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

· / · · · · · · · · · · · · · · · · · ·	PERMITTE	E NAME			FACILITY NAME  Deer Haven Subdivision									
	First Asset	Holding						4908-WR-2						
w	PERMITTEE PO Bo Ft Smith A	ox 7	2		FACILITY ADDRESS 15046 Smith Ridge Rd Garfield AR 72732									
					MM/DD/ 6/1/20	YYYY	TER EFFLUENT MONI	TORING PERI	MM/DD/YYYY 6/30/2019					
TREATED WASTEWATER EFFLUENT SAMPLING								·						
Parameter			be.		_imit	Sample Measurement	Units	Monitoring	, R	Reporting				
Flow, Monthly total					RE	PORT	0.230796	MG	Total Flow per calendar month	.h				
Flow, daily maximu	m *				RE	PORT	11,045	GPD	Daily	]				
Carbonaceous Biod	hemical Oxyge	en Demand (	CBOD5)			30	< 2	mg/l						
Total Suspended Solids (TSS)						45	13.2 mg/l							
Fecal Coliform Bacteria (FCB)					4	1,000	32 colonies/100ml		Grab Sample once per month					
рН					6.0	0 <sub>7</sub> 9.0	7.5	s.u.		Prior to the 15th of the following Month				
Total Phosphorus (TP)					RE	PORT	9.45	mg/l						
Total Kjeldahl Nitro	gen (TKN)				RE	PORT	No Report mg/l							
Ammonia Nitrogen					RE	PORT	No Report	mg/l	Grab sample once per quarte	r	İ			
Nitrate Nitrogen ( NO3-N) + Nitrite Nitrogen ( NO2-N)					RE	PORT	No Report	mg/l						
Plant Available Nitrogen (PAN)					PORT	No Report	mg/l		<u> </u>					
	ral executive of	FFICER	INFORMATION IMMEDIATELY	SUBMITTED RESPONSIBLE	PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE BMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS SPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED RUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF COGNIZAN						(479) 530- 5926			
INFORMATION IS T			IS TRUE, ACC	URATE, A	ND COMPLETE. I AM	AWARE THAT THERE AF UDING THE POSSIBILITY	SIGNATURE OF COGNIZANT	OFFICIAL	DATE					
TYPED OR PRINTED IMPRISONMENT.				<u>.                                    </u>							7/1/2019			
COMMEN	ITS AND EXP	LANATION	OF VIOLATIONS (F	Reference all a	ttachmen	ts here)	<del> </del>				<del>_</del>			
							······································							
	* L	OADING RA	ATE BY ZONE											
Zone 1	1844.52	Zone 5	1844.52											

1844.52

1844.52

1844.52

Zone 2

Zone 3

Zone 4

Zone 6

1844.52

## 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: 1906020077

Customer Name: DEER HAVEN UTILITY LLC Customer/Permit No.: 1821 / 4908-WR-1

Report Date : 06/23/19

Sample Date : 06/14/19

Sample Time : 1439 Sample Type : GRAB

Sample From : DOSE TANK EFFLUENT

Collected By: VLP Delivery By: VLP

Work Order : Purchase Order :

	Quality Assurance					
Analysis					Precision	Accuracy
Date Time By	Parameter	Result Notes	Quantity	Method	% RPD	<pre>% Recovery</pre>
06/14 1439 VLP	рН	7.5 S.U.		SM 2011 4500-H+ B		
06/19 0930 AKA		9.450 mg/L		EPA 365.3	2.74	107.0 *
06/20 0955 TSB	Solids, Total Suspended	13.2 mg/L		SM 2011 2540 D	0.00	N/A *
06/14 1630 TSB	Fecal Coliform (MPN/100mL	32.0 /100ml		06/2012 Colilert18	0.00	0.0
06/14 1645 TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	9.82	86.3 *

\* 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

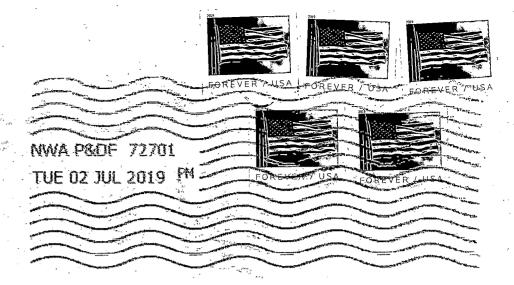
> Carlsbad, New Mexico 575-887-1ESC

## CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 479-750-1172		CH	HAIN OF CUSTODY Project Information Requested Parameters													
	Client Information			Project Information							Red	seur	ted	Para	ame	ters	
Company Name:	LLC		Permit/Project#:						İ								
Address:			Purchase Order #:						7		Ì						
			,											. 1			
Telephone:			· · · · · · · · · · · · · · · · · · ·	Sampler Name(s):		√. j	L PAte			-	}	6	I E				
Telephone:						la de	V. L. PAte Vug Ma					133	(43	] [	- 1		
				and Signature(s):		7 70-	<del>7/1</del>					TSS(28)	E				
ESC Client Number:	1821			ariu oigira	iuie(s).	<del></del>				$\dashv$	(25)		Coliform (43.IF)				
		T	Comple	0-11		<del></del>	Cample Cantainers			<b>⊣</b> ଝା	·  a	CBOD(70),	<u>ŏ</u>				
Sample Identification		<del> </del>		Collection		<del> </del>	Sample Contain					8	Fecal		.		
	Identification ESC Control #		Time	Туре	Matrix	Туре	Volume	Preservative #		# 돕	<u> Ĕ</u>	10	<u>                                     </u>	<del>                                     </del>			
Dose Tank/Effluent 190602007		6-14-19	1439	GRAB	Water	teflon	150 ml	None, C		X	<del> </del>	—	<u> </u>				
Dose Tank/Effluent				GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> ,pl	H<2	1	X	↓	<u> </u>	$\sqcup$			
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	None, Co	ool <sup>†</sup>	<u> </u>		x					
Dose Tank/Effluent				GRAB	Water	Whirlpak	100 ml	NaS <sub>2</sub> O <sub>4</sub> C	ool <sup>†</sup>	1			X				
						i 		ļ			<u> </u>						
											1						
						Ì									$\Box$		
												1			$\Box$		
										1	1						
										+	1	<b>†</b>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Si	gnature and Printe	d Name)	L	Date	Time	1	tody Se						
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		d Name)	· 	Dale	Time	Used	d? naround	M	<u> </u>	Intac	1?		
	(				•	,		R		ular		l	Spec				
Relinguished By: (Signature and Printed Name)		Date & - (4-19	1620	Received for Jab By: (Signature and Printed		d Printed Nam	D) (256) (2	674-19 1520		Wer	Were sampl Yes		les properly		preserved: No		
Comments:		702.5	7/1/4/02-4/01	FLOW D	ATA	Field Test	Time	Analyst	Res		Resi	ult		Units			
	Analyst:			pH:	1442	9/10		5	7.5		۹)						
		Time: Reading:		Temp.; DO:		1	<u> </u> کے		12	2.1	°C_		<u>°F</u>	_			
					Units;		Debris:										
	Cool all samples to 6 d	egrees C.				Chlorinated? Yes No			Thi	This Document is Page 1 of 1							

GCD P.O. Box 9299 Fayetteville, AR 72703

Սիսիկիրենկրիկինը|||իվուրժիկիկիկիկիկի



ADEQ Water Division Permits Branch 5301 Northshore Dr N Little Rock, AR 72118-5317

