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

·			HLY MONITORING R	EPUKI					
PERMITTEE NAME				PERMIT NO.					
Deer Haven Utility			Deer Haven Subdivis	SION			4908-WR-2		
PERMITTEE ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AFIN NO.					
PO Box 9299				04-01681					
Fayetteville AR 72703									
			TER EFFLUENT MONI	TORING PERI					
		MM/DD/YYYY			MM/DD/YYYY				
		9/1/2020			9/30/2020				
TREATED WASTEWATER EFFLUENT SA	MPLING		, v	8 g					
Parameter		Limit	Sample Measurement	Units	Monitoring	F	Reporting		
Flow, Monthly total		REPORT	0.321,232	MG	Total Flow per calendar month				
Flow, daily maximum *		REPORT	0.014,862	GPD	Daily				
Carbonaceous Biochemical Oxygen Demand (CBOD5)		30	< 2.0	mg/l					
Total Suspended Solids (TSS)		45	24.8 mg/l						
Fecal Collform Bacteria (FCB)		4,000	< 4.0	colonies/100ml	Grab Sample once per month				
рН		6.0 - 9.0	6,8 s.u.		1	Prior to the 15th of the following Month			
Total Phosphorus (TP)		REPORT	9.2	mg/l					
Total Kjeldahl Nitrogen (TKN)		REPORT		mg/l		1			
Ammonia Nitrogen		REPORT	mg/i						
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)		REPORT	mg/l		Grab sample once per quarter				
Plant Available Nitrogen (PAN)		REPORT	mg/l]				
NAME OF PRINCIPAL EXECUTIVE OFFICER	1	ER PENALTY OF LAW THAT I HAVE PERSON				L	TELEPHONE		
K-45 B41-4		N SUBMITTED HEREIN; AND BASED ON MY RESPONSIBLE FOR OBTAINING THE INFOR				(479) 530-			
Kathy Bartlett		TRUE, ACCURATE, AND COMPLETE. I AM A	0.0	NO. LANGE CO. CO. C.		5926 DATE			
TYPED OR PRINTED			INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND						
COMMENTS AND EXPLANATION	OF VIOLATIONS (Refer			L	10 10000	<u> </u>			
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* LOADING RA	ATE BY ZONE								
Zone 1 2477 Zone 5	2477						•		

Zone 2

Zone 3

Zone 4

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2477

Zone 6

2477

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: 2009020063

Customer Name : DEER HAVEN UTILITY LLC

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

Report Date : 09/16/20

Sample Date : 09/10/20 Sample Time: 1415

Sample Type : GRAB

Sample From : EFFLUENT

Collected By: TWM Delivery By : TWM

Work Order :

Purchase Order :

	Quality Assurance					
Analysis					Precision	Accuracy
Date Time By	<u>Parameter</u>	Result Notes	Quantity	Method	% RPD	<pre>% Recovery</pre>
09/10 1420 TWM	рн	6.8 S.U.		SM 2011 4500-H+ B	0.00	N/A
09/14 1030 HNS	Phosphorous, Total (as P)	9.20 mg/L		EPA 365.3	0.00	106.0 *
09/11 1300 HNS	Solids, Total Suspended	24.8 mg/L		SM 2011 2540 D	3.51	N/A *
09/10 1645 TWM	Fecal Coliform (MPN/100mL	< 4.0 /100ml		06/2012 Colilert18	0.00	N/A *
09/11 0730 TWM	BOD, Carbonaceous	< 2.0 mg/L		SM 2001 5210 B	0.00	86.9 *

* 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.

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 Parameter						ters	;		
Company Name:	pany Name: Deer Haven Utility LLC			Permit/Project #:			•											
Address:	PO Box 127			Purchase Order #:			•				1							
Avoca Ar 72711																	l .	
Telephone:				Sampler Name(s):		New Week Im							Ē					
Telephone:												TSS(28)	43.					
тысрнопе.			and Signature(s):									138	E		1			
ESC Client Number: 1821			and Signature(s).								25)	6	Coliform (43.1F)					
Sample Iden		1	Comple	Callaction		Sample Containers				(23)	Total P (25)	CBOD(70),	ပိ					
				Collection							1 (2	Stal	뎺	Fecal				
Identification	ESC Control #	Date	Time	Туре	Matrix	Type	Volume	Preserva	tive	#	Hd	Ĕ	ō	<u>"</u>		\rightarrow	—	_
Dose Tank/Effluent	2009020063	9/10/20	14:75	GRAB	Water	Glass	150 ml	None, Co	ool [†]	0	X					$ \bot $		
Dose Tank/Effluent	1	j		GRAB	Water	Plastic	8 oz	H ₂ SO ₄ ,pl	1<2	1		X		Ш				
Dose Tank/Effluent				GRAB	Water	Plastic	1 qt	None, Cool [†]		1			X		i			
Dose Tank/Effluent	1		ι	GRAB	Water	Sterile	125 ml	NaS₂O₄ Cool [†]		1				Х				
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Relinquished By: (Signature and Printed	Name)	Date	Time	Received By: (Signature and Printed Name)			Date	Tim	18	Custo	ody Se						┪	
Relinquished By; (Signature and Printed Name) Date		Date	Time	Received By: (Signature and Printed Name)		Name)	Date		Tim			Jsed? N Intact?					4	
			(Gignatale and Fillied Harris)		·			• • • • • • • • • • • • • • • • • • • •	Reg			X		Spec	ial [\neg		
Relinquished By (Signature and Printed Name) Place Week M Date Time 2/6/23 /6/3		/6/3	Received for Lab By: (Signature and Printed Name)))	Date 9/10/20	Time			Were samples properly				/ preserved: No				
Comments:					Field Test		Analy	nalyst Res			Resu							
V			Analyst: Time:			pH: Temp.:	14:20	70	7h i		8	6.	6.8 °C			°F	\Box	
					Reading:		DO:		 			-		\dashv	-		<u></u>	\dashv
HAIS					Units:		Debris:											
^T Cool all samples to 6 degrees C.					Chlorinated? Yes No This Document is Page				<u>; </u>	of	. \square							













NWA Utility Services Inc PO Box 9299 Fayetteville, AR 72703

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