

**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-W
<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 10/1/2018	TO	10/31/2018

TREATED WASTEWATER EFFLUENT SAMPLING								
PARAMETER		PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PHOSPHOROUS, TOTAL (AS P) GROSS VALUE	EFFLUENT	*****	7.25	MG/L	ONCE/MONTH	GRAB		
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		15	12.8	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		*****	55	MG/L	ONCE/MONTH	GRAB		
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> -N) EFFLUENT GROSS VALUE		*****	53.8	MG/L	ONCE/MONTH	GRAB		
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> -N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE		*****	4	MG/L	ONCE/MONTH	GRAB		
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		*****	57	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					 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	501	888-0500	11/14/2018
TYPED OR PRINTED						AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)								

REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: Sloan Estates

PERMIT: 4837-W

REPORTING PERIOD: 10/1/2018-10/31/2018

REPORT DATE: 10/24/18

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<u>PARAMETER (S)</u>	<u>NPDES</u> <u>MIN</u>	<u>NPDES</u> <u>AVG</u>	<u>NPDES</u> <u>MAX</u>	<u>RESULT</u> <u>REPORTED</u>	<u>DATE OF</u> <u>EXCURSION</u>
Fecal			10000	24196	10/17/2018

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COMMENTS:

Will check and clean our sample ports.

SIGNATURE

TITLE

DATE



cognizant official

11/14/2018

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