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

	PERMITTEE NAME
	Sloan Estates POA, Inc.
1-1-6	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	6/1/2018	ТО	6/30/2018					

TREATED WASTEWATER EFFLUENT SAMPLING										
PARA	AMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE		*****	8.5	MG/L	ONCE/ MONTH	GRAB				
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	10	MG/L	ONCE/ MONTH	GRAB				
PH EFFLUENT GROSS VALUE		6 to 9	7.4	S.U.	ONCE/ MONTH	GRAB				
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE		15	21.7	MG/L	ONCE/ MONTH	GRAB				
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		10,000	5,923	N/100 ML	ONCE/ MONTH	GRAB				
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		****	54	MG/L	ONCE/ MONTH	GRAB				
NITROGEN, AMMONIA TOTAL (AS NH₃N) EFFLUENT GROSS VALUE		*****	53	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		*****	54	MG/L	ONCE/ MONTH	GRAB				
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		****	MONTHLY TOTAL DAILY MA 0.005 0.005	MGD	ONCE/ MONTH	TOTAL FLOW				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MARKET COMMENT OF THE COMPANY OF THE COMMENT OF THE COMPANY OF THE	HAVE PERSONALLY EXAMINED AND AM WITH THE		11	TELEPHONE	DATE				
INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE I IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE S			THE SUBMITTED ARE SIGNIFICANT SIGNATURE	OF PRINCIPAL	501 888-0500	7/24/2018				
TYPED OR PRINTED PENALTIES FOR SUBMITTING FALSE INFORMA IMPRISONMENT.		MATION, INCLUDING THE POSSIBILIT		E OFFICER OR IZED AGENT	AREA CODE NUMBER	MM/DD/YYYY				
COMMENTS AND EXPLANATION	N OF VIOLATIONS (Reference all att	achments here)								

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

From: Anderson, Alan
To: Deardoff, Amy

Subject: FW: June MMR"s for New Water Systems

Date: Monday, July 30, 2018 2:42:17 PM

Attachments: BRW30F772170A03_006232.pdf

Hi Amy:

Attached are June's MMRs for New Water Systems client facilities. I have already placed the non-compliance reports on the e:drive so you can delete them .

Thanks

Alan

From: Bryant Floyd [mailto:bryan@newwatersystems.com]

Sent: Monday, July 30, 2018 9:18 AM

To: Anderson, Alan

Subject: June MMR's for New Water Systems

Alan,

Attached are our June MMR's.

Thanks Bryan