

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

PERMITTEE NAME

First Asset Holding

PERMITTEE ADDRESS

PO Box 7
Ft Smith AR 72902

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	
1/1/2019		1/31/2019	

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.241426	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	11,943	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	5.3	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	< 5	mg/l		
Fecal Collform Bacteria (FCB)	4,000	< 2	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	7.34	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	36.8	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	14.5	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	12.6	mg/l		
Plant Available Nitrogen (PAN)	REPORT	33.8	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
				2/6/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE						
Zone 1		1994.48	Zone 5		1994.48	
Zone 2		1994.48	Zone 6		1994.48	
Zone 3		1994.48				
Zone 4		1994.48				

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: 1901020123
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 01/23/19


Sample Date : 01/11/19
Sample Time : 1326
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

Collected By: NTR
Delivery By : NTR
Work Order :
Purchase Order :

Laboratory Analysis							Quality Assurance	
Analysis							Precision	Accuracy
Date	Time	By	Parameter	Result	Notes	Quantity	% RPD	% Recovery
01/11	0930	TSB	Ammonia as N, (HACH 10205)	14.50 mg/L			3.28	96.0 *
01/15	0900	TSB	Total Kjeldahl Nitrogen	36.8 mg/L			4.26	108.0
01/11	1328	NTR	pH	7.6 S.U.				
01/14	1300	TSB	Phosphorous, Total (as P)	7.340 mg/L			0.57	111.0 *
01/17	0915	TSB	Solids, Total Suspended	< 5.0 mg/L			0.74	N/A *
01/11	1600	TSB	Fecal Coliform (MPN/100mL)	< 2.0 /100ml			0.00	0.0
01/11	1400	TSB	BOD, Carbonaceous	5.3 mg/L			0.00	85.0 *
01/14	1400	TSB	Nitrate + Nitrite	12.60 mg/L			1.76	98.0 *
01/22	1600	TSB	Nitrogen, Plant Available	33.8 mg/L				
01/11	0900	SR	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.

Carlsbad, New Mexico
575-887-1ESC

CHAIN OF CUSTODY

Client Information						Project Information					Requested Parameters									
Company Name: Deer Haven Utility LLC						Permit/Project #:					pH(23)	TP(25), NH ₃ -N(15.A), s-TKN(16.C), NO ₃ + NO ₂ (91)	CBOD(70), TSS(28), PAN(99.99)	F. Coliform (43.IF)						
Address: PO Box 127 Avoca Ar 72711						Purchase Order #:														
Telephone:						Sampler Name(s): Ned Ryerson														
Telephone:						and Signature(s): Ned Rye -														
ESC Client Number: 1821																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	1901020123	1-11-19	1326	GRAB	Water	teflon	150 ml	none	1	x										
Dose Tank/Effluent	I	I	I	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		x									
Dose Tank/Effluent	I	I	I	GRAB	Water	Plastic	1 qt	none/ice	1			x								
Dose Tank/Effluent	I	I	I	GRAB	Water	Whirlpak	100 ml	none/ice	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:											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)			Date	Time	Regular <input checked="" type="checkbox"/>		Special	<input type="checkbox"/>								
Comments: Ned Rye -		1-11-19	1515	Received for Lab By: (Signature and Printed Name) Ned Rye			1/11/19	1515	Were samples properly preserved:											
									Yes <input checked="" type="checkbox"/>		No	<input type="checkbox"/>								
						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units								
						Analyst:	pH:	1328	NDR	7.6	7.5	"SC"								
						Time:	Temp.:	1328	NDR	16.8	16.7	"C"								
						Reading:	DO:													
						Units:	Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No			This Document is Page 1 of 1											