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

PERMITTEE NAME			PERMIT NO. 4908-WR-2							
Deer Haven Utility		<u> </u>			1000 11112					
PERMITTEE ADDRESS	1000		AFIN NO.							
PO Box 9299			04-01681							
Fayetteville AR 72703	<u> </u>									
•	MM/DD/		MM/DD/YYYY							
	3/1/20	021	3/31/2021	·						
TREATED WASTEWATER EFFLUENT SAMP	LING* 8		and the second second		Company of the same					
Parameter		ι	_imit	Sample Measurement	Units	Monitoring	Reporting			
Flow, Monthly total	RE	PORT	0.346,315	MG	Total Flow per calendar month					
Flow, daily maximum *	RE	PORT	0.011,172	GPD	Daily					
Carbonaceous Biochemical Oxygen Demand (CB		30	24.6	mg/l						
Total Suspended Solids (TSS)		45	72	mg/l						
Fecal Coliform Bacteria (FCB)	4	1,000	> 12098.0	colonies/100ml	Grab Sample once per month					
pH		6.0 - 9.0		6.8 s.u.			Prior to the 15th of the following Month			
Total Phosphorus (TP)		RE	PORT	9.7	mg/l					
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/l						
Ammonia Nitrogen		REPORT		mg/l		- Grab sample once per quarter				
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)		RE	PORT		mg/l	Crab cample once per quarter				
Plant Available Nitrogen (PAN)		REPORT		mg/l				·		
NAME OF PRINCIPAL EXECUTIVE OFFICER		R PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE N SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS				, ,	1	TELEPHONE		
Kathy Bartlett IMMEDIATELY R			IN; AND BASED ON MY OBTAINING THE INFOR	KMANHA		(479) 530- 5926				
		TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT			SIGNATURE OF COGNIZANT O	FFICIAL	DATE			
TYPED OR PRINTED	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						4/15/2021			
COMMENTS AND EXPLANATION OF	VIOLATIONS (Refer	ence all attachment						. 		
see attached NCR		an andominon	,							
								<u></u>		
* LOADING RATE	BY ZONE									
Zone 1 1862 Zone 5	1862									

Zone 2

Zone 3

Zone 4

1862

1862

1862

Zone 6

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 :

	Quality Assurance					
Analysis		Laboratory Analysis	•		Precision	Accuracy
Date Time By	Parameter	Result Notes _	Quantity	<u> Method</u>	% RPD	% Recovery
03/11 1342 HNS	Hq	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 *
	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

34 4319

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



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

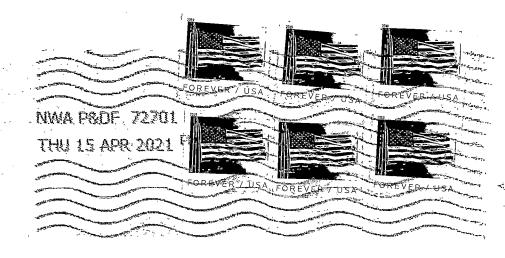
Carlsbad, New Mexico 575-887-1ESC

Phone: 479-750-1170

Fax: 479-750-1172

CHAIN OF CUSTODY

Filone. 479-750-1170	rax. 479-750-1172			17 (111	71 00													
Client Information				Project Information							F	₹eqι	ues'	ted	Par	ame	eter	3
Company Name:	Deer Haven Utility LLC			Permit/Project #:							- 1	-						
Address:	PO Box 127			Purchase Order #:													'	
Avoca Ar 72711																	,	
Telephone:			Sampler Name(s): Hayden Smith and Signature(s): Hayde Cuth				- 1		ı	\sim	匠			'				
Telephone:						Ly Ent. M. Zini T.					I	2	43.					
Tolophono.			· · · · · · · · · · · · · · · · · · ·	<u> </u>			Sample Containers					- 1	TSS	Ē			'	
ESC Client Number:	1821	<u></u>										25)	6	Coliform (43.IF)			1	
		1.	Comple								(23)	Total P (25)	CBOD(70), TSS(28)	ပ္သ				
Sample Ide			Sample Collection		T			 			2	Stal		Fecal				
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preserva	-			븨	의	<u> </u>	\vdash			_
Dose Tank/Effluent	2103020034	3-(1-21	1340	GRAB	Water	Glass	150 ml	None, Co	ool [†]	0	X	-	_			\vdash	<u> </u>	<u> </u>
Dose Tank/Effluent		 		GRAB	Water	Plastic	. 8 oz	H ₂ SO ₄ ,pH<2		1	\dashv	X					<u>'</u>	
Dose Tank/Effluent			<u> </u>	GRAB	Water	Plastic	1 qt	None, Cool [†]		1	\dashv		X					_
Dose Tank/Effluent	+	1	•	GŖAB	Water	Sterile	125 ml	NaS₂O₄ Cool [†]		1				X				L.
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Relinquished By: (Signature and Printe	ed Name)	Date	Time	Received By: (Signature and Printed Name) Date Time			-	ustoc	dy Sea	ils:					<u></u>			
		Date	7	Deschool Des (C)				Time		Jsed? uman		N		Intac	: t?		L	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name) Date Time			- 1	uman Regula	_	XI		Spec	cial .		l			
Relinquished By: (Signature and Printer Name)		. Date	Time	Received for Lab By: (Signature and Printed Name)		p)	Date Time		\\v	Vere s	sample		perly	prese	rved:		,	
They will will 3-11-21 / 40		1 / Year	Mar how The		Field Test	フ/ロ/21 Time			Y Resul	Yes D	Result		No Units					
				_/	Analyst:		pH:	1342			• . 8		6.8					
					Time:		Temp.:		1773.7			二			°C		°F	
				· · · · · ·	Reading:		DO:											
Cool all samples to 6 degrees C.					Units:		Debris:	2 Van Na	<u> </u>		'bio '	Docu		ot ic	Post		of /	
MN2 Cool all samples to 0 degrees C.						Chlorinated	? Yes No	<i>,</i>		1112	JUUL	111161	11 12	ı ayt	- 1_	<u> </u>		



NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

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