

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

PERMITTEE NAME

First Asset Holding

FACILITY NAME

Deer Haven Subdivision

PERMIT NO.

4908-WR-2

PERMITTEE ADDRESS

PO Box 7
Ft Smith AR 72902

FACILITY ADDRESS

15046 Smith Ridge Rd
Garfield AR 72732


AFIN NO.

04-01681

WASTEWATER EFFLUENT MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
6/1/2018		6/30/2018	

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.126636	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	4,890	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	5.7	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	20	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	2,200	colonies/100ml		
pH	6.0 - 9.0	6.9	s.u.		
Total Phosphorus (TP)	REPORT	10.1	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT	No Report	mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT	No Report	mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT	No Report	mg/l		
Plant Available Nitrogen (PAN)	REPORT	No Report	mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER Ken Gregory 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.	 SIGNATURE OF COGNIZANT OFFICIAL	TELEPHONE (479) 530-5926
			DATE 6/30/2018

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

*** LOADING RATE BY ZONE**

Zone 1	816.63	Zone 5	816.63		
Zone 2	816.63	Zone 6	816.63		
Zone 3	816.63				
Zone 4	816.63				

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: 1806020078
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 06/13/18

Sample Date : 06/08/18
Sample Time : 1620
Sample Type : GRAB
Sample From : DOSETANK/ELLUENT

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


Laboratory Analysis

Analysis							<u>Quality Assurance</u>	
Date	Time	By	Parameter	Result	Notes	Quantity	Precision	Accuracy
							% RPD	% Recovery
06/08	1620	CLS	pH	6.9 S.U.			0.00	N/A
06/12	0800	TSB	Phosphorous, Total (as P)	10.1 mg/L			1.71	109.7 *
06/12	1430	JCB	Solids, Total Suspended	20.0 mg/L			17.75	N/A *
06/09	1530	JCB	Coliform, Fecal	2200 /100ml			0.00	N/A *
06/08	1400	TSB	BOD, Carbonaceous	5.7 mg/L			0.00	95.5 *
06/08	1620	CLS	Sample Collection/Travel	1 each				

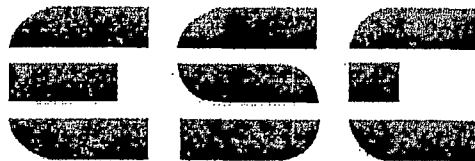
* QA data shown is from a different sample or standard on the same date.

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																			
Telephone:						Sampler Name(s): <i>Chris Strange</i>													
Telephone:						and Signature(s): <i>[Signature]</i>													
ESC Client Number: 1821																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH(23)	TP(25)	CBOD(70), TSS(28)	F. Coliform (43)						
Dose Tank/Effluent	1806020078	6/18/18	1620	GRAB	Water	teflon	150 ml	none	1	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/ice	1			x							
Dose Tank/Effluent				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:										
<i>[Signature]</i>		6/18/18	17:30	<i>[Signature]</i>					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>[Signature]</i>			6/18/18	17:30	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
Comments:										FLOW DATA		Field Test	Time	Analyst	Result	Result	Units		
										Analyst:		pH:	1620	CLS	6.9	6.9			
										Time:		Temp.:	X	X	26.8	26.0 (°C)	°F		
										Reading:		DO:							
										Units:		Debris:							
Cool all samples to 8 degrees C.										Chlorinated? Yes No				This Document is Page 1 of 1					