

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

**PERMITTEE NAME**  
Sloan Estates Property Owners Association

**FACILITY NAME (IF DIFFERENT)**  
Sloan Estates Subdivision

**PERMIT NO.**  
4837-WR-2

**PERMITTEE ADDRESS**  
PO Box 10918  
Fayetteville AR 72703

**FACILITY ADDRESS**  
5088 E Sagely Lane  
Fayetteville AR 72703


**AFIN NO.**  
72-01074

**WASTEWATER EFFLUENT MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
4/1/2016	4/30/2016

**TREATED WASTEWATER EFFLUENT SAMPLING**

PARAMETER	Limit	Sample Measurement	UNITS	Monitoring	Reporting
Flow, Monthly total	REPORT	0.130595	MGD	Grab Sample once per month	Prior to the 15th of the following Month
Flow, daily maximum	REPORT	0.005075	MGD		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	15	< 2	mg/l		
Total Suspended Solids (TSS)	15	3	mg/l		
Fecal Coliform Bacteria (FCB)	10,000	68	colonies/100ml		
pH	6.0 - 9.0	6.8	s.u.		
Total Kjeldahl Nitrogen (TKN)	REPORT	10.18	mg/l		
Ammonia Nitrogen	REPORT	5.6	mg/l		
Nitrate Nitrogen	REPORT	9.53	mg/l		
Nitrite Nitrogen	REPORT	0.05	mg/l		
Plant Available Nitrogen (PAN)	REPORT	16.6	mg/l		
Total Phosphorus (TP)	REPORT	7.6	mg/l		
Total Solids	REPORT	0.031	Percentage (%)		
Loading Rate	REPORT	see attached	gpd/ft <sup>2</sup>		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kathy Bartlett TYPED OR PRINTED	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
			(479) 530-5926	5/5/2016 MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)



April 2016 is our last month we will be operating the Sloan Estates WWTP. We feel it is appropriate that the new operator calculate and decide what the loading rates are for each zone and what he will be reporting.

Thank you

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Thank you,

Tom Bartlett  
Aqua Tech Systems

# 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: 1604020246  
 Customer Name : SLOAN ESTATES UTILITY LLC  
 Customer/Permit No. : 1678 / 4837-WR-2  
 Report Date : 04/29/16

Sample Date : 04/20/16  
 Sample Time : 1044  
 Sample Type : GRAB  
 Sample From : EFFLUENT

Collected By: VLP  
 Delivery By : VLP  
 Work Order :  
 Purchase Order :

### Laboratory Analysis

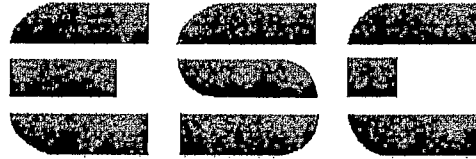
Analysis			Laboratory Analysis				Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
04/22	1615	TSB	Ammonia Nitrogen	5.6 mg/L			SM 1997 4500-NH3 F	0.70	101.8 *
04/27	0900	TSB	Kjeldahl Nitrogen Total	10.18 mg/L			SM 1997 4500-NorgB	5.00	97.9 *
04/25	1200	CLS	Nitrate Nitrogen	9.53 mg/L			SM 2000 4500-NO3 E	1.76	100.0 *
04/20	1515	TSB	Nitrite Nitrogen	0.050 mg/L			SM 2000 4500 NO2 B	0.49	100.5 *
04/20	1045	VLP	pH	6.8 S.U.			SM 2000 4500-H+ B	0.00	N/A *
04/24	2330	CLS	Phosphorous, Total (as P)	7.6 mg/L			EPA 365.3	0.00	100.0 *
04/24	2230	CLS	Solids, Total Suspended	3.0 mg/L			SM 1997 2540 D	0.00	N/A
04/20	1605	TSB	Coliform, Fecal	68 /100ml			SM 9222 D 1997	0.00	N/A *
04/20	1320	TSB	BOD, Carbonaceous	< 2.0 mg/L			SM 2001 5210 B	10.20	94.8 *
04/27	0900	CLS	Solids, % Total by mass	0.031 %			SM 1997 2540 G	0.00	N/A
04/28	1100	TSB	Nitrogen, Plant Available	16.6 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 Richard Brown  
 Environmental Services Co., Inc.

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 Parameters								
Company Name: Sloan Estates Utility LLC						Permit/Project #:					pH(23) Fecal Coliform(43) CBO(70), TSS(28), NO2(19) PAN(99.99), %Solids(82) TKN(16.A), NO3(18) NH3(15.A), Phos(25)								
Address: 1849 Trillium Lane						Purchase Order #:													
Fayetteville, Ar 72704						Sampler Name(s): <i>V.L.P. Ate</i>													
Telephone: (479)936-0333 (Cell)						and Signature(s): <i>[Signature]</i>													
FAX:																			
ESC Client Number: 1678																			
Sample Identification		Sample Collection				Sample Containers													
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#										
EFFLUENT	1604020244	4/20/16	10:44	Grab	Water	Teflon	150 ml	none	1	X									
EFFLUENT				Grab	Water	whirlpak	300 ml	none/ice	1		X								
EFFLUENT				Grab	Water	Plastic	1 qt	none/ice	1			X	X						
EFFLUENT				Grab	Water	Plastic	8 oz	H <sub>2</sub> SO <sub>4</sub> , pH <2	1					X	X				
Relinquished By: (Signature and Printed Name) <i>[Signature]</i> V.L.P. Ate		Date	Time	Received By: (Signature and Printed Name) <i>[Signature]</i>		Date	Time	Custody Seals:		Used? <input checked="" 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 checked="" type="checkbox"/>		Special <input type="checkbox"/>							
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name) <i>[Signature]</i>		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>							
Comments:						FLOW DATA	Field Test	Time	Analyst	Result	Result	Units							
						Analyst:	pH:	1045	9/89	6.8	6.8								
						Time:	Temp.:					°C °F							
						Reading:	DO:												
						Units:	Debris:												
Cool all samples to 6 degrees C.						Chlorinated? Yes No				This Document is Page ___ of ___									