effluent	1912020096	12/19/19	1342	GRAB	Water	teflon	150 ml	None, C		0	X		러	-			⇥
Dose Tank/Effluent	1	1	1	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,p	$\overline{}$	1		x	\dashv			╫┈┤	\dashv
Dose Tank/Effluent				GRAB	Water	Plastic				1		$\widehat{}$	x	_		+-1	\dashv
Dose Tank/Effluent				GRAB	Water	Whirlpak	1 qt 100 mi	None, Cool [†] NaS ₂ O ₄ Cool [†]		1	-	\dashv	$\stackrel{\boldsymbol{\wedge}}{\boldsymbol{\sqcup}}$	x	_	+	\dashv
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Relinquished By: (Signature and Printed	Name)	Date	Time	Received By: /Si	gnature and Printe	d Name)		Date	Tim		Custod	v Sea	18,				_
					_						Used?		N		Intact?		1
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Nar		d Name)		Dale	Time		Turnaro Regulai		X		Special		
Relinquished By: (Signature and Printed Name)		P-//9//4	1554 >	Received for Lab By: (Signature and Printed I		d Printed Nam	me) () loal Dal					ample	es pro	perly p	reserved:		\dashv
9/12/L V.L. 14+C 1-/19/19 1554) Comments:		Damen thooks tarron for		Field Test	12:19:19 Time			Y Result					_				
CONTRIBUTAD.					pH:	1345		7/2A)			7.4	_	Units SU		\dashv		
			Time:			Temp.:	-	J.		16.0		15.		0	°F		
				Reading:		DO:					\bot		_[
	¹Cool all samples to 6 de	egrees C.			Units:		Debris: Chlorinated	? Yes N	<u></u>	-	This Document is Page _1 of _{				-		
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NWA UTILITY SERVICES, INC

PO Box 9299 Fayetteville, AR 72703



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FOREVER / US



OREVER / USA



FOREVER / USA

ADEQ Water DIVISION / Permits Branch 5301 Northshore Dr. N. 21+1/2 Rock, AR 72118