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

PERMITTEE NAME							<u> </u>	[PERMIT NO.								
First Asset Holding								į	4908-WR-2								
PERMITTEE ADDRESS PO Box 7									AFIN NO. 04-01681								
Ft Smith AR 72902								ļ									
							WASTEWATER EFFLUENT MONITORING PERIOD MM/DD/YYYY 3/1/2018 MM/DD/YYYY 3/31/2018										
TREATED W	VASTE\	VATER EFFI	LUENT SAI	MPLING									-				
Parameter					. 1	_imit	Sample Measurement	Units [°]	Monitoring	R	Reporting						
Flow, Monthly	y total			-			RE	PORT	0.116648	MG	Total Flow per calendar month	-					
Flow, daily ma	aximum	*					RE	PORT	9,666	GPD	Daily						
Carbonaceous Biochemical Oxygen Demand (CBOD5)							30	9.2	mg/l								
Total Suspended Solids (TSS)							45	8.4 mg/l]							
Fecal Coliform Bacteria (FCB)							4	1,000	700	colonies/100ml	Grab Sample once per month	D-!4-	Ab. 454b .64b.				
рН						6.0	0 - 9.0	7.2	s.u.			or to the 15th of the following Month					
Total Phosphorus (TP)							RE	PORT	6.1	mg/l			1				
Total Kjeldahl Nitrogen (TKN)						RE	PORT	No Report mg/l									
Ammonia Nitrogen						RE	PORT	No Report	mg/l	Grab sample once per quarter							
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)						RE	PORT	No Report	mg/l								
Plant Available Nitrogen (PAN)							PORT	No Report	mg/l			,					
INFORMATION SUI						SUBMITT	PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE IBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS										
						SPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED COMMENT SIGNATURE OF COCKERNT OF COCK						5926					
PENALTIES FOR S						RUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF COGNIZANT SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND					FFICIAL	DATE 4/7/2018					
TYPED OR PRINTED IMPRISONMENT. COMMENTS AND EXPLANATION OF VIOLATIONS (Reference)						- !! - !! - !	4- I					4772010					
COI	MMENT	S AND EXP	LANATION	OF VIOL	ATIONS (I	kererence	aıı attachmen	is riere)			<u> </u>						
* LOADING RATE BY ZONE																	
Zone 1 1614.22 Zone 5 1614.22																	
Zone 2		1614.22	Zone 6		1614.22												

1614.22

1614.22

Zone 3

Zone 4

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: 1803020102

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

Report Date : 03/19/18

Sample Date : 03/09/18 Sample Time : 1205

Sample Type : GRAB

Taboratory Analysis

Sample From : DOSE TANK EFFLUENT

Collected By: JCB Delivery By : JCB

Work Order : Purchase Order :

Ouglier Aggurange

	Quartey Assurance				
Analysis				Precision	Accuracy
<u>Date Time By</u>	<u>Parameter</u>	Result Notes Qu	antity Method	% RPD	% Recovery
03/09 1205 JCB	pН	7.2 S.U.	SM 2000 4500-H+ B	0.00	N/A
03/13 1027 VLP	Phosphorous, Total (as P)	6.1 mg/L	EPA 365.3	4.08	103.5 *
03/16 1102 AEU	Solids, Total Suspended	8.4 mg/L	SM 1997 2540 D	1.80	N/A *
03/09 1700 JCB	Coliform, Fecal	700 /100ml	SM 9222 D 1997	0,00	N/A
03/09 1400 TSB	BOD, Carbonaceous	9.2 mg/L	SM 2001 5210 B	23.77	113.0 *
03/09 1205 JCB	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.

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		CI	HAIN C	OF CU	STO	JY										
	Client Information			Project Information					\Box	Re	eques	sted	Para	ame	eters		
Company Name:	LLC		Permit/Project #:														
Address:			Purchase	Purchase Order #:									l				
		· · · · · · · · · · · · · · · · · · ·	_														
Telephone:	Avoca Ar 72711			Sampler Name(s):		John Brood						-				1	
Telephone:			1		Call Buil				\dashv							,	
Tolophone.				and Signature(s):		John Pulate				\dashv		(28)	43)				
ESC Client Number:	1821									\dashv		TSS	E				
		<u> </u>				Τ					-	CBOD(70),TSS(28)	Coliform (43)			1	
Sample Ide		T	Collection		1		Containers		# 1	7P(25)	ğ						
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	tive	# 2	<u> </u>	<u> </u>	ш.	\longrightarrow	_		
Dose Tank/Effluent	1803020102	3/9/15	1205	GRAB	Water	teflon	150 ml	none		1 2	x				_		
Dose Tank/Effluent				GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1		ĸ					
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	none/ice 1		1		x					
Dose Tank/Effluent				GRAB	Water	Whirlpak	100 ml	none/ice 1		1			х				
						1					\top						
				<u> </u>		1				十	\top				\neg		
				· · · · · · · · · · · · · · · · · · ·						十	+	_	_		_	_	
	 	<u> </u>								+	+	+	 		\dashv	\dashv	\neg
· · · · · · · · · · · · · · · · · · ·	-									+	+	+	┼─┤	-	-	\dashv	\dashv
										╁	+	+-	\vdash	┼┼	\dashv		
Relinguished By: (Signature and Printed Name),		Date	Time	Received By: (Sig	nature and Printe	d Name)		Date	Time	Ci	stody	Seals:					
John Besid	3/9/18	1400							Us	ed?	N		Intact	t?			
Relinquished By: (Signature and Print	ed Name) /	Date	Time	Received By: (Sig	d Name)	Date Time		1 1	rnarou gular	ınd:	1	Spec	ial F	_			
Relinquished By: (Signature and Print	sd Name)	Date	Time	Received for Lab	Received for Cab 89. (Signature and Printed Name)			Date (Time	W	ere sar	mples p	roperly				\dashv
Comments:		1/2	2 m	wu				_	Yes X				No No				
Comments.		FLOW DAT		Fleld Test pH:	7 Time Analyst		_	sult			Units	ts					
	·	Time:		Temp.:		1000	1100		2.8	3 73		(°C)		°F_			
			Reading:		DO:			工				-					
	Cool all samples to 6 de		Units: Debris: Chlorinated? Yes No						io D	201157		Doc		of 1	긕		
	Cool all samples to 0 up	giees C.		,		Chlomated	? Yes No	J	<u> </u>	וט ט(ocume	an is	Labe	<u> </u>	of <u>/</u>		