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

PERMITTEE NAME	FACILITY NAME Deer Haven Subdivision						PERMIT NO. 4908-WR-2		
Deer Haven Utility		L	 	Deer Haven Subdivis	1011			4900-111-2	
PERMITTEE ADDRESS	FACILITY ADDRESS						AFIN NO.		
PO Box 9299	· · · · · ·	15046 Smith Ridge Rd						04-01681	
Fayetteville AR 72703		Garfield AR 72732							
	WASTEWATER EFFLUENT MONITORING PERIOD								
		MM/DD/YYYY				MM/DD/YYYY			
	ł	12/1/20	020			12/31/2020			
TREATED WASTEWATER EFFLUENT SAM	IPLING								
Parameter		L	imit	Sample Measurement	Units	Monitoring	Reporting		
Flow, Monthly total		RE	PORT	0.390,108	MG	Total Flow per calendar month			
Flow, daily maximum *	RE	PORT	0.020,190	GPD	Daily				
Carbonaceous Biochemical Oxygen Demand (C	BOD5)		30	4.7	mg/l	<u> </u>			
Total Suspended Solids (TSS)			45	32.5	mg/l				
Fecal Coliform Bacteria (FCB)		4	,000	> 9678.4	colonies/100ml	Grab Sample once per month			
pH	6.0	9.0	7.3	s.u.			rior to the 15th of the following Month		
Total Phosphorus (TP)	RE	PORT	9.48	mg/l		•			
Total Kjeldahl Nitrogen (TKN)		RE	PORT		mg/l				
Ammonia Nitrogen	RE	PORT		mg/l	Grab sample once per quarter				
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)		RE	PORT		mg/l				
Plant Available Nitrogen (PAN)	REF		PORT	mg/l					
NAME OF PRINCIPAL EXECUTIVE OFFICER				NALLY EXAMINED AND AN			1.	TELEPHONE	
		ATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS				Kmy11 M.+	(479) 530-		
		Y RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED S TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT OR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND					<u> </u>	5926 DATE	
<u> </u>	FFICIAL								
TYPED OR PRINTED		IMPRISONMENT.					1/14/2021		
COMMENTS AND EXPLANATION (OF VIOLATIONS (Refer	rence all attachment	ts here)						
	·								
* LOADING RA	TE BY ZONE								
			1						
Zone 1 3365 Zone 5	3365	<u> </u>							

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Zone 2

Zone 3 Zone 4 Zone 6

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NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality Office of Water Quality – Enforcement Branch 5301 Northshore Drive North Little Rock, AR 72118

RE: Permit No: 490	8-WR-2	Discharge Number:					
Facility: Deer Haver	Subdivision						
Address: 15046 Smit	h Ridge Rd						
City: Garfield		State:AR	Zip: 72732	<u> </u>			
		Phone:					
Date of Non-Compliance	Parameter Exceeded	Quantity or Loading	Quality or Concentration	Permit Limits			
December 2020	Fecal Coliform Bacteria		> 9678.4	4000			
	_	- 	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
We feel this problem	n was due to:	•					
_	nal Settling Tanks and [Orip pump are ele	evated				
	· · · · · · · · · · · · · · · · · · ·						
We plan on correcti	ng the problem in this man	ner:					
~	hauler to pump						
				· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·			
Time estimated that	it will take to correct prob	lem:					
2 weeks							
		· · · · · · · · · · · · · · · · · · ·					
							
				•			
Sincerely,							
A Prant	lott	1/1	4/21				
Submitted By:		Date	···· (
	electronically via N						

Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Revised March 2016)













DREVER / USA FORE

NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

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