

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

PERMITTEE NAME
Deer Haven Utility
PERMITTEE ADDRESS
PO Box 9299 Fayetteville AR 72703

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
3/1/2021	3/31/2021

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.346,315	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.011,172	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	24.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	72	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	> 12098.0	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Phosphorus (TP)	REPORT	9.7	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	REPORT		mg/l		

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NAME OF PRINCIPAL EXECUTIVE OFFICER</td> </tr> <tr> <td style="text-align: center;">Kathy Bartlett</td> </tr> <tr> <td style="text-align: center;">TYPED OR PRINTED</td> </tr> </table>	NAME OF PRINCIPAL EXECUTIVE OFFICER	Kathy Bartlett	TYPED OR PRINTED	<p>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.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">TELEPHONE</td> </tr> <tr> <td style="text-align: center;">(479) 530-5926</td> </tr> <tr> <td style="text-align: center;">DATE</td> </tr> <tr> <td style="text-align: center;">4/15/2021</td> </tr> </table>	TELEPHONE	(479) 530-5926	DATE	4/15/2021
NAME OF PRINCIPAL EXECUTIVE OFFICER									
Kathy Bartlett									
TYPED OR PRINTED									
TELEPHONE									
(479) 530-5926									
DATE									
4/15/2021									
SIGNATURE OF COGNIZANT OFFICIAL									

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

see attached NCR

* LOADING RATE BY ZONE					
Zone 1	1862	Zone 5	1862		
Zone 2	1862	Zone 6	1862		
Zone 3	1862				
Zone 4	1862				

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: 2103020034
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 03/17/21

Sample Date : 03/11/21
Sample Time : 1340
Sample Type : GRAB
Sample From : EFFLUENT

Collected By: HNS
Delivery By : HNS
Work Order :
Purchase Order :

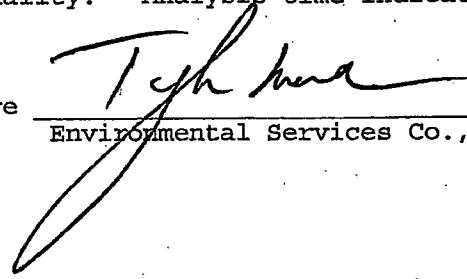
Laboratory Analysis

Analysis									Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method		Precision % RPD	Accuracy % Recovery
03/11	1342	HNS	pH	6.8 S.U.			SM 2011 4500-H+ B		0.00	N/A
03/12	1130	HNS	Phosphorous, Total (as P)	9.70 mg/L			EPA 365.3		0.39	101.0 *
03/12	1300	HNS	Solids, Total Suspended	72.0 mg/L	(b)		SM 2011 2540 D		2.29	N/A *
03/11	1645	HNS	Fecal Coliform (MPN/100mL)	> 12098.0 /100mL	(b)		06/2012 Colilert18		0.00	N/A *
03/12	0800	TWM	BOD, Carbonaceous	24.6 mg/L			SM 2001 5210 B		14.81	107.0 *

* QA data shown is from a different sample or standard on the same date.
(b) Exceeds Permit Limits for Maximum Concentration

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.

Kristin Mullins

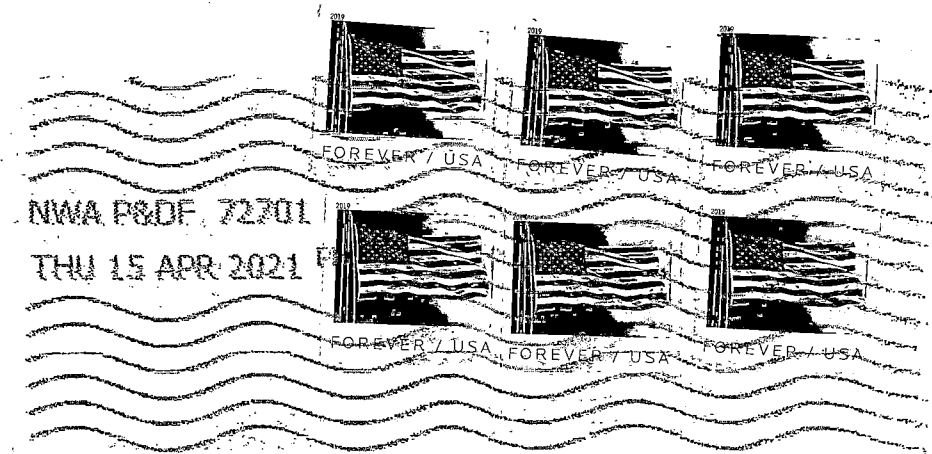
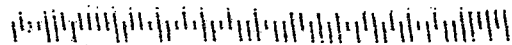
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11,172




Carlsbad, New Mexico
575-887-1ESC

CHAIN OF CUSTODY

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

ADEQ
WATER DIVISION/PERMITS BRANCH
5301 Northshore Drive
N Little Rock, AR 72118-5317