

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

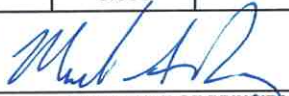
PERMITTEE NAME
Sloan Estates POA, Inc.
PERMITTEE ADDRESS
PO Box 7797
Springdale, Ar 72766

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 10/1/2017	TO 10/31/2017

TREATED WASTEWATER EFFLUENT SAMPLING								
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	6.6		MG/L	ONCE/MONTH	GRAB		
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	6.4		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	5.3		MG/L	ONCE/MONTH	GRAB		
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	>6000		N/100 ML	ONCE/MONTH	GRAB		
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	20		MG/L	ONCE/MONTH	GRAB		
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	19.9		MG/L	ONCE/MONTH	GRAB		
NITROGEN, NITRATE + NITRITE (AS NO ₃ N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	6		MG/L	ONCE/MONTH	GRAB		
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	26		MG/L	ONCE/MONTH	GRAB		
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW		
		0.006	0.006					
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	
MARK A DAVIS TYPED OR PRINTED					 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	501	888-0500	11/23/2017
						AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)								

From: [Anderson, Alan](#)
To: [Deardoff, Amy](#)
Subject: FW: MMR"s
Date: Thursday, November 30, 2017 2:47:21 PM
Attachments: [BRW30F772170A03_004525.pdf](#)

Hi Amy:

Here are MMRs from New Water

From: Bryant Floyd [mailto:bryan@newwatersystems.com]
Sent: Monday, November 27, 2017 4:01 PM
To: Anderson, Alan
Subject: MMR's

Alan,

Attached are the MMR's for New Water Systems.

Thanks
Bryan