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
 6/1/2019
 TO
 6/30/2019

PARAMETER		PERMIT REQUIREMENT	SAMPLE MEASUREMEN	T UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	•		8.2	MG/L	ONCE/ MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	17.9	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	14	MG/L	ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE		10,000	>24196	N/100 ML	ONCE/ MONTH	GRAB
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE		****	48	MG/L	ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS NH₃N) EFFLUENT GROSS VALUE		****	47	MG/L	ONCE/ MONTH	GRAB
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE		*****	1	MG/L	ONCE/ MONTH	GRAB
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		****	49	MG/L	ONCE/ MONTH	GRAB
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE		****	MONTHLY TOTAL DAILY N 0.02 0.02	MGD	ONCE/ MONTH	TOTAL FLOW
		I HAVE PERSONALLY EXAMINED AN BASED ON MY INQUIRY OF THO	· / /	10	TELEPHONE	DATE
MARK A DAVIS	IATELY RESPONSIBLE FOR OBTAIN MATION IS TRUE, ACCURATE, AND CO	IING THE INFORMATION, I BELIEVE OMPLETE. I AM AWARE THAT THERE A	THE SUBMITTED // LINE ARE SIGNIFICANT SIGNATU	RE OF PRINCIPAL	501 888-0500	7/15/2019
TYPED OR PRINTED PENALTIES FOR SUBMITTING FALSE INFORM/ IMPRISONMENT.		l l		IVE OFFICER OR DRIZED AGENT	AREA NUMBER	MM/DD/YYYY

REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: Sloan Estates

PERMIT: 4837-W

REPORTING PERIOD: 6/1/2019-6/30/2019

REPORT DATE: 6/26/19

	NPDES	NPDES	NPDES	RESULT	DATE OF
PARAMETER (S)	<u>MIN</u>	<u>AVG</u>	MAX	<u>REPORTED</u>	EXCURSION
Fecal			10000	>24196	6/19/2019
CBOD			15	18	6/19/2019

COMMENTS:

We will check the pumps for propper operation and check the dose tank for solids

SIGNATURE

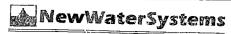
Muldly

TITLE

DATE

cognizant official

7/15/2019



New Water Systems, LLC 7915 Hwy 300 Roland, AR 72135



Arkansas Department of Environmental Quality Enforcement Section/Water Division 5301 Northshore Drive North Little Rock, Arkansas 72118