

**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 | |
| 2/1/2019 | | 2/28/2019 | |

TREATED WASTEWATER EFFLUENT SAMPLING

| TREATED WASTEWATER EFFLUENT SAMPLING | | | | | |
|---|-----------|--------------------|----------------|-------------------------------|--|
| Parameter | Limit | Sample Measurement | Units | Monitoring | Reporting |
| Flow, Monthly total | REPORT | 0.139508 | MG | Total Flow per calendar month | Prior to the 15th of the following Month |
| Flow, daily maximum * | REPORT | 6,873 | GPD | Daily | |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | 30 | < 2 | mg/l | Grab Sample once per month | |
| Total Suspended Solids (TSS) | 45 | 5.8 | mg/l | | |
| Fecal Coliform Bacteria (FCB) | 4,000 | < 2 | colonies/100ml | | |
| pH | 6.0 - 9.0 | 8 | s.u. | | |
| Total Phosphorus (TP) | REPORT | 9.57 | 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. |  SIGNATURE OF COGNIZANT OFFICIAL | TELEPHONE |
| Ken Gregory | | | (479) 530-5926 |
| TYPED OR PRINTED | | | DATE 3/7/2019 |

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

*** LOADING RATE BY ZONE**

| | | | |
|--------|---------|--------|---------|
| Zone 1 | 1147.79 | Zone 5 | 1147.79 |
| Zone 2 | 1147.79 | Zone 6 | 1147.79 |
| Zone 3 | 1147.79 | | |
| Zone 4 | 1147.79 | | |

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: 1902020057
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 02/18/19

Sample Date : 02/08/19
Sample Time : 0945
Sample Type : GRAB DEER HAVEN
Sample From : DOSE TANK EFFLUENT

Collected By: JEW
Delivery By : JEW
Work Order :
Purchase Order :

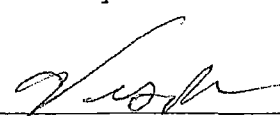
Laboratory Analysis

| Analysis | | | | | | | Quality Assurance | |
|----------|------|-----|----------------------------|--------|--------|----------|--------------------|------------|
| Date | Time | By | Parameter | Result | Notes | Quantity | Method | Precision |
| | | | | | | | | % RPD |
| | | | | | | | | % Recovery |
| 02/08 | 0945 | JEW | pH | 8.0 | S.U. | | SM 2000 4500-H+ B | 0.00 |
| 02/11 | 1253 | AKA | Phosphorous, Total (as P) | 9.570 | mg/L | | EPA.365.3 | 0.00 |
| 02/14 | 1300 | TSB | Solids, Total Suspended | 5.8 | mg/L | | SM 2011 2540 D | 0.00 |
| 02/08 | 1605 | TSB | Fecal Coliform (MPN/100mL) | < 2.0 | /100ml | | 06/2012 Colilert18 | 0.00 |
| 02/08 | 1400 | TSB | BOD, Carbonaceous | < 2.0 | mg/L | | SM 2001 5210 B | 5.59 |
| 02/11 | | ESC | Sample Collection/Travel | 1 | each | | | 98.2 |

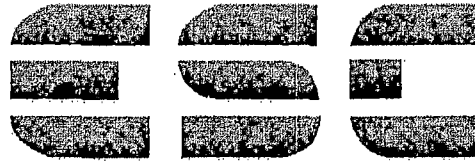
* QA data shown is from a different sample or standard on the same date.

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



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 #: | | | | | | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">pH (23)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Total P (25)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Fecal Coliform (43.1F)</div> </div> | | | | | | | |
| Address: PO Box 127 | | | | Purchase Order #: | | | | | | | | | | | | | |
| Avoca Ar 72711 | | | | Sampler Name(s): <i>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 | 1902020057 | 2-8-19 | 0945 | GRAB | Water | teflon | 150 ml | None, Cool [†] | 1 | x | | | | | | | |
| Dose Tank/Effluent | | | | GRAB | Water | Plastic | 8 oz | H ₂ SO ₄ , pH<2 | 1 | | x | | | | | | |
| Dose Tank/Effluent | | | | GRAB | Water | Plastic | 1 qt | None, Cool [†] | 1 | | | x | | | | | |
| Dose Tank/Effluent | | | | GRAB | Water | Whirlpak | 100 ml | NaS ₂ O ₄ Cool [†] | 1 | | | | x | | | | |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| Relinquished By: (Signature and Printed Name) | | Date | Time | Received By: (Signature and Printed Name) | | Date | Time | Custody Seals: | | | | | | | | | |
| <i>James W. Hise</i> | | 2-8-19 | 1200 | <i>James W. Hise</i> | | | | 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 W. Hise</i> | | 2-8-19 | 1200 | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| Comments: | | | | FLOW DATA | | Field Test | | Time | Analyst | Result | Result | Units | | | | | |
| | | | | Analyst: | | pH: | | 0945 | LEW | 8.8 | 7.9 | | | | | | |
| | | | | Time: | | Temp.: | | 0945 | LEW | 9.0 | 8.9 | °C °F | | | | | |
| | | | | Reading: | | DO: | | | | | | | | | | | |
| | | | | Units: | | Debris: | | | | | | | | | | | |
| Cool all samples to 6 degrees C. | | | | | | | | Chlorinated? Yes No | | This Document is Page <u> </u> of <u> </u> | | | | | | | |