

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

PERMITTEE NAME
Sloan Estates Property Owners Association

FACILITY NAME (IF DIFFERENT)
Sloan Estates Subdivision

PERMIT NO.
4837-WR-2

PERMITTEE ADDRESS
PO Box 10918
Fayetteville AR 72703


FACILITY ADDRESS
5088 E Sagely Lane
Fayetteville AR 72703

AFIN NO.
72-01074

WASTEWATER EFFLUENT MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
FROM 11/1/2015	11/30/2015

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	REPORT	3.9	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	17.8	MG/L	ONCE/ MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	6.7	S.U.	ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	13	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	REPORT	17.5	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	11,500	colonies/100ml	ONCE/ MONTH	GRAB	
TOTAL KJELDAHL NITROGEN EFFLUENT GROSS VALUE	REPORT	20.2	MG/L	ONCE/ MONTH	GRAB	
NITRATE NITROGEN EFFLUENT GROSS VALUE	REPORT	1.2	MG/L	ONCE/ MONTH	GRAB	
NITRITE NITROGEN EFFLUENT GROSS VALUE	REPORT	0.918	MG/L	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN EFFLUENT GROSS VALUE	REPORT	20.4	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	REPORT	MONTHLY TOTAL	DAILY MAX	GPD	ONCE/ MONTH	TOTAL FLOW
		145,980	6,635			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kathy Bartlett TYPED OR PRINTED	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
			479 530-5926	12/3/2015
			AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (*Reference all attachments here*) High CBOD5 due to recycle time not being adjusted for additional homes coming online. This has been addressed, and we will monitor. High Fecal is due to same reason. With higher recycle rate, we will get a better biological treatment. We will also monitor.

Environmental Services Company, Inc.

Corporate Office
 13715 West Markham
 Little Rock, AR 72211
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1511020242
 Customer Name : GREENFIELD CAP DEV-SLOAN EST.
 Customer/Permit No. : 1678 / 4837-WR-2
 Report Date : 11/24/15

Sample Date : 11/18/15
 Sample Time : 0815
 Sample Type : GRAB SLOAN
 Sample From : EFFLUENT

Collected By: WDS
 Delivery By : WDS
 Work Order :
 Purchase Order :

Laboratory Analysis

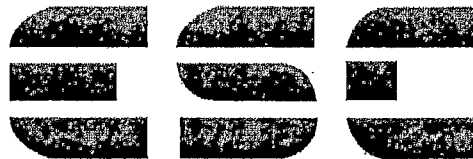
Analysis							Quality Assurance		
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
11/19	1600	TSB	Ammonia Nitrogen	17.5 mg/L			SM 1997 4500-NH3 F	1.03	100.2
11/23	1315	TSB	Kjeldahl Nitrogen Total	20.20 mg/L			SM 1997 4500-NorgB	0.00	100.3 *
11/23	1000	TSB	Nitrate Nitrogen	1.20 mg/L			SM 2000 4500-NO3 E	2.99	102.5 *
11/18	1630	TSB	Nitrite Nitrogen	0.918 mg/L			SM 2000 4500 NO2 B	1.36	104.2 *
11/18	0815	WDS	pH	6.7 S.U.			SM 2000 4500-H+ B	0.00	N/A *
11/23	0930	TSB	Phosphorous, Total (as P)	3.9 mg/L			EPA 365.3	1.80	104.2 *
11/19	1117	VLP	Solids, Total Suspended	13.0 mg/L			SM 1997 2540 D	44.44	N/A *
11/18	1535	VLP	Coliform, Fecal	11500 /100ml (b)			SM 1997 9222 D	0.00	N/A *
11/18	1200	TSB	BOD, Carbonaceous	17.8 mg/L			SM 2001 5210 B	2.73	92.6 *
11/20	1030	VLP	Solids, % Total by mass	0.030 %			SM 1997 2540 G	2.74	N/A *
11/24	1620	TSB	Nitrogen, Plant Available	20.4 mg/L			SM 1997 4500-N		

* QA data shown is from a different sample or standard on the same date.
 (b) Exceeds Permit Limits for Maximum Concentration

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature Richard Brown
 Environmental Services Co., Inc.

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



Corporate Office, Little Rock, Arkansas
 501-221-2565
 Carlsbad, New Mexico
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters					
Company Name: Greenfield Cap. Dev.-Sloan Estates				Permit/Project #:						pH(23)	Fecal Coliform(43)	CBOD(70), TSS(28), NO2(19)	PAN(99.99), %Solids(82)	TKN(16.A), NO3(18)	NH3(15.A), Phos(25)
Address: 1849 Trillium Lane Fayetteville, Ar 72704				Purchase Order #:											
Telephone: (479)936-0333 (Cell)				Sampler Name(s): Wade Schmitt											
FAX:				and Signature(s): <i>Wade Schmitt</i>											
ESC Client Number: 1678															
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
EFFLUENT	1511020242	11-18-15	8:15	Grab	Water	Teflon	150 ml	none	1	X					
EFFLUENT				Grab	Water	whirlpak	300 ml	none/ice	1		X				
EFFLUENT				Grab	Water	Plastic	1 qt	none/ice	1			X	X		
EFFLUENT				Grab	Water	Plastic	8 oz	H ₂ SO ₄ , pH <2	1				X	X	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Custody Seals:					
<i>Wade Schmitt</i>		11-18-15	9:45	<i>Samuel Brooks</i>						Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)				Date	Time	Turnaround:					
										Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name)		Date	Time	Received for Lab By: (Signature and Printed Name)				Date	Time	Were samples properly preserved:					
				<i>Samuel Brooks</i>				11/18/15	9:45	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Comments:				FLOW DATA		Field Test	Time	Analyst	Result	Result	Units				
				Analyst:		pH:	8:15	WDS	6.7						
				Time:		Temp.:	8:15	WDS	17.1		°C °F				
				Reading:		DO:									
				Units:		Debris:									
Cool all samples to 6 degrees C.								Chlorinated? Yes No		This Document is Page ___ of ___					