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

PERMITTEE NAME	FACILITY NAME (IF DIFFERENT)	PERMIT NO.
Sloan Estates POA, Inc.	Sloan Estates	4837-W

PERMITTEE ADDRESS	FACILITY ADDRESS	AFIN NO.
PO Box 7797 Springdale, Ar 72766	5088 E Sagely Fayetteville, Ar 72703	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	8/1/2019	TO	8/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	******	7		MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	7.4		MG/L	ONCE/ MONTH	GRAB
PH EFFLUENT GROSS VALUE	6 to 9	7.4		S.U.	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	11		MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	>4839		N/100 ML	ONCE/ MONTH	GRAB
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	******	50		MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS NH$_3$N) EFFLUENT GROSS VALUE	******	38		MG/L	ONCE/ MONTH	GRAB
NITROGEN, NITRATE + NITRITE (AS NO$_3$N + NO$_2$-N) EFFLUENT GROSS VALUE	******	1		MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	******	43		MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	******	MONTHLY TOTAL 0.006	DAILY MAX 0.006	MGD	ONCE/ MONTH	TOTAL FLOW

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			501	888-0500	9/24/2019
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

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

ADEQ Form

Revised December 13, 2005