

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

|                                      |
|--------------------------------------|
| <b>PERMITTEE NAME</b>                |
| Deer Haven Utility                   |
| <b>PERMITTEE ADDRESS</b>             |
| PO Box 9299<br>Fayetteville AR 72703 |

|   |
|---|
| <b>FACILITY NAME</b>                      |
| Deer Haven Subdivision                    |
| <b>FACILITY ADDRESS</b>                   |
| 15046 Smith Ridge Rd<br>Garfield AR 72732 |

|                   |
|-------------------|
| <b>PERMIT NO.</b> |
| 4908-WR-2         |

|                 |
|-----------------|
| <b>AFIN NO.</b> |
| 04-01681        |

|  |  |            |
|--|--|------------|
| <b>WASTEWATER EFFLUENT MONITORING PERIOD</b> |  |            |
| MM/DD/YYYY                                   |  | MM/DD/YYYY |
| 7/1/2020                                     |  | 7/31/2020  |

| <b>TREATED WASTEWATER EFFLUENT SAMPLING</b>                                     |           |                    |                |                               |  |
|---|-----------|--------------------|----------------|-------------------------------|--|
| Parameter   | Limit     | Sample Measurement | Units          | Monitoring                    | Reporting                                |
| Flow, Monthly total   | REPORT    | 0.282,783          | MG             | Total Flow per calendar month | Prior to the 15th of the following Month |
| Flow, daily maximum *   | REPORT    | 0.011,587          | GPD            | Daily                         |  |
| Carbonaceous Biochemical Oxygen Demand (CBOD5)                                  | 30        | 15.2               | mg/l           | Grab Sample once per month    |  |
| Total Suspended Solids (TSS)  | 45        | 37.5               | mg/l           |                               |  |
| Fecal Coliform Bacteria (FCB)   | 4,000     | > 12,098           | colonies/100ml |                               |  |
| pH  | 6.0 - 9.0 | 7.6                | s.u.           |                               |  |
| Total Phosphorus (TP)   | REPORT    | 9.61               | mg/l           |                               |  |
| Total Kjeldahl Nitrogen (TKN)   | REPORT    | 71                 | mg/l           | Grab sample once per quarter  |  |
| Ammonia Nitrogen  | REPORT    | 58.6               | mg/l           |                               |  |
| Nitrate Nitrogen ( NO <sub>3</sub> -N) + Nitrite Nitrogen ( NO <sub>2</sub> -N) | REPORT    | 0.56               | mg/l           |                               |  |
| Plant Available Nitrogen (PAN)  | REPORT    | 74.9               | 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 | 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. | <br>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;">8/15/2020</td> </tr> </table> | TELEPHONE | (479) 530-5926 | DATE | 8/15/2020 |
| NAME OF PRINCIPAL EXECUTIVE OFFICER   |                                     |                |                  |   |                                     |   |           |                |      |           |
| Kathy Bartlett  |                                     |                |                  |   |                                     |   |           |                |      |           |
| TYPED OR PRINTED  |                                     |                |                  |   |                                     |   |           |                |      |           |
| TELEPHONE   |                                     |                |                  |   |                                     |   |           |                |      |           |
| (479) 530-5926  |                                     |                |                  |   |                                     |   |           |                |      |           |
| DATE  |                                     |                |                  |   |                                     |   |           |                |      |           |
| 8/15/2020   |                                     |                |                  |   |                                     |   |           |                |      |           |

|   |
|---|
| COMMENTS AND EXPLANATION OF VIOLATIONS <i>(Reference all attachments here)</i><br>Tanks needed to have sludge evacuated, completed by septic hauler end of July |
|---|

| * LOADING RATE BY ZONE |      |        |      |  |
|------------------------|------|--------|------|--|
| Zone 1                 | 1931 | Zone 5 | 1931 |  |
| Zone 2                 | 1931 | Zone 6 | 1931 |  |
| Zone 3                 | 1931 |        |      |  |
| Zone 4                 | 1931 |        |      |  |

# 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: 2007020051  
Customer Name : DEER HAVEN UTILITY LLC  
Customer/Permit No. : 1821 / 4908-WR-~~A~~ 2  
Report Date : 07/20/20

Sample Date : 07/09/20  
Sample Time : 1644  
Sample Type : GRAB  
Sample From : DOSETANK/EFFLUENT

Collected By: JWS  
Delivery By : JWS  
Work Order :  
Purchase Order :

| Laboratory Analysis   |      |     |                            |                  |       |          | Quality Assurance |            |
|---|------|-----|----------------------------|------------------|-------|----------|-------------------|------------|
| Analysis  |      |     |                            |                  |       |          | Precision         | Accuracy   |
| Date  | Time | By  | Parameter                  | Result           | Notes | Quantity | % RPD             | % Recovery |
| 07/10   | 1330 | TSB | Ammonia as N, (HACH 10205) | 58.60 mg/L       |       |          | 0.78              | 98.0 *     |
| 07/13   | 0830 | NTR | Total Kjeldahl Nitrogen    | 71.0 mg/L        |       |          | 1.53              | 110.8 *    |
| 07/09   | 1648 | JWS | pH                         | 7.6 S.U.         |       |          | 0.00              | N/A        |
| 07/13   | 1000 | NTR | Phosphorous, Total (as P)  | 9.61 mg/L        |       |          | 0.49              | 95.8 *     |
| 07/13   | 1515 | TSB | Solids, Total Suspended    | 37.5 mg/L        |       |          | 9.93              | N/A *      |
| 07/09   | 1750 | TSB | Fecal Coliform (MPN/100mL) | > 12098.0 /100ml | (b)   |          | 0.00              | N/A *      |
| 07/10   | 1400 | TSB | BOD, Carbonaceous          | 15.2 mg/L        |       |          | 7.82              | 83.0 *     |
| 07/14   | 1640 | NTR | Nitrate + Nitrite          | 0.56 mg/L        |       |          | 0.65              | 101.8 *    |
| 07/17   | 1620 | TSB | Nitrogen, Plant Available  | 74.9 mg/L        |       |          |                   |            |
| <p>* QA data shown is from a different sample or standard on the same date.<br/>(b) Exceeds Permit Limits for Maximum Concentration</p> |      |     |                            |                  |       |          |                   |            |

