

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-WR-2
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 8/1/2020	TO 8/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	8.1	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	< 3.4	MG/L	ONCE/ MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	7.0	S.U.	ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	22.2	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	< 1	N/100 ML	ONCE/ MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	42.0	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	39.7	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, NITRATE (AS NO ₃ N) EFFLUENT GROSS VALUE	*****	0.9	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, NITRITE (AS NO ₂ -N) EFFLUENT GROSS VALUE	*****	< 0.1	MG/L	ONCE/ MONTH	GRAB	
TOTAL SOLIDS EFFLUENT GROSS VALUE	*****	0.16	%	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	41.3	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW
		0.275342	0.008882			
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
David A. Meints				501 821 3837	9/27/20	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality
Office of Water Quality – Enforcement Branch
5301 Northshore Drive
North Little Rock, AR 72118

RE: Permit No: 4837-WR-2 Discharge Number: 001

Facility: Sloan Estates POA, Inc.

Address: 5088 E. Sagely

City: Fayetteville State: AR Zip: 72703

Contact: David Meints Phone: (501)821-3837

Date of Non-Compliance	Parameter Exceeded	Quantity or Loading	Quality or Concentration	Permit Limits
8/4/20	TSS max		30.8	15

We feel this problem was due to:

~~We are working on removing the settled solids in the dose tank and moving the pumps off of the bottom of the tank. We feel we are fighting a losing battle with the TSS if we are pulling from a settled blanket of solids.~~

We plan on correcting the problem in this manner:

~~We pumped out the dose tank this month, pumper was not able to get all the solids. We plan to add a transfer pump to move the settled solids from the dose tank back to the beginning of the WWTP to alleviate this issue, or give us a better chance of meeting TSS limits.~~

Time estimated that it will take to correct problem:

~~We plan to have this remedied by 10/30/2020~~

Sincerely,

David A. Meints 

09/22/2020

Submitted By:

Date

☒ Submitted electronically via NetDMR

Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Revised March 2016)

From: [Terri Blevins](#)
To: [Deardoff, Amy](#)
Cc: [David Meints](#)
Subject: August MMR's
Date: Thursday, October 1, 2020 8:32:55 AM
Attachments: [Sloan MMR Aug 20 1.pdf](#)
[Homestead MMR Aug 20 1.pdf](#)
[Hilltop MMR Aug 20 1.pdf](#)
[Horsebend MMR Aug 20 1.pdf](#)
[Bergman MMR Aug 20 1.pdf](#)
[Loves Alma MMR Aug 20 1.pdf](#)
[Estern Park MMR Aug 20 1.pdf](#)

Amy,

Here are the MMR's for our sites in NW AR. Let me know if you need anything else.

Thanks,

Terri Blevins

Meinco, Inc.

501-804-0837