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

MM/DD/YYYY

| PERMITTEE NAME         |  |
|------------------------|--|
| Sloan Estates POA Inc. |  |
| PERMITTEE ADDRESS      |  |
| PO Box 7797            |  |
| Springdale, AR 72766   |  |

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS

| FACILITY NAME (IF DIFFERENT)          |  |
|---------------------------------------|--|
| Sloan Estates                         |  |
| FACILITY ADDRESS                      |  |
| 5088 E Sagely                         |  |
| Fayetteville, AR 72703                |  |
| WASTEWATER EFFLUENT MONITORING PERIOD |  |

PERMIT NO. 4837-WR-2 AFIN NO. 72-01074

| FUTURE USE. SUBMIT LAB ANALYSES WITH THIS  | IVIIVI/DD/TTTT  | MIM/DD/YYY                                      | Y           |                       |             |
|--|---|---|-------------|-----------------------|-------------|
| FORM.  | FROM 7/1/2020   | TO 7/31/2020                                    | )           |                       |             |
|  | TREATED WASTEWATE   | ER EFFLUENT SAMPLING                            |             |                       |             |
| PARAMETER  | PERMIT REQUIREMENT  | SAMPLE MEASUREMENT                              | UNITS       | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
| PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE   | ****  | 7.9   | MG/L        | ONCE/<br>MONTH        | GRAB        |
| CBOD, 5-DAY (20 DEG. C)<br>EFFLUENT GROSS VALUE  | 15  | 7.6   | MG/L        | ONCE/<br>MONTH        | GRAB        |
| PH<br>EFFLUENT GROSS VALUE   | 6 to 9  | 7.3   | S.U.        | ONCE/<br>MONTH        | GRAB        |
| SOLIDS, TOTAL SUSPENDED<br>EFFLUENT GROSS VALUE  | 15  | 22.8  | MG/L        | ONCE/<br>MONTH        | GRAB        |
| COLIFORM, FECAL GENERAL<br>EFFLUENT GROSS VALUE  | 10,000  | < 10  | N/100 ML    | ONCE/<br>MONTH        | GRAB        |
| NITROGEN, TOTAL KJELDAHL (AS TKN)<br>EFFLUENT GROSS VALUE  | ****  | 45.6  | MG/L        | ONCE/<br>MONTH        | GRAB        |
| NITROGEN, AMMONIA TOTAL (AS NH₃N)<br>EFFLUENT GROSS VALUE  | ****  | 38.3  | MG/L        | ONCE/<br>MONTH        | GRAB        |
| NITROGEN, NITRATE (AS NO₃N)<br>EFFLUENT GROSS VALUE  | ****  | 1.1   | MG/L        | ONCE/<br>MONTH        | GRAB        |
| NITROGEN, NITRITE (AS NO₂-N)<br>EFFLUENT GROSS VALUE   | ****  | < 0.1   | MG/L        | ONCE/<br>MONTH        | GRAB        |
| TOTAL SOLIDS<br>EFFLUENT GROSS VALUE   | *****   | 0.04  | %           | ONCE/<br>MONTH        | GRAB        |
| PLANT AVAILABLE NITROGEN (AS PAN)<br>CALCULATED VALUE  | *****   | 41.6  | MG/L        | ONCE/<br>MONTH        | GRAB        |
| FLOW, THRU CONDUIT OR TREATMENT UNIT<br>EFFLUENT GROSS VALUE                                     | *****   | MONTHLY TOTAL DAILY MAX 0.224428 0.007240       | MGD         | ONCE/<br>MONTH        | TOTAL FLOW  |
|  | THAT I HAVE PERSONALLY EXAMINED AN  | 1   | ^           | TELEPHONE             | DATE        |
| IMMEDIATELY RESPONSIBLE FOR OR INFORMATION IS TRUE, ACCURATE, AND PENALTIES FOR SUBMITTING FALSE | AND BASED ON MY INQUIRY OF THO<br>BTAINING THE INFORMATION, I BELIEVE<br>ND COMPLETE. I AM AWARE THAT THERE.<br>INFORMATION, INCLUDING THE POSSIBILIT | THE SUBMITTED Dea.  ARE SIGNIFICANT SIGNATURE O | F PRINCIPAL | 501 821-3837          | 8/20/20     |
| TYPED OR PRINTED IMPRISONMENT.   |   | TY OF FINE AND EXECUTIVE O                      |             | AREA NUMBER           | MM/DD/YYYY  |
| COMMENTS AND EXPLANATION OF VIOLATIONS (Reference  | all attachments here)   | AUTHORIZE                                       | -D AGENT    |                       |             |

## **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                        | s POA, Inc.                    |                      |                          |              |  |  |
| Address: 5088 E. Sage                          | ely                            |                      |                          |              |  |  |
| City: Fayetteville                             |                                | State: AR            | <b>Zip:</b> 72703        |              |  |  |
| Contact: David Meints                          |                                | Phone: (501)821-3837 |                          |              |  |  |
|  |                                |                      |                          |              |  |  |
| Date of<br>Non-Compliance                      | Parameter Exceeded             | Quantity or Loading  | Quality or Concentration | Permit       |  |  |
| 7/7/20   | TSS max                        | Loading              | 22.8                     | Limits<br>15 |  |  |
|  |                                |                      |                          |              |  |  |
|  |                                |                      |                          |              |  |  |
|  | tank needs to                  |                      | a out.                   |              |  |  |
|  | e ore to purpo                 | at duke to           | LC,                      |              |  |  |
|  | it will take to correct proble |                      |                          |              |  |  |
| Sincerely,  Dela Submitted By:                 |                                | 08/1                 | 3/210                    |              |  |  |
| 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)

Terri Blevins From: Deardoff, Amy To: Subject: MMR"s

Date: Thursday, August 20, 2020 3:51:06 PM

Attachments:

Bergman MMR July 2020 1.pdf
Eastern Park MMR July 2020 1.pdf
Hilltop MMR July 2020 1.pdf
Homestead MMR July 2020 1.pdf
Horsebend MMR July 2020 1.pdf

Loves MMR July 2020 1.pdf Sloan MMR and Non Compliance July 2020 1.pdf

Here you go!

Jerri Blevins Meinco, Unc. 501-804-0837