

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 12/1/2018	TO 12/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	7.18	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	18.7	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	7.3	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	28	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	*****	63	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	56	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	0	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	59	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		0.007	0.007			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARK A DAVIS 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
			501	888-0500	1/11/2019
			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: Sloan Estates

PERMIT: 4837-W

REPORTING PERIOD: 12/1/2018-12/31/2018

REPORT DATE: 1/03/19

<u>PARAMETER (S)</u>	<u>NPDES</u> <u>MIN</u>	<u>NPDES</u> <u>AVG</u>	<u>NPDES</u> <u>MAX</u>	<u>RESULT</u> <u>REPORTED</u>	<u>DATE OF</u> <u>EXCURSION</u>
TSS			15	28	12/19/2018
CBOD			15	19	12/19/2018

COMMENTS:

Will check and clean our sample ports, and discharge tank

SIGNATURE

TITLE

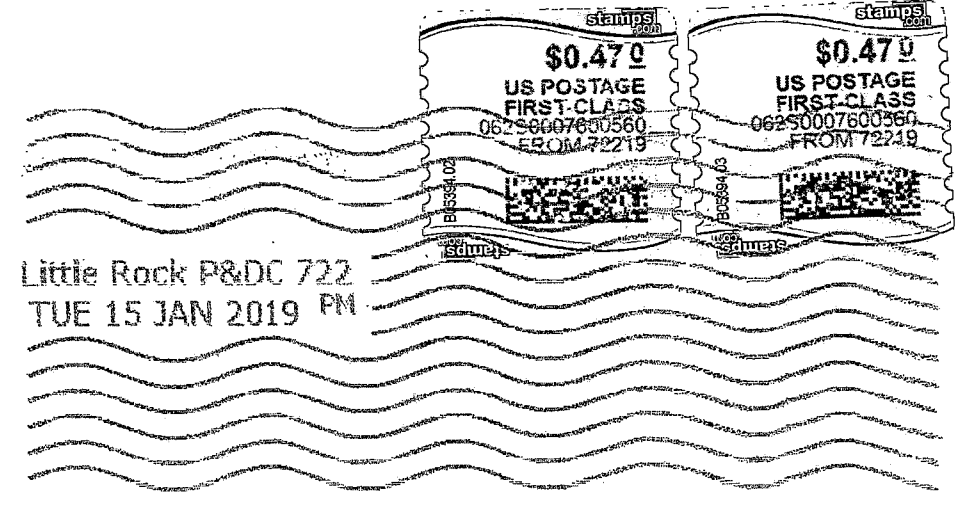
DATE



cognizant official

1/11/2018

New Water Systems
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Little Rock, AR. 72219



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Enforcement Section/Water Division
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