

**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 9/1/2018	MM/DD/YYYY 9/30/2018
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**TREATED WASTEWATER EFFLUENT SAMPLING**

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.158507	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	6,314	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	2.3	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	6	mg/l		
Fecal Coliform Bacteria (FCB)	4,000	< 4	colonies/100ml		
pH	6.0 - 9.0	6.4	s.u.		
Total Phosphorus (TP)	REPORT	9.5	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 ( NO3-N ) + Nitrite Nitrogen ( NO2-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.	 <b>SIGNATURE OF COGNIZANT OFFICIAL</b>	<b>TELEPHONE</b> (479) 530-5926
Ken Gregory			<b>DATE</b>
TYPED OR PRINTED			10/11/2018

**COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)**

* LOADING RATE BY ZONE						
Zone 1		1054.44	Zone 5		1054.44	
Zone 2		1054.44	Zone 6		1054.44	
Zone 3		1054.44				
Zone 4		1054.44				

# 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: 1809020092  
Customer Name : DEER HAVEN UTILITY LLC  
Customer/Permit No. : 1821 / 4908-WR-1  
Report Date : 09/20/18

Sample Date : 09/14/18  
Sample Time : 1148  
Sample Type : GRAB DEER HAVEN  
Sample From : DOSE TANK EFFLUENT

Collected By: BSW  
Delivery By : BSW  
Work Order :  
Purchase Order :

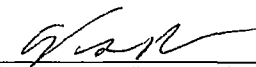
## Laboratory Analysis

Analysis							Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision
								% RPD
								% Recovery
09/14	1202	BSW	pH	6.4	S.U.		SM 2000 4500-H+ B	
09/17	1300	TSB	Phosphorous, Total (as P)	9.5	mg/L		EPA 365.3	3.88
09/18	1400	TSB	Solids, Total Suspended	6.0	mg/L		SM 1997 2540 D	4.55
09/14	1600	TSB	Fecal Coliform	< 4.0	/100ml		06/2012 Colilert18	0.00
09/14	1400	TSB	BOD, Carbonaceous	2.3	mg/L		SM 2001 5210 B	0.00
09/14	1158	BSW	Sample Collection/Travel	1	each			0.00

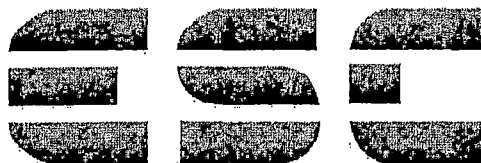
\* QA data shown is from a different sample or standard on the same date.

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.

Environmental Services Company, Inc.  
Northwest Arkansas  
1107 Century Street  
Springdale, Arkansas 72762  
website: [www.esclabs.com](http://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 #:					pH(23)	TP(25)	CBOD(70), TSS(28)	F. Coliform (43.1F)						
Address: PO Box 127						Purchase Order #:														
Avoca Ar 72711						Sampler Name(s): Baxter Woosley														
Telephone:						and Signature(s): [Signature]														
Telephone:																				
ESC Client Number: 1821																				
Sample Identification		Sample Collection				Sample Containers														
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#											
Dose Tank/Effluent	1809020092	9-14-18	1158	GRAB	Water	teflon	150 ml	none	1	x										
Dose Tank/Effluent	I	I	I	GRAB	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH<2	1		x									
Dose Tank/Effluent	I	I	I	GRAB	Water	Plastic	1 qt	none/ice	1			x								
Dose Tank/Effluent	I	I	I	GRAB	Water	Whirlpak	100 ml	none/ice	1				x							
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:												
[Signature] Baxter Woosley		9-14-18		[Signature]				Used? <input 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 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:												
				[Signature] James Brooks		9-14-18	1330	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units								
						Analyst:	pH: 6.4	1202	BSU											
						Time:	Temp: 28.5	1202	BSU				°C	°F						
						Reading:	DO:													
						Units:	Debris:													
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page 1 of 1										