

**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
6/1/2020	6/30/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.101,180	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.012,096	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	23.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	37.7	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	3,498	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT		mg/l	Grab sample once per quarter	
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l		
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		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
			(479) 530-5926
TYPED OR PRINTED			DATE
			7/15/2020

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)
 The flow out to the fields was lower than flow meter readings due to return flow being high. Return flush valve on one of the zones had some trash under the Diaphragm allowing the return flow to constantly go back to the tank. This issue has been fixed and flows are returning to normal.

* LOADING RATE BY ZONE					
Zone 1	2016	Zone 5	2016		
Zone 2	2016	Zone 6	2016		
Zone 3	2016				
Zone 4	2016				

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: 2006020054
 Customer Name : DEER HAVEN UTILITY LLC
 Customer/Permit No. : 1821 / 4908-WR-1
 Report Date : 06/19/20

Sample Date : 06/11/20
 Sample Time : 1510
 Sample Type : GRAB
 Sample From : DOSE TANK/EFFLUENT

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

Laboratory Analysis

Analysis			Result	Notes	Quantity	Method
Date	Time	By	Parameter			
06/11	1515	JWS	pH	7.4	S.U.	SM 2011 4500-H+ B
06/18	0930	TSB	Phosphorous, Total (as P)	7.47	mg/L	EPA 365.3
06/16	1230	TSB	Solids, Total Suspended	37.7	mg/L	SM 2011 2540 D
06/11	1800	TWM	Fecal Coliform (MPN/100mL)	3498.0	/100ml	06/2012 Colilert18
06/12	1400	TSB	BOD, Carbonaceous	23.8	mg/L	SM 2001 5210 B

Quality Assurance

Precision	Accuracy
% RPD	% Recovery
1.34	N/A
0.90	107.0 *
1.87	N/A *
0.00	N/A *
5.44	96.3 *

* 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.

B 101180
 12,099

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com

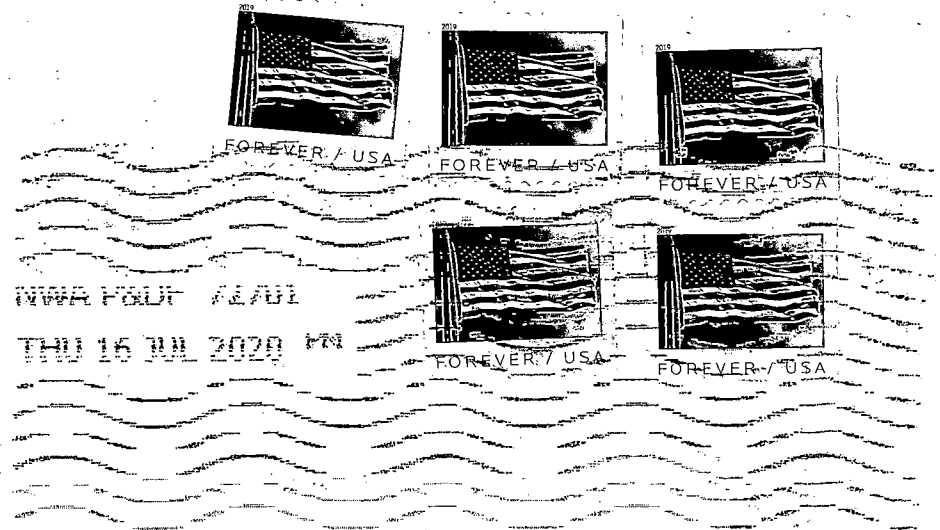



Corporate Office, Little Rock, Arkansas
 501-221-2565
 Carlsbad, New Mexico
 575-887-1ESC

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)	Total P (25)	CBOD(70), TSS(28)	Fecal Coliform (43.1F)								
Address: PO Box 127 Avoca Ar 72711				Purchase Order #:																		
Telephone:				Sampler Name(s): <i>JAMES WOODS</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	200602085F	6/11/20	15:10	GRAB	Water	Glass	150 ml	None, Cool†	0	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, Cool†	1			X										
Dose Tank/Effluent	I	I	I	GRAB	Water	Sterile	125 ml	NaS ₂ O ₄ Cool†	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 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:		15:15	TWM	7.4	7.5													
		Time:		Temp.:						°C °F												
		Reading:		DO:																		
		Units:		Debris:																		
Cool all samples to 6 degrees C.							Chlorinated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			This Document is Page 1 of 1												



 **NWA Utility Services Inc**
PO Box 9299
Fayetteville, AR 72703

ADEQ
WATER DIVISION/PERMITS BRANCH
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N Little Rock, AR 72118-5317