

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

PERMITTEE NAME
Deer Haven Utility
PERMITTEE ADDRESS
PO Box 9299 Fayetteville AR 72703

FACILITY NAME
Deer Haven Subdivision
FACILITY ADDRESS
15046 Smith Ridge Rd Garfield AR 72732

PERMIT NO.
4908-WR-2

AFIN NO.
04-01681

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
2/1/2021		2/28/2021

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.119,510	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.013,974	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	10.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	10	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	138	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	9.2	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">NAME OF PRINCIPAL EXECUTIVE OFFICER</td> </tr> <tr> <td style="text-align: center;">Kathy Bartlett</td> </tr> <tr> <td style="text-align: center; font-size: small;">TYPED OR PRINTED</td> </tr> </table>	NAME OF PRINCIPAL EXECUTIVE OFFICER	Kathy Bartlett	TYPED OR PRINTED	<p style="font-size: small;">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.</p>	 SIGNATURE OF COGNIZANT OFFICIAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">TELEPHONE</td> </tr> <tr> <td style="text-align: center;">(479) 530-5926</td> </tr> <tr> <td style="text-align: center; font-size: small;">DATE</td> </tr> <tr> <td style="text-align: center;">3/10/2021</td> </tr> </table>	TELEPHONE	(479) 530-5926	DATE	3/10/2021
NAME OF PRINCIPAL EXECUTIVE OFFICER										
Kathy Bartlett										
TYPED OR PRINTED										
TELEPHONE										
(479) 530-5926										
DATE										
3/10/2021										

COMMENTS AND EXPLANATION OF VIOLATIONS (<i>Reference all attachments here</i>)
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* LOADING RATE BY ZONE							
Zone 1		2329	Zone 5		2329		
Zone 2		2329	Zone 6		2329		
Zone 3		2329					
Zone 4		2329					

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: 2102020045
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 03/05/21

Sample Date : 02/26/21
Sample Time : 1150
Sample Type : GRAB
Sample From : EFFLUENT

Collected By: HNS
Delivery By : HNS
Work Order :
Purchase Order :

Laboratory Analysis

Analysis			Parameter	Result	Notes	Quantity	Method
02/26	1152	HNS	pH	7.6 S.U.			SM 2011 4500-H+ B
03/02	1200	HNS	Phosphorous, Total (as P)	9.20 mg/L			EPA 365.3
03/01	0800	HNS	Solids, Total Suspended	10.0 mg/L			SM 2011 2540 D
02/26	1615	HNS	Fecal Coliform (MPN/100mL)	138.4 /100ml			06/2012 Colilert18
02/26	1630	TWM	BOD, Carbonaceous	10.6 mg/L			SM 2001 5210 B

Quality Assurance

Precision	Accuracy
% RPD	% Recovery
0.00	N/A
0.18	105.0 *
0.00	N/A *
0.00	N/A *
0.00	91.5 *

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

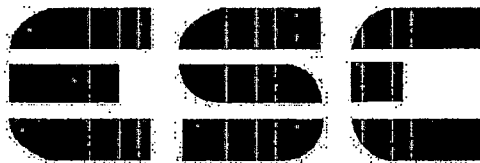
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

119510
13974

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

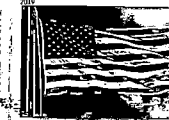
Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters						
Company Name: Deer Haven Utility LLC						Permit/Project #:					pH (23) Total P (25) CBOD(70), TSS(28) Fecal Coliform (43.1F)						
Address: PO Box 127						Purchase Order #:											
Avoca Ar 72711																	
Telephone:						Sampler Name(s): <i>Hayden Smith</i>											
Telephone:						and Signature(s): <i>Hayden Smith</i>											
ESC Client Number: 1821																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH (23)	Total P (25)	CBOD(70), TSS(28)	Fecal Coliform (43.1F)				
Dose Tank/Effluent	2102020045	2-26-21	1150	GRAB	Water	Glass	150 ml	None, Cool†	0	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	Sterile	125 ml	Na ₂ S ₂ O ₄ Cool†	1				X				
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:									
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Used? <input checked="" 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 checked="" type="checkbox"/> Special <input type="checkbox"/>									
Relinquished By: <i>Hayden Smith</i>		2-26-21	1600	Received for Lab By: <i>Jay Brock</i>		2/26/21	1600	Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
Comments:		FLOW DATA				Field Test		Time	Analyst	Result	Result	Units					
		Analyst:				pH:		1182	HNS	7.6	7.6	°C °F					
		Time:				Temp.:											
		Reading:				DO:											
		Units:				Debris:											
✓		Cool all samples to 6 degrees C.				Chlorinated? Yes No		This Document is Page 1 of 1									



FOREVER 7 USA



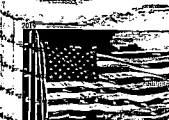
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NWA PSDF 72701

THU 11 MAR 2021



NWA Utility Services Inc

PO Box 9299

Fayetteville, AR 72703

ADEQ

WATER DIVISION/PERMITS BRANCH

5301 Northshore Drive

N Little Rock, AR 72118-5317