-

Zone 3

Zone 4

2367

2367

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

	PERMIT	TEE NAME				PERMIT NO							
First Asset Holding							4908-WR-2						
	PO	E ADDRESS Box 7 AR 72902				FACILITY ADDRESS 15046 Smith Ridge Rd Garfield AR 72732							
TREATED WAS	TEWATED E	EI HENT CAM	DI ING	· · · · · · ·		WASTEWATER EFFLUENT MONITORING PERIOD MM/DD/YYYY 5/1/2020 MM/DD/YYYY 5/31/2020							
TREATED WAS		arameter	IFLING		<u> </u>	Limit	Sample Measurement	Units	Monitoring		Reporting		
Flow, Monthly tota	al				RE	EPORT	0.330,088	MG	Total Flow per calendar mor	nth .			
Flow, daily maxim	um *				RE	EPORT	0.014,202	GPD	Daily	1			
Carbonaceous Bio	ochemical Oxy	gen Demand (C	BOD5)			30	11.2 mg/l						
Total Suspended	Solids (TSS)					45	24.1 mg/l		1				
Fecal Coliform Bacteria (FCB)					4	4,000	< 5.0	< 5.0 colonies/100m		ith			
рН					6.	0 - 9.0	7.4	7.4 s.u.		1	or to the 15th of the following Month		
Total Phosphorus (TP)					RE	EPORT	10.4	mg/l	7				
Total Kjeldahl Nitr	ogen (TKN)	··			RE	EPORT	57.4	mg/l		7			
Ammonia Nitroger	n				RE	EPORT	55.3	mg/l	Cash somels once and succession				
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)					RE	EPORT	0.63	mg/l	Grab sample once per quar	ter			
Plant Available Nitrogen (PAN)					l .	EPORT	56.5	mg/l	7				
INFORMATION Kathy Bartlett IMMEDIATELY R INFORMATION IS T					ION SUBMITTED HERE Y RESPONSIBLE FOR S TRUE, ACCURATE, A	ER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE IN SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SIGNATURE OF COGNIZAN SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND							
TIPED OR PRINTED							6/15/2020						
COMME	NTS AND EX	PLANATION C	F VIOLATIC	NS (Re	erence all attachmen	ts here)							
	*	LOADING RAT	TE BY ZONE			1					***************************************		
Zone 1 2367 Zone 5 2367					1								
Zone 2	2367	Zone 6	236	7		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: 2005020048

Customer Name : DEER HAVEN UTILITY LLC Customer/Permit No. : 1821 / 4908-WR-1

Report Date : 05/22/20

Sample Date : 05/14/20 Sample Time : 1240

Sample Type : GRAB

Sample From : DOSETANK/EFFLUENT

Collected By: TWM

Delivery By : TWM

Work Order : Purchase Order :

	1					
	Quality A	Assurance				
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	% RPD	% Recovery
05/14 1240 TWM	рH	7.4 S.U.	_	SM 2011 4500-H+ B	0.00	N/A
05/19 1300 TSB	Phosphorous, Total (as P)	10.40 mg/L		EPA 365.3	0.85	111.0 *
05/16 1430 TSB	Solids, Total Suspended	24.1 mg/L		SM 2011 2540 D	0.00	N/A *
05/14 1630 TSB	Fecal Coliform (MPN/100mL	< 5.0 /100ml		06/2012 Colilert18	0.00	n/A *
05/15 1200 TSB	BOD, Carbonaceous	11.2 mg/L	•	SM 2001 5210 B	18.78	81.0 *

* 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.

330,088

B

Environmental Services Company, Inc. Northwest Arkansas 1107 Century Street Springdale, Arkansas 72762

Fax: 479-750-1172

website: www.esclabs.com

Phone: 479-750-1170

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

> Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

	Project Information						Requested				Parameters							
Company Name:	Deer Haven Utility	Permit/Project #:														Г		
Address:	PO Box 127			Purchase Order #:						1				•		.		
Avoca Ar 72711												l .				'	1	
Telephone:	Sampler Name(s):			rnukTu				1			Ē							
Telephone:	/ - (///·			<u> </u>				1	'	(28	43				1			
		and Signatura(s):						İ		185.	E				1			
ESC Client Number:	1821		·	and Signature(s):							(25)	6	<u>ā</u>					
Sample Iden			Sample	Collection			Sample Containers				(23)	<u>a</u>	CBOD(70), TSS(28)	Fecal Coliform (43.IF				
Identification	ESC Control #	Date	Time	Туре	Matrix	Matrix Type		Volume Preservati		#	H (S)	Total P	8	639		 .		
Dose Tank/Effluent	2005020848		1240	GRAB	Water	Glass	150 ml			0	X	 -	۳	Щ.	_	┝─┤		-
Dose Tank/Effluent	1	11/1/20	i	GRAB					None, Cool [†]		 ^			 			$\vdash\vdash$	i-
Dose Tank/Effluent	 			GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pH<2		1	-	X	J		 	\vdash		-
Dose Tank/Effluent					Water	Plastic	1 qt None, Cool [†]			1			X		ļ			
Dose rankemuent				GRAB	Water	Sterile	125 ml	NaS₂O₄ C	ool	1				X		<u> </u>		
				 	<u> </u>			 						\square		\square		<u> </u>
	· · · · · · · · · · · · · · · · · · ·				ļ	<u> </u>		 						<u> </u>				
						·												
- .						<u> </u>								\square	·	\square		-
-				ļ		·				٠								_
Relinquished By: (Signature and Printed	Date	Time	Paraisad Bur /Si	anotum and Brinton	Nama	<u></u>	Date			Cuele				•				
	:	. Date Itilia		Received By: (Signature and Printed Name)			Date Time			Used	ody Se ?	N	ĺ	Intac	ct?			
Relinquished By: (Signature and Printed	. Date Time		Received By: (Signature and Printed Name)		Name)		Date Tim				round					_		
Relinquished By (Signature and Printed	Name)	, Date Time		Received for Lieb By: (Signature and Printed Na		Printed Name	e) Date		, Tim	1e	Regu Were	lar X				Special preserved:		Щ
Tylerher				Much Scool Bur		rentstook		B-14-20	1621	0		Yes X						
Comments:		FLOW DA	\TA	Field Test		Analy		Resu		Resu			Units	<u>; </u>				
	· · · · · · · · · · · · · · · · · · ·		Analyst: Time:	· ·	pH: Temp.:	1245	TW	4	7.	#	7.	4	°C		°F	_		
			Reading:	·	DO:								-			\dashv		
		Units:		Debris:	00			-	\dashv		\dashv				\dashv			
		<u> </u>		Chlorinated	? Yes No			This	Doc	ume	nt is	Paġ	۵.۱	of _)				

NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

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