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

PERMITTEE NAME	1			PERMIT NO						
Deer Haven Utility			4908-WR-							
PERMITTEE ADDRESS			FACILITY ADDRESS							
PO Box 9299				AFIN NO. 04-01681						
Fayetteville AR 72703			5101051							
		WAS	!							
		MM/DD/YYYY	MM/DD/YYYY							
		10/1/2020			10/31/2020					
TREATED WASTEWATER EFFLUENT SAN	IPLING									
Parameter		Limit			Monitoring	Reporting				
Flow, Monthly total		REPORT	Total Flow per calendar month							
Flow, daily maximum *		REPORT	0.013,752	GPD	Daily					
Carbonaceous Biochemical Oxygen Demand (CBOD5)		30	< 2.0	mg/l						
Total Suspended Solids (TSS)		45	25.3	mg/i						
Fecal Coliform Bacteria (FCB)		4,000	< 1.0	< 1.0 colonies/100ml						
рН		6.0 - 9.0	7.5	s.u.		Prior to the 15th of the following Month				
Total Phosphorus (TP)		REPORT	8.38	mg/l						
Total Kjeldahl Nitrogen (TKN)		REPORT	55.3	mg/l]				
Ammonia Nitrogen		REPORT	46.2	mg/l	Grab sample once per quarter					
Nitrate Nitrogen (NO ₃ -N) + Nitrite Nitrogen (NO ₂ -N)		REPORT	0.88	0.88 mg/l						
Plant Available Nitrogen (PAN)		REPORT	49.8	mg/l						
NAME OF PRINCIPAL EXECUTIVE OFFICER			PERSONALLY EXAMINED AND AN	WITH THE	1 1 1/1) TELEPHON				
Kathy Bartlett	IMMEDIATELY F	N SUBMITTED HEREIN; AND BASE RESPONSIBLE FOR OBTAINING TH	KMWMet-							
I I			E. I AM AWARE THAT THERE ARE ON, INCLUDING THE POSSIBILITY O	SIGNATURE OF COGNIZANT O	FFICIAL DATE					
TYPED OR PRINTED		IMPRISONI				11/12/22020				
COMMENTS AND EXPLANATION (OF VIOLATIONS (Refer	ence all attachments here)								
	,									
* LOADING RA	TE BY ZONE		·····							
Zone 1 2292 Zone 5	2292									

2292

2292

2292

Zone 6

2292

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: 2010020049

Customer Name : DEER HAVEN UTILITY LLC

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

Report Date : 10/23/20

Sample Date : 10/15/20

Sample Time: 1430

Sample Type : GRAB

Sample From : DOSE TANK/EFFLUENT

Collected By: TWM Delivery By: TWM

Work Order :

Purchase Order :

	/	Quality P	ssurance		
Analysis			Precision	Accuracy	
Date Time By Parameter	Result Notes	Quantity Method	% RPD	% Recovery	
10/16 1500 HNS Ammonia as N, (HACH	10205) 46.20 mg/L	SM 2011 4500-NH3 F	0.19	103.0 *	
10/20 1050 TWM Total Kjeldahl Nitr		02/2014 HACH 10242	0.63	102.0	
10/15 1435 TWM pH	7.5 S.U.	SM 2011 4500-H+ B	0.00	N/A	
10/19 1130 HNS Phosphorous, Total	(as P) 8.38 mg/L	EPA 365.3	0.00	106.0 *	
10/19 0900 HNS Solids, Total Suspe	· · · · · · · · · · · · · · · · · · ·	SM 2011 2540 D	0.00	N/A *	
10/15 1715 HNS Fecal Coliform (MPN		06/2012 Colilert18	0.00	N/A *	
10/16 0900 TWM BOD, Carbonaceous	< 2.0 mg/L	SM 2001 5210 B	0.00	86.4 *	
10/20 1535 TWM Nitrate + Nitrite	0.88 mg/L	01/2013 HACH 10206	0.18	104.0	
10/21 1730 TWM Nitrogen, Plant Ava	ilable 49.8 mg/L	SM 1997 4500-N		•	

* 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.

KNN 381466 13768

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

website: www.esclabs.com

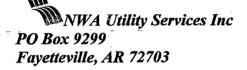


Corporate Office, Little Rock, Arkansas 501-221-2565

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Phone: 4/9-/50-11/0	Fax: 4/9-/50-11/2		<u> </u>	IAII C														
Client Information			Project Information						Requested				Par	ame	ters	;		
Company Name:	Deer Haven Utility LLC			Permit/Pro	rmit/Project #:													
Address:	PO Box 127			Purchase Order #:								9.6						
Avoca Ar 72711											6)7	<u>6</u>						
Telephone:			Sampler N	ame(s):	_h/	Lorent	The			7	۲	Y.						
Telephone:										15./	ဗ္ဗ	(28)	Ē					
			and Signature(s):						ž	Z	TSS(28),PAN(99.99)	4						
ESC Client Number:	1821		 															
Sample Iden	tification		Sample	Collection Sample Containers				25),	3	CBOD(70),	i iii	pH(23)						
Identification	ESC Control #	Date	Time	Туре	Matrix	Туре	Volume	Preservative		#	TP(-s-	G	<u>п.</u>)Hd			
Dose Tank/Effluent	2510020049	10/15/20	1430	GRAB	Water	Plastic	8 oz	H₂SO₄,pH<	2	1	Х	Х						
Dose Tank/Effluent	1	1	1	GRAB	Water	Plastic	1 qt	none/ice		1			Х					
Dose Tank/Effluent			7	GRAB	Water	Sterile	100 mi	none/ice		1				X				
Dose Tank/Effluent		1	\mathcal{L}	GRAB	Water	Glass .	8 oz	none/ice		0					X			
			,															
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Sig	d By: (Signature and Printed Name) Date Time Custody Seals		als:											
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Sig	gnature and Printed	Name)		Date	Tin		Tuma	round		!	111(64)		<u></u>	
		Received for Lab Bv: (Signature and Printed Name) Date Time				Regul	lar samp	X nes no		Spe								
Relinguished B! (Signature and Prized Name) Date Time (5)15/20 (750		Tauch	17 May						X	<u> </u>		No.						
Comments:					FLOW DA	ATA	Field Test	Time	Analy	_	Result		Result			Units		
					Analyst: pH: (435) How		7.	5	7.5									
					Time:		Temp.:		<u> </u>		<u> </u>		<u> </u>	°C °F				
					Reading:		DO:	ļ	ļ				<u> </u>		 			
UNS COLUMN COLUM				Units:	.	Debris:	10 1/22 1	<u> </u>		This	Doc		nt is	L_		of [
G:WP5 NFORMSICHAIN.XLSool all samples to 6 degrees C.					1		Chlorinated	i? Yes N	U		11115	DOC	unie	an is	rag	į	NI T	



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

