

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

PERMITTEE NAME
Sloan Estates POA, Inc.
PERMITTEE ADDRESS
PO Box 7797
Springdale, Ar 72766

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

PERMIT NO.
4837-W
AFIN NO.
72-01074

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

WASTEWATER EFFLUENT MONITORING PERIOD	
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 ₃ N) EFFLUENT GROSS VALUE	*****	12		MG/L	ONCE/MONTH	GRAB
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -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.			TELEPHONE	DATE	
MARK A DAVIS				501	888-0500	5/24/2017
TYPED OR PRINTED				AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)						


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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](#)

Amy:

MMR's from New Water Systems

From: Bryan Floyd [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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