

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

<b>PERMITTEE NAME</b>
Sloan Estates POA, Inc.
<b>PERMITTEE ADDRESS</b>
PO Box 7797
Springdale, Ar 72766


<b>FACILITY NAME (IF DIFFERENT)</b>
Sloan Estates
<b>FACILITY ADDRESS</b>
5088 E Sagely
Fayetteville, Ar 72703

<b>PERMIT NO.</b>
4837-W
<b>AFIN NO.</b>
72-01074

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM.

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2017	TO 4/30/2017

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	7.2		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	10.2		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	15		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	92		N/100 ML	ONCE/ MONTH	GRAB
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	14		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> N) EFFLUENT GROSS VALUE	*****	12		MG/L	ONCE/ MONTH	GRAB
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE	*****	4		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	17		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW
		0.04	0.04			

NAME/TITLE 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
		MARK A DAVIS TYPED OR PRINTED	 501 888-0500 5/24/2017	AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

**From:** [Anderson, Alan](#)  
**To:** [Deardoff, Amy](#)  
**Subject:** FW: MMR for New Water systems in April  
**Date:** Thursday, May 25, 2017 3:33:17 PM  
**Attachments:** [BRN30055CB5022A\\_003097.pdf](#)

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Amy:

MMR's from New Water Systems

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**From:** Bryan Floyd [mailto:[Bryan@newwatersystems.com](mailto:Bryan@newwatersystems.com)]  
**Sent:** Thursday, May 25, 2017 2:31 PM  
**To:** Anderson, Alan  
**Subject:** MMR for New Water systems in April

Alan,

Attached are our MMR's for the month of April.

Thanks  
Bryan

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