

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 1/1/2017	TO	1/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING												
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE							
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	23	MG/L	ONCE/MONTH	GRAB							
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	45.4	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	12.5	MG/L	ONCE/MONTH	GRAB							
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	16,613	N/100 ML	ONCE/MONTH	GRAB							
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	28	MG/L	ONCE/MONTH	GRAB							
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	27.8	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	*****	28	MG/L	ONCE/MONTH	GRAB							
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW						
		0.006	0.006									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</td> <td style="width: 80%;">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.</td> </tr> <tr> <td>MARK A DAVIS</td> <td></td> </tr> <tr> <td>TYPED OR PRINTED</td> <td></td> </tr> </table> </div> <div style="width: 45%; text-align: center;"> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT </div> </div>				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.	MARK A DAVIS		TYPED OR PRINTED		TELEPHONE		DATE
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.											
MARK A DAVIS												
TYPED OR PRINTED												
501	888-0500	2/24/2017										
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: 1/1/2017-1/31/2017

REPORT DATE: 1/25/17

<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>
Fecal			10000	16,613	1/18/2017
BOD, Carbonaceous			15	45	1/18/2017

COMMENTS:

Engineer is completing corrective action plan.

SIGNATURE

TITLE

DATE



cognizant official

2/24/2017

From: [Anderson, Alan](#)
To: [Deardoff, Amy](#)
Subject: FW: January MMR"s
Date: Monday, February 27, 2017 9:21:58 AM
Attachments: [BRN30055CB5022A_002084.pdf](#)

Amy:

MMR's from Newwater Systems

From: Bryan Floyd [mailto:Bryan@newwatersystems.com]
Sent: Monday, February 27, 2017 8:38 AM
To: Anderson, Alan
Subject: January MMR's

Alan,

Attached are our MMR's.

Thanks
Bryan

This email has been scanned for email related threats and delivered safely by Mimecast.
For more information please visit <http://www.mimecast.com>
