

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

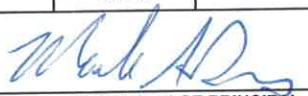
PERMITTEE NAME
Sloan Estates POA, Inc.
PERMITTEE ADDRESS
PO Box 7797 Springdale, Ar 72766

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 1/1/2018	TO 1/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING								
PARAMETER		PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	EFFLUENT	*****	6.5	MG/L	ONCE/MONTH	GRAB		
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	39.15	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	11.25	MG/L	ONCE/MONTH	GRAB		
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		10,000	6,000	N/100 ML	ONCE/MONTH	GRAB		
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		*****	43	MG/L	ONCE/MONTH	GRAB		
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE		*****	42.6	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		*****	44	MG/L	ONCE/MONTH	GRAB		
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW	
			0.008	0.008				
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	
MARK A DAVIS					 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	501	888-0500	2/23/2018
TYPED OR PRINTED						AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)								

From: [Rogers, Adriane](#)
To: [Hanson, Linda](#); [Deardoff, Amy](#)
Subject: 0010-UR-4: Proof of Public Notice and Payment
Date: Monday, February 26, 2018 1:54:33 PM
Attachments: [2018-02-26 Proof of Public Notice and Payment.pdf](#)

Hi Linda and Amy,

Please see attached.

Kind Regards,

Adriane Rogers
Great Lakes Chemical Corporation,
A Company of the LANXESS Group
Environmental Manager

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