

**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

3/1/2019

MM/DD/YYYY

3/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.202736	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	7,255	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	3.7	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	< 1	colonies/100ml		
pH	6.0 - 9.0	7.5	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.

Ken Gregory
SIGNATURE OF COGNIZANT OFFICIAL

TELEPHONE

(479) 530-5926

DATE

4/3/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

*** LOADING RATE BY ZONE**

Zone 1	1211.59	Zone 5	1211.59
Zone 2	1211.59	Zone 6	1211.59
Zone 3	1211.59		
Zone 4	1211.59		

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: 1903020046
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 03/15/19

Sample Date : 03/08/19
Sample Time : 1131
Sample Type : GRAB DEER HAVEN
Sample From : DOSE TANK EFFLUENT

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

Laboratory Analysis

Analysis							<u>Quality Assurance</u>	
Date	Time	By	Parameter	Result	Notes	Quantity	Precision % RPD	Accuracy % Recovery
03/08	1132	NTR	pH	7.5 S.U.			0.00	N/A
03/11	1230	AKA	Phosphorous, Total (as P)	10.100 mg/L			0.00	108.0 *
03/13	1100	AKA	Solids, Total Suspended	3.7 mg/L			31.15	N/A *
03/08	1615	TSB	Fecal Coliform (MPN/100mL)	< 1.0 /100ml			6.90	0.0 *
03/08	1400	AKA	BOD, Carbonaceous	< 2.0 mg/L			2.07	91.0 *
03/11		ESC	Sample Collection/Travel	1 each				

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

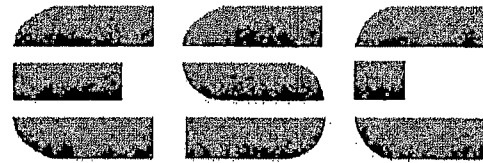
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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) Total P (25) CBOD(70), TSS(28) Fecal Coliform (43.IF)						
Address: PO Box 127						Purchase Order #:											
Avoca Ar 72711																	
Telephone:						Sampler Name(s): Ned Ryerson											
Telephone:						and Signature(s): Ned Ryerson											
ESC Client Number: 1821																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#								
Dose Tank/Effluent	1903020046	3-8-19	1131	GRAB	Water	teflon	150 ml	None, Cool [†]	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, Cool [†]	1			x					
Dose Tank/Effluent				GRAB	Water	Whirlpak	100 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 for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
Comments: Ned Ryerson - Ned Ryerson		3-8-19	1245	Tamera Brooks Tamera Brooks		3-8-19	1045										
						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units					
						Analyst:	pH:	1132	NTL	7.5	7.5	SK					
						Time:	Temp.:	1132	NTL	11.7	11.6	(C) °F					
						Reading:	DO:										
						Units:	Debris:										
						Cool all samples to 6 degrees C.				Chlorinated? Yes No		This Document is Page 1 of 1					