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

PERMITTEE NAME						E 2.35	PERMIT NO.						
First Asset Holding									4908-WR-2				
PERMITTEE ADDRESS PO Box 7 Ft Smith AR 72902								AFIN NO. 04-01681					
						MM/DD/ 11/1/2	MM/DD/YYYY 11/30/2018						
TREATED V	VASTEWATER EFF	LUENT SA	MPLING	•			* *.		· · · · · · · · · · · · · · · · · · ·	<u>;</u> ;			
Parameter					1	_imit	Sample Measurement	Units	Monitoring	R	eporting		
Flow, Monthi	y total					RE	PORT	0.149917	MG	Total Flow per calendar month			
Flow, daily m	aximum *					RE	PORT	7,282	GPD	Daily			
Carbonaceous Biochemical Oxygen Demand (CBOD5)					30 < 2 mg/i								
Total Suspen	ded Solids (TSS)						45	10.4	mg/l				
Fecal Coliform Bacteria (FCB)						4,000 < 2 colonies/100ml Grab Sample once per				Grab Sample once per month			
рн					6.0	0 - 9.0	7.4	7.4 s.u.		Prior to the 15th of the following Month			
Total Phosphorus (TP)						RE	PORT	7.58	mg/l]			
Total Kjeldahl Nitrogen (TKN)						RE	PORT	No Report	mg/l				
Ammonia Nitrogen						RE	PORT	No Report	mg/l	Grab sample once per quarter			
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)						REPORT No Report mg/l							
Plant Available Nitrogen (PAN)							PORT	No Report	mg/l]	1		
INFORMATION SUI						PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE IBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS SPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED							
INFORMATION IS TE				•		AM AWARE THAT THERE AR ICLUDING THE POSSIBILITY	SIGNATURE OF COGNIZANT C	FFICIAL	DATE				
TYPED OR PRINTED IMPRISONMENT.						TING FALSE	INFORMATION, IN	THE POSSIBILITY	OF FINE AND			12/5/2018	
co	MMENTS AND EXP	LANATION	OF VIC	LATIONS (Reference a	all attachmen	ts here)						
	·									·			
* LOADING RATE BY ZONE						, .	1						
Zone 1	1216.09	Zone 5		1216.09									

Zone 6

1216.09

1216.09

1216.09

1216.09

Zone 2

Zone 3

Zone 4

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 :

	Quality Assurance					
Analysis					Precision	Accuracy
<u>Date Time By</u>	Parameter	Result Notes	Quantity	Method	% RPD	% Recovery
11/09 1440 JEW	рH	7.4 S.U.		SM 2000 4500-H+ B	2.63	N/A *
11/16 1415 TSB	Phosphorous, Total (as P)	7.580 mg/L		EPA 365.3	2.79	107.0 *
11/15 1200 TSB	Solids, Total Suspended	10.4 mg/L		SM 1997 2540 D	5.71	N/A *
11/09 1645 TSB	Fecal Coliform (MPN/100mL	< 2.0 /100ml		06/2012 Colilert18	0.00	0.0
11/09 1400 TSB	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	14.67	98.3 *
11/09 ESC	Sample Collection/Travel	1 each			0.00	0.0 *

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.

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

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

CHAIN OF CUSTODY

Phone: 479-750-1170	Fax: 479-750-1172		GF	IAIN C	of Cu	510	UY								•		
	Project Information							Re	ques	sted	Parameters						
Company Name: Deer Haven Utility LLC					Permit/Project #:												
Address: PO Box 127				Purchase	Order #:												
	Avoca Ar 72711						<i>A</i> _b								Ì		
Telephone:		·····		Sampler Name(s): (2005)			1/) the Tower le) It					8	Ē				
Telephone:			· 	Sampler Name(s): James With, In wres le):1								TSS(28)	43	[]			
10.001.01.01			, , , , ,	and Signa			······			_	1		Ē				
ESC Client Number:	1821			Jana Oigna	itaro(o).					-	(25)	6	Coliform (43.IF)				
Sample Ide	······································	<u> </u>	Sample	Collection			Sample Containers				<u> </u>		ŭ				
Identification	Date Time		Type Matrix		Туре	Volume	Preservative #		# PH (23)		CBOD(70),	Fecal (
Dose Tank/Effluent	ESC Control #	11-9-18	1440	GRAB	Water	teflon	150 ml	None, C		1 X	$\overline{}$	19	-				_
Dose Tank/Effluent	101020062	77-1-10	7 7 7 6	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pl		11^	×	 	 	 			
Dose Tank/Effluent	 		 	 	 	+	 			1	 ^	+-	\vdash		\dashv		
Dose Tank/Effluent			 	GRAB	Water	Plastic	1 qt	None, Co			┼	. X	-		-		
Dose rank/Emdent		-V	1	GRAB	Water	Whirlpak	100 mi	NaS ₂ O ₄ C	2001.	1	+-	┼	X	\vdash			
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						 					-	-				-	
Relinguished By: (Signature and Print)	ed Name)	Date	Time	Received By: (S)	gnature and Printe	d Name)	<u> </u>	Date	Time	Cus	lody S	eals:					
Land Wilty -	11-9-18	1630	┪.						Use	d?		1	Intaci	?			
Relinquished By: (Signature and Printed Name) Relinquished By: (Signature and Printed Name) Date Time Time				Received By: (Si	Received By: (Signature and Printed Name)			Date Time		Türr	aroun ular	d;		Spec	ial F		
Relinquished By: (Signature and Printed Name) Date Time			Reserved for held By: (Signature and Printed Man		Ph ch	11-9.18	Date 18 1630		Were samples		properly preserv		ved:		_		
Comments:				MILLERY	SY (C) WO TA	II)UWW X	Field Test	<u> </u>	Analyst		Yes	Resi	ılt		No Jnits		_
Oommento.	1				Analyst:		pH:	1440	Here			7.2			J111(3		_
					Time:		Temp.:	1440	966		7.3	17.	3	(C)		F	_
					Reading: Units:		DO: Debris:			+-		├					_
	'Cool all samples to 6 d	egrees C.					Chlorinated	? Yes N	0	Thi	s Do	cume	nt is	Page	0	f	_

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