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.

282783  
11587

NR

Environmental Services Company, Inc.  
Northwest Arkansas  
1107 Century Street  
Springdale, Arkansas 72762  
website: [www.esclabs.com](http://www.esclabs.com)



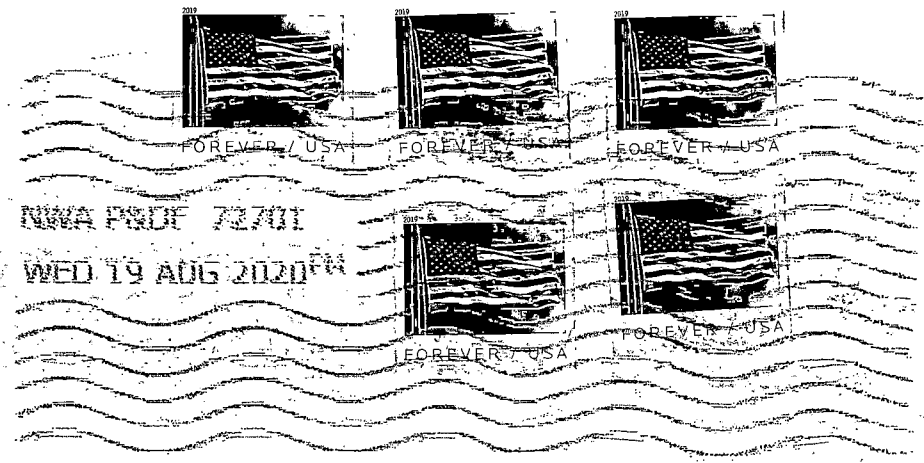
Corporate Office, Little Rock, Arkansas  
501-221-2565

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)<br>Total P (25)<br>CBOD(70), TSS(28)<br>Fecal Coliform (43.IF) |        |       |  |                                |  |  |  |  |  |  |  |  |  |
| Address: PO Box 127                           |               |                   |       |   |        | Purchase Order #:                   |        |   |  |                     |  |        |       |  |                                |  |  |  |  |  |  |  |  |  |
| Avoca Ar 72711                                |               |                   |       |   |        |                                     |        |   |  |                     |  |        |       |  |                                |  |  |  |  |  |  |  |  |  |
| Telephone:                                    |               |                   |       |   |        | Sampler Name(s): <i>JAMES JONES</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                            | 2007020051    | 7/9/20            | 16:43 | GRAB  | Water  | Glass                               | 150 ml | None, Cool <sup>†</sup>   | 0  | X                   |  |        |       |  |                                |  |  |  |  |  |  |  |  |  |
| Dose Tank/Effluent                            | 7-51          | ↓                 | 16:44 | GRAB  | Water  | Plastic                             | 8 oz   | H <sub>2</sub> SO <sub>4</sub> , pH<2                           | 1  |                     | X  |        |       |  |                                |  |  |  |  |  |  |  |  |  |
| Dose Tank/Effluent                            | 7-51          | ↓                 | 16:44 | GRAB  | Water  | Plastic                             | 1 qt   | None, Cool <sup>†</sup>   | 1  |                     |  | X      |       |  |                                |  |  |  |  |  |  |  |  |  |
| Dose Tank/Effluent                            | 7-51          | ↓                 | 16:45 | GRAB  | Water  | Sterile                             | 125 ml | Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> Cool <sup>†</sup> | 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: (Signature and Printed Name) |               | Date              | Time  | Received for Lab By: (Signature and Printed Name) |        |                                     | Date   | Time  | 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:   | 16:43  | JWS                 | 7.6  | 7.6    |       |  |                                |  |  |  |  |  |  |  |  |  |
|   |               |                   |       |   |        | Time:                               |        | Temp.:  |  |                     |  |        | °C °F |  |                                |  |  |  |  |  |  |  |  |  |
|   |               |                   |       |   |        | Reading:                            |        | DO:   |  |                     |  |        |       |  |                                |  |  |  |  |  |  |  |  |  |
|   |               |                   |       |   |        | Units:                              |        | Debris:   |  |                     |  |        |       |  |                                |  |  |  |  |  |  |  |  |  |
| Cool all samples to 6 degrees C.              |               |                   |       |   |        |                                     |        |   |  | Chlorinated? Yes No |  |        |       |  | This Document is Page __ of __ |  |  |  |  |  |  |  |  |  |



 **NWA UTILITY SERVICES, INC**  
**PO Box 9299**  
**Fayetteville, AR 72703**

Arkansas Dept. of Energy and Environment  
Water Division Permits Branch  
5301 Northshore Drive  
North Little Rock, AR  
72118-5317