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

PERMITTEE NAME]			PERMIT NO.							
First Asset Holding							-				4908-WR-2						
PERMITTEE ADDRESS PO Box 7 Ft Smith AR 72902									_	04-01681							
								MM/DD/YYYY 3/1/2020			ER EFFLUENT MONI	TORING PERI	OD MM/DD/YYYY 3/31/2020				
TREATED	WAST	WATER EF	FLUEN	T SA	VIPLI	ING						, ,		1 1			
		Pa	rameter	r .				Limit		* * *	Sample Measurement	Units	Monitoring	1	Reporting		
Flow, Month	ly total							REPORT			0.332,454	MG	Total Flow per calendar mon	th			
Flow, daily r	naximu	m *						REPORT			0.017,448	GPD	Daily				
Carbonaceo	us Biod	hemical Oxyg	jen Dem	and (C	CBO	D5)			30		< 2.0	mg/l		7			
Total Suspe	nded S	olids (TSS)						45			15.8	mg/l	7				
Fecal Coliform Bacteria (FCB)						4,000			101	colonies/100ml	Grab Sample once per mon						
рН						6.0 - 9.0			7.4	s.u.			Prior to the 15th of the following Month				
Total Phosphorus (TP)						REPORT			9.08	mg/l	7	-					
Total Kjelda	nl Nitro	gen (TKN)						RE	PORT			mg/l		7			
Ammonia Ni	trogen							REPORT			·	mg/i	Grab sample once per quart	~-			
Nitrate Nitro	gen (N	O ₃ -N) + Nitrite	Nitroge	n (NC	D2-N)			REPORT				mg/l	Grab sample once per quart				
Plant Availa	ole Nitro	ogen (PAN)						REPORT				mg/l					
INFORMATION Kathy Bartlett IMMEDIATELY R INFORMATION IS T						INFORM IMMEDIAT	MATION SUI TELY RESPO ON IS TRUE	BMITTED HERE ONSIBLE FOR , ACCURATE, A	EIN; AND BAS OBTAINING T AND COMPLE	SED ON MY THE INFORM ETE. I AM A	ALLY EXAMINED AND AN INQUIRY OF THOSE INDI MATION, I BELIEVE THE S WARE THAT THERE ARE DING THE POSSIBILITY O	VIDUALS SUBMITTED SIGNIFICANT	SIGNATURE OF COGNIZANT	OFFICIAL	TELEPHONE (479) 530- 5926 DATE		
TYPED OR PRINTED COMMENTS AND EXPLANATION OF VIOLATIONS (Refere					_		IMPRISO						4/13/2020				
CC	MMEN	ITS AND EXF	PLANAT	FION (OF \	VIOLATIONS (Reference	all attachmen	ts here)								
		* L	LOADIN	IG RA	TE	BY ZONE		· -,	T								
Zone 1 2908 Zone 5 2908						1											
Zone 2		2908	Zone	e 6		2908							•				

Zone 3

Zone 4

2908

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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: 2003020098

Customer Name : DEER HAVEN UTILITY LLC

Customer/Permit No.: 1821 / 4908-WR-1

Report Date : 03/20/20

Sample Date : 03/12/20

Sample Time : 1530

Sample Type : GRAB DEER HAVEN Sample From : DOSE TANK EFFLUENT Collected By: BRS Delivery By : BRS

Work Order :

Purchase Order :

	Quality A	Assurance				
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	_ % RPD	% Recovery
03/12 1535 BRS	рн	7.4 S.U.		SM 2011 4500-H+ B	0.00	N/A *
03/17 0815 TSB	Phosphorous, Total (as P)	9.08 mg/L		EPA 365.3	2.26	106.0 *
03/17 1430 TSB	Solids, Total Suspended	15.8 mg/L		SM 2011 2540 D	0.75	N/A *
03/12 1710 TSB	Fecal Coliform (MPN/100mL	101.2 /100ml		06/2012 Colilert18	0.00	0.0 *
03/13 1200 TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	9.69	90.0 *

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.



332, 454

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

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

Fax: 479-750-1172

Phone: 479-750-1170

Corporate Office, Little Rock, Arkansas 501-221-2565

Carlsbad, New Mexico 575-887-1ESC

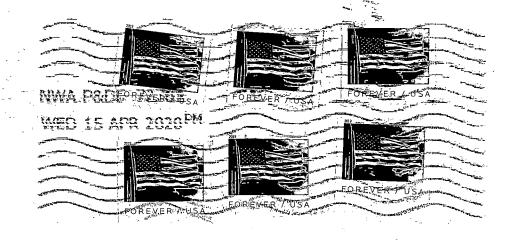
CHAIN OF CUSTODY

C	Client Information	Project Information							Requested Parameters										
Company Name:	LLC	.C Permit/Project #:																	
Address:			Purchase Order #:																
	Avoca Ar 72711			1		***************************************										İ			
Telephone:				Sampler Name(s): Bria			In Stoichmenn						∞	E)		l			
Telephone:					1Pm			h Steichmen					TSS(28)	(43.					
	and Signature(s):			_NV()						TSS	E		ı						
ESC Client Number:	1821			jana oigna	.u. 0(0).							(25)	, ,	Coliform (43.1F			İ	- 1	
Sample Iden			Sample	Collection			Sample Containers				(23)	d l) <u>D</u> (S C		-			
Identification	ESC Control #	Date	Time	Туре	Matrix	Type Volume		Preserva				Total P	CBOD(70),	Fecal	ı	ļ			
Dose Tank/Effluent	रेक्टरेको ००१४	3/12/20	15:30	GRAB	Water	Glass	150 ml			0	Х					7			
Dose Tank/Effluent	(1.	1	GRAB	Water	Plastic	8 oz		H ₂ SO ₄ ,pH<2			Х				一			
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	····	None, Cool [†]				х			\neg			
Dose Tank/Effluent		4	1	GRAB	Water	Sterile	125 ml			1	\neg			х			$\neg \dagger$	\neg	
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Relinquished By: (Signature and Printed	Date	Time	Received By: (Signature and Printed Name)			<u> </u>	Date Time		e	Used? Turna	round:			Intact?			\dashv		
				h	7						Regul		X		Spec				
Relinquished By: (Signature and Printed Brown Sterch Mo	Received for Lab	Received for Lab By: (Signature and Printed Nam AMOUNT)			78 6 312.20 1		9			les pr	operly	perly preserved No							
Comments:	MICOLO	FLOW DATA		Field Test		705 Analyst		Resu		Resi	ılt	Units							
				Analyst:			pH:	15:35	BRS			<u>f</u>				667			
					Time: Reading:		Temp.: DO:	J/	·V		121	0	17	10	°C /		°F		
		•			Units:					\dashv								\dashv	
	Cool all samples to 6 d		······································	Chlor			orinated? Yes No				Doc	ume	nt is	Page	, T.	of <u>【</u>			

G:WF. OCIFORMS/CHAIN.XLS

NWA UTILI

PO Box 9299 Fayetteville, AR 72703



ADEQ Water DIV. Parmits Branch 5301 Northshore Dr. N LITTLE ROCK, AR 72118

A CONTRACTOR OF THE PROPERTY O