


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

PERMITTEE NAME
First Asset Holding
PERMITTEE ADDRESS
PO Box 7 Fort Smith AR 72902

FACILITY NAME (IF DIFFERENT)
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
1/1/2018		1/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting	
Carbonaceous Biochemical Oxygen Demand (CBODs)	30	5.2	mg/l	GRAB SAMPLE ONCE A MONTH		
Total Suspended Solids (TSS)	45	3.3	mg/l			
Fecal Coliform Bacteria (FCB)	4,000	270	colonies/100ml			
pH	6.0 - 9.0	7.3	s.u.			
Total Phosphorus (TP)	REPORT	8.1	mg/l	GRAB SAMPLE ONCE A QUARTER		
Total Kjeldahl Nitrogen (TKN)	REPORT	23.5	mg/l			
Ammonia Nitrogen	REPORT	22.2	mg/l			
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ N)	REPORT	23.8	mg/l			
Plant Available Nitrogen (PAN)	REPORT	46.1	mg/l			
NAME/TITLE 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		Telephone (479) 530-5926
Ken Gregory						
TYPED OR PRINTED						

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

DEER HAVEN SUBDIVISION	
PERMIT # 4908-WR-2	
MAXIMUM DAILY FLOW GPD	3229.00
ZONE IDENTIFICATION	LOADING RATE BY ZONE
Zone 1	539.243
Zone 2	539.243
Zone 3	539.243
Zone 4	539.243
Zone 5	539.243
Zone 6	539.243

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: 1801020144
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 01/31/18

Sample Date : 01/12/18
Sample Time : 1225
Sample Type : GRAB DEER HAVEN
Sample From : DOSE TANK EFFLUENT


Collected By: JC
Delivery By : JCB
Work Order :
Purchase Order :

Laboratory Analysis							Quality Assurance	
Analysis							Precision	Accuracy
Date	Time	By	Parameter	Result	Notes	Quantity	% RPD	% Recovery
01/12	1100	TSB	Ammonia Nitrogen	22.2 mg/L			0.00	102.7 *
01/30	0830	TSB	Total Kjeldahl Nitrogen	23.5 mg/L			7.14	99.2 *
01/12	1225	JCB	pH	7.3 S.U.			0.00	N/A
01/19	1200	AEU	Phosphorous, Total (as P)	8.1 mg/L			0.00	95.0 *
01/17	1633	AEU	Solids, Total Suspended	3.3 mg/L			1.53	N/A *
01/12	1730	JCB	Coliform, Fecal	270 /100ml			13.15	N/A
01/12	1400	TSB	BOD, Carbonaceous	5.2 mg/L			5.99	114.0 *
01/15	1500	TSB	Nitrate + Nitrite	23.8 mg/L			0.00	101.6 *
01/31	1030	TSB	Nitrogen, Plant Available	46.4 mg/L				
01/12	1250	JCB	Sample Collection/Travel	1 each				

* 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 #:					pH(23) TP(25) CBOD(70), TSS(28) F. Coliform (43)										
Address: PO Box 127						Purchase Order #:															
Avoca Ar 72711						Sampler Name(s): <i>John Byrd</i>															
Telephone:						and Signature(s): <i>John Byrd</i>															
ESC Client Number: 1821																					
Sample Identification		Sample Collection				Sample Containers															
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#												
Dose Tank/Effluent	1801020144	11/12/18	1235	GRAB	Water	teflon	150 ml	none	1												
Dose Tank/Effluent				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1												
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	none/ice	1												
Dose Tank/Effluent				GRAB	Water	Whirlpak	100 ml	none/ice	1												
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Custody Seals:												
<i>John Byrd</i>		11/12/18	1340						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: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)			Date	Time	Were samples properly preserved:												
				<i>Samantha...</i>			11-12-18	1340	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
Comments:				FLOW DATA		Field Test		Time	Analyst	Result	Result	Units									
				Analyst:		pH:		1225	SCB	7.3	7.3										
				Time:		Temp.:		10.3	10.3	10.3	10.3	°F									
				Reading:		DO:															
				Units:		Debris:															
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1											