

**From:** [Terri Blevins](#)  
**To:** [Deardoff, Amy](#)  
**Subject:** Nov MMR"s  
**Date:** Wednesday, December 23, 2020 6:37:59 AM  
**Attachments:** [Bergman\\_MMR\\_Nov\\_20.pdf](#)  
[Cossatot\\_MMR\\_Nov\\_20.pdf](#)  
[East\\_End\\_Middle\\_MMR\\_Nov\\_20.pdf](#)  
[Eastern\\_Park\\_MMR\\_Nov\\_20.pdf](#)  
[Hilltop\\_Workmans\\_MMR\\_Nov\\_20-2.pdf](#)  
[Homestead\\_MMR\\_Nov\\_20.pdf](#)  
[Horsebend\\_MMR\\_Nov\\_20.pdf](#)  
[Loves\\_MMR\\_Nov\\_20.pdf](#)  
[Sloan\\_MMR\\_Nov\\_20.pdf](#)

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Amy,

Here are the MMR's for November. Let me know if you need anything else.

Thanks,

***Terri Blevins***

***Meinco, Inc.***

***501-430-0075***

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

<b>PERMITTEE NAME</b>
Sloan Estates POA Inc.
<b>PERMITTEE ADDRESS</b>
PO Box 7797 Springdale, AR 72766

<b>FACILITY NAME (IF DIFFERENT)</b>
Sloan Estates
<b>FACILITY ADDRESS</b>
5088 E Sagely Fayetteville, AR 72703

<b>PERMIT NO.</b>
4837-WR-2
<b>AFIN NO.</b>
72-01074

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

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>		
MM/DD/YYYY		MM/DD/YYYY
FROM 11/1/2020	TO	11/30/2020

TREATED WASTEWATER EFFLUENT SAMPLING							
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	6.1	MG/L	ONCE/ MONTH	GRAB		
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	2.9	MG/L	ONCE/ MONTH	GRAB		
PH EFFLUENT GROSS VALUE	6 to 9	7.2	S.U.	ONCE/ MONTH	GRAB		
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	8.3	MG/L	ONCE/ MONTH	GRAB		
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	< 10	N/100 ML	ONCE/ MONTH	GRAB		
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	31.0	MG/L	ONCE/ QUARTER	GRAB		
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> -N) EFFLUENT GROSS VALUE	*****	28.6	MG/L	ONCE/ QUARTER	GRAB		
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> -N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE	*****	2.8	MG/L	ONCE/ QUARTER	GRAB		
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	32.2	MG/L	ONCE/ QUARTER	GRAB		
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW	
		0.230130	0.007671				
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	
David A Meints				501	821-3837	12/22/2020	
TYPED OR PRINTED				AREA CODE	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)							

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WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
FROM 11/1/2020	TO	11/30/2020

<b>PERMIT NO.</b>
4837-WR-2

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72-01074

DRIP FIELD LOADING										
ZONE ID	MAXIMUM CAPACITY	UNITS	DAILY MAXIMUM FLOW	UNITS	TOTAL MONTHLY	UNITS	ZONE LOADING RATE LIMIT	UNITS	DAILY LOADING RATE (per zone)	UNITS
1	4,260.0	gpd	_____	gpd	_____	Gals	0.472	gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
2	4,270.0	gpd	_____	gpd	_____	Gals	0.472	gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
3	4,234.0	gpd	_____	gpd	_____	Gals	0.467	gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
4	1,863.0	gpd	_____	gpd	_____	Gals	0.205	gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
5	1,198.0	gpd	_____	gpd	_____	Gals	0.13	gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
6	1,669.0	gpd	_____	gpd	_____	Gals	0.178	gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>2</sup>	_____	gpd/ft <sup>2</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>3</sup>	_____	gpd/ft <sup>3</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>4</sup>	_____	gpd/ft <sup>4</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>5</sup>	_____	gpd/ft <sup>5</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>3</sup>	_____	gpd/ft <sup>3</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>4</sup>	_____	gpd/ft <sup>4</sup>
		gpd	_____	gpd	_____	Gals		gpd/ft <sup>5</sup>	_____	gpd/ft <sup>5</sup>

**MONTHLY TOTAL FLOW\***

\*This is the total amount of wastewater that was sent through the drip irrigation systems. Add all of your total monthly flow per zone to get the total.

Cognizant/Responsible Official	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		TELEPHONE	DATE
		Cognizant or Responsible Official Signature		
TYPED OR PRINTED			Area Code and Number	MM/DD/YYYY