

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

PERMITTEE NAME
First Asset Holding

FACILITY NAME
Deer Haven Subdivision


PERMIT NO.
4908-WR-2

PERMITTEE ADDRESS
PO Box 7 Ft Smith AR 72902

FACILITY ADDRESS
15046 Smith Ridge Rd Garfield AR 72732

AFIN NO.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
12/1/2019		12/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING						
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting	
Flow, Monthly total	REPORT	0.202107	MG	Total Flow per calendar month	Prior to the 15th of the following Month	
Flow, daily maximum *	REPORT	0.09960	GPD	Daily		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	2	mg/l	Grab Sample once per month		
Total Suspended Solids (TSS)	45	14.9	mg/l			
Fecal Coliform Bacteria (FCB)	4,000	< 10.0	colonies/100ml			
pH	6.0 - 9.0	7.4	s.u.			
Total Phosphorus (TP)	REPORT	9.05	mg/l			
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter		
Ammonia Nitrogen	REPORT		mg/l			
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -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 PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.			TELEPHONE	
Kathy Bartlett					 SIGNATURE OF COGNIZANT OFFICIAL	(479) 530-5926
TYPED OR PRINTED						DATE
1/13/2020						
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)						

* LOADING RATE BY ZONE						
Zone 1	1660	Zone 5	1660			
Zone 2	1660	Zone 6	1660			
Zone 3	1660					
Zone 4	1660					

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 :

Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
12/19	1345	VLP	pH	7.4 S.U.			SM 2011 4500-H+ B	0.00
12/27	1400	TWM	Phosphorous, Total (as P)	9.05 mg/L			EPA 365.3	0.90
12/30	1030	TSB	Solids, Total Suspended	14.9 mg/L			SM 2011 2540 D	26.17
12/19	1600	VLP	Fecal Coliform (MPN/100mL)	< 10.0 /100ml			06/2012 Colilert18	0.00
12/20	1200	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	5.30
								% 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
9960

Two



Carlsbad, New Mexico
575-887-1ESC

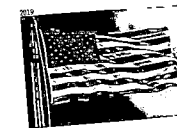
CHAIN OF CUSTODY

NWA UTILITY SERVICES, INC

PO Box 9299
Fayetteville, AR
72703



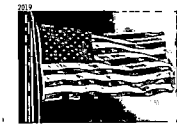
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ADEQ
WATER DIVISION / Permits
Branch
5301 Northshore Dr.
N. Little Rock, AR

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