

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

PERMITTEE NAME

First Asset Holding

PERMITTEE ADDRESS

PO Box 7
Ft Smith AR 72902

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	
5/1/2018		5/31/2018	

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.134785	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	5,726	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	9.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	25.2	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	1,040	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	8.6	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	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.	 SIGNATURE OF COGNIZANT OFFICIAL	TELEPHONE
Ken Gregory			(479) 530-5926
TYPED OR PRINTED			DATE 6/7/2018

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE							
Zone 1		956.24	Zone 5		956.24		
Zone 2		956.24	Zone 6		956.24		
Zone 3		956.24					
Zone 4		956.24					

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: 1805020127	Sample Date : 05/11/18	Collected By: AEU
Customer Name : DEER HAVEN UTILITY LLC	Sample Time : 1445	Delivery By : AEU
Customer/Permit No. : 1821 / 4908-WR-1	Sample Type : GRAB	Work Order :
Report Date : 05/17/18	Sample From : DOSE TANK EFFLUENT	Purchase Order :

<u>Laboratory Analysis</u>						<u>Quality Assurance</u>	
<u>Analysis</u>						<u>Precision</u>	<u>Accuracy</u>
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>
05/11	1447	AEU	pH	7.4	S.U.		SM 2000 4500-H+ B
05/15	1000	TSB	Phosphorous, Total (as P)	8.6	mg/L		EPA 365.3
05/15	1030	JCB	Solids, Total Suspended	25.2	mg/L		SM 1997 2540 D
05/11	1710	AEU	Coliform, Fecal	1040	/100ml		SM 9222 D 1997
05/11	1400	VLP	BOD, Carbonaceous	9.6	mg/L		SM 2001 5210 B

<u>% RPD</u>	<u>% Recovery</u>
0.00	N/A *
0.00	100.8 *
13.44	N/A *
28.81	N/A
15.73	101.3

* 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.