

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

PERMITTEE NAME

First Asset Holding

FACILITY NAME

Deer Haven Subdivision

PERMIT NO.

4908-WR-2

PERMITTEE ADDRESS

PO Box 7
Ft Smith AR 72902

FACILITY ADDRESS

15046 Smith Ridge Rd
Garfield AR 72732


AFIN NO.

04-01681

WASTEWATER EFFLUENT MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
5/1/2019		5/31/2019	

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.250452	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	10,275	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	11.6	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	8	mg/l		
Fecal Colliform Bacteria (FCB)	4,000	2	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	9.21	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
			6/6/2019

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) As per note on chain of custody from lab, fecal sample was compromised, so they pulled second sample on different day. Both reports are attached.

* LOADING RATE BY ZONE						
Zone 1		1715.93	Zone 5		1715.93	
Zone 2		1715.93	Zone 6		1715.93	
Zone 3		1715.93				
Zone 4		1715.93				

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: 1905020064
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 05/20/19

Sample Date : 05/10/19
Sample Time : 1419
Sample Type : GRAB
Sample From : DOSE TANK EFFLUENT

Collected By: NTR
Delivery By : NTR
Work Order :
Purchase Order :

Analysis							Laboratory Analysis		Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery	
05/10	1420	NTR	pH	7.4 S.U.			SM 2000 4500-H+ B	0.00	N/A *	
05/13	1000	AKA	Phosphorous, Total (as P)	9.210 mg/L			EPA 365.3	2.65	105.0 *	
05/16	0900	AKA	Solids, Total Suspended	8.0 mg/L			SM 2011 2540 D	11.87	N/A *	
05/10	1600	TSB	BOD, Carbonaceous	11.6 mg/L			SM 2001 5210 B	11.37	102.9 *	

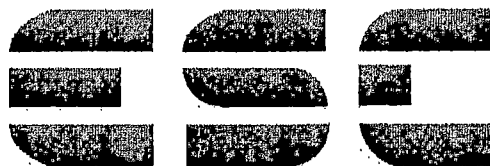
* QA data shown is from a different sample or standard on the same date.

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.

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

Client Information						Project Information					Requested Parameters					
Company Name: Deer Haven Utility LLC						Permit/Project #:					pH (23) Total P (25) CBOD(70) TSS(28) Fecal Coliform (43-IF)					
Address: PO Box 127						Purchase Order #:										
Avoca Ar 72711						Sampler Name(s): Ned Ryerson										
Telephone:						and Signature(s): <i>Ned Ryerson</i>										
Telephone:																
ESC Client Number: 1821																
Sample Identification		Sample Collection				Sample Containers										
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#							
Dose Tank/Effluent	1905020064	5-10-19	1419	GRAB	Water	teflon	150 ml	None, Cool†	1	X						
Dose Tank/Effluent				GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X					
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	None, Cool†	1			X				
Dose Tank/Effluent				GRAB	Water	Whirlpak	100 ml	Na ₂ S ₂ O ₄ Cool†	1				X			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround: Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>								
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Comments: <i>① Sample leaked badly DISCARDED</i>				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units					
Re Sample 4/27				Analyst:		pH:	1420	N72	7.4	7.4	56 °F					
				Time:		Temp.:	1420	N72	18.4	18.4	°C					
				Reading:		DO:										
				Units:		Debris:										
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page 1 of 1						

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: 1905020185
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 05/23/19

Sample Date : 05/22/19
Sample Time : 1137
Sample Type : GRAB
Sample From : DOSE TANK/EFFLUENT

Collected By: VLP
Delivery By : VLP
Work Order :
Purchase Order :

Laboratory Analysis

Analysis								
Date	Time	By	Parameter	Result	Notes	Quantity	Method	
05/22	1620	AKA	Fecal Coliform (MPN/100mL)	2.0	/100ml		06/2012 Colilert18	

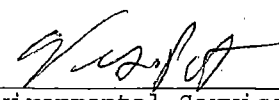
Quality Assurance

Precision	Accuracy
% RPD	% Recovery
0.00	0.0 *

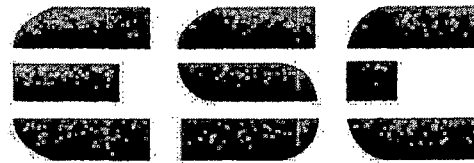
* QA data shown is from a different sample or standard on the same date.

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.

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



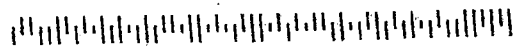
Corporate Office, Little Rock, Arkansas
501-221-2565

Carlsbad, New Mexico
575-887-1ESC

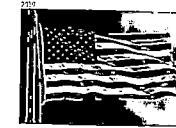
Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

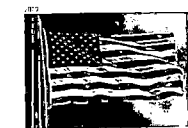
Client Information				Project Information				Requested Parameters											
Company Name: Deer Haven Utility LLC				Permit/Project #:				Fecal Coliform (43.1F)											
Address: PO Box 127				Purchase Order #:															
Avoca Ar 72711																			
Telephone:				Sampler Name(s): V.L. Pate															
Telephone:				and Signature(s): <i>[Signature]</i>															
ESC Client Number: 1821																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
Dose Tank/Effluent	1905620 196	5/24/19	1137	GRAB	Water	Whirlpak	100 ml	Na ₂ S ₂ O ₄ Cool†	1	x									
	185	5/24																	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Used? <input type="checkbox"/> Intact? <input type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Turnaround:											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Regular <input type="checkbox"/> Special <input type="checkbox"/>											
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:											
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)		Date	Time	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Comments:				FLOW DATA		Field Test		Time		Analyst		Result		Result		Units			
				Analyst:		pH:													
				Time:		Temp.:								°C		°F			
				Reading:		DO:													
				Units:		Debris:													
†Cool all samples to 6 degrees C.								Chlorinated? Yes No				This Document is Page ___ of ___							



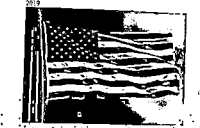
72703



FOREVER 7 USA



FOREVER 7 USA



FOREVER 7 USA



FOREVER 7 USA



FOREVER 7 USA

NWA P&DF 72701

TUE 11 JUN 2019 PM

ADEQ Water Division
Permits Branch
5301 Northshore Dr
N Little Rock, AR 72118-5317