

**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

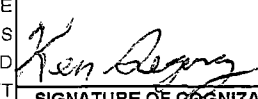
AFIN NO.

04-01681

WASTEWATER EFFLUENT MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
11/1/2018		11/30/2018	

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.149917	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	7,282	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	10.4	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	< 2	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	7.58	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 (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -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 12/5/2018

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

*** LOADING RATE BY ZONE**

Zone 1	1216.09	Zone 5	1216.09
Zone 2	1216.09	Zone 6	1216.09
Zone 3	1216.09		
Zone 4	1216.09		

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: 1811020063

Customer Name : DEER HAVEN UTILITY LLC

Customer/Permit No. : 1821 / 4908-WR-1

Report Date : 11/16/18

Sample Date : 11/09/18

Sample Time : 1440

Sample Type : GRAB DEER HAVEN

Sample From : DOSE TANK EFFLUENT

Collected By: JEW

Delivery By : JEW

Work Order :

Purchase Order :

Laboratory Analysis

Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method
11/09	1440	JEW	pH	7.4	S.U.		SM 2000 4500-H+ B
11/16	1415	TSB	Phosphorous, Total (as P)	7.580	mg/L		EPA 365.3
11/15	1200	TSB	Solids, Total Suspended	10.4	mg/L		SM 1997 2540 D
11/09	1645	TSB	Fecal Coliform (MPN/100mL)	< 2.0	/100mL		06/2012 Colilert18
11/09	1400	TSB	BOD, Carbonaceous	< 2.0	mg/L		SM 2001 5210 B
11/09		ESC	Sample Collection/Travel	1	each		

Quality Assurance

Precision	Accuracy
% RPD	% Recovery
2.63	N/A *
2.79	107.0 *
5.71	N/A *
0.00	0.0
14.67	98.3 *
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.



Carlsbad, New Mexico
575-887-1ESC

CHAIN OF CUSTODY

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