

**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

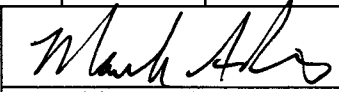
FACILITY NAME (IF DIFFERENT)
Sloan Estates
FACILITY ADDRESS
5088 E Sagely Fayetteville, Ar 72703

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 11/1/2018	TO 11/30/2018

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	7.2	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	22.2	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	7.5	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	9,678	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	57	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	55.6	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	*****	56	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		0.007	0.007			

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			501	888-0500	12/21/2018
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)