

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

PERMITTEE NAME
Deer Haven Utility
PERMITTEE ADDRESS
PO Box 9299 Fayetteville AR 72703

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
11/1/2020		11/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING					
Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.312,933	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.016,632	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.0	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	200.7	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	4	colonies/100ml		
pH	6.0 - 9.0	7.6	s.u.		
Total Phosphorus (TP)	REPORT	2.78	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)	REPORT		mg/l		
Plant Available Nitrogen (PAN)	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.		TELEPHONE
Kathy Bartlett		SIGNATURE OF COGNIZANT OFFICIAL	(479) 530-5926
TYPED OR PRINTED			DATE
12/14/2020			

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

* LOADING RATE BY ZONE					
Zone 1	2772	Zone 5	2772		
Zone 2	2772	Zone 6	2772		
Zone 3	2772				
Zone 4	2772				

NOV 2020 VILLAGES OF CROSS CREEK LOADING RATES

Daily Max

28,971

Zone Identification

GPD/sq 2

1

3274

2

3274

3

3274

4

3274

5

3274

6

3274

7

3100

8

3040

9

Not used

10

Combined with 8

11

3,187

12

Not used

13

Not used

14

Not used

15

Not used

16

Not used

17

Not used

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 #:						<div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">pH (23)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Total P (25)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CBOD(70), TSS(28)</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Fecal Coliform (43.1F)</div> </div>							
Address: PO Box 127				Purchase Order #:													
Avoca Ar 72711				Sampler Name(s):													
Telephone:				and Signature(s):													
ESC Client Number: 1821																	
Sample Identification		Sample Collection				Sample Containers											
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	pH (23)	Total P (25)	CBOD(70), TSS(28)	Fecal Coliform (43.1F)				
Dose Tank/Effluent	2010020052	11/12/20	14:25	GRAB	Water	Glass	150 ml	None, Cool [†]	0	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	Sterile	125 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:		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:		FLOW DATA		Field Test		Time	Analyst	Result	Result	Units							
		Analyst:		pH:		11/12/20	TH	7.6									
		Time:		Temp.:						°C °F							
		Reading:		DO:													
		Units:		Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page <u>1</u> of <u>1</u>							

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: 2011020032
Customer Name : DEER HAVEN UTILITY LLC
Customer/Permit No. : 1821 / 4908-WR-1
Report Date : 11/25/20

Sample Date : 11/12/20
Sample Time : 1425
Sample Type : GRAB
Sample From : EFFLUENT

Collected By: TWM
Delivery By : TWM
Work Order :
Purchase Order :

Laboratory Analysis

Analysis							<u>Quality Assurance</u>	
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Precision</u>	<u>Accuracy</u>
							<u>% RPD</u>	<u>% Recovery</u>
11/12	1430	TWM	pH	7.6 S.U.			0.00	N/A
11/16	1020	HNS	Phosphorous, Total (as P)	2.78 mg/L			0.00	104.0
11/12	1645	HNS	Solids, Total Suspended	20.7 mg/L			86.36	N/A *
11/12	1605	HNS	Fecal Coliform (MPN/100mL)	4.0 /100mL			0.00	N/A *
11/13	1200	TWM	BOD; Carbonaceous	< 2.0 mg/L			0.00	94.8

SM 2011 4500-H+ B
EPA 365.3
SM 2011 2540 D
06/2012 Colilert18
SM 2001 5210 B

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

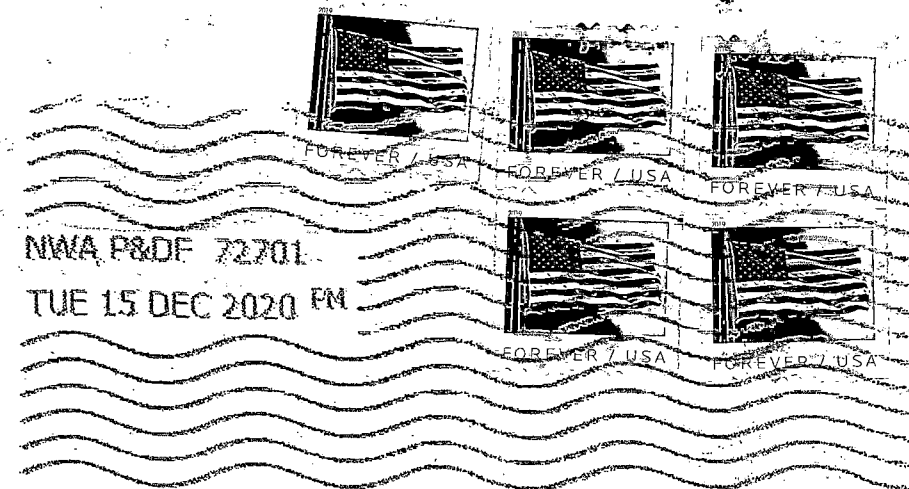
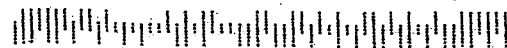
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of 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.

312933 14632

KNM



 **NWA Utility Services Inc**
PO Box 9299
Fayetteville, AR 72703

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