

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

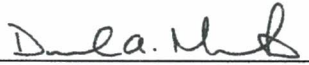
FACILITY NAME (IF DIFFERENT)
Sloan Estates
FACILITY ADDRESS
5088 E Sagely
Fayetteville, AR 72703

PERMIT NO.
4837-WR-2
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 10/1/2020	TO 10/31/2020

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	7.5	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	7.5	S.U.	ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	3.3	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	*****	33.9	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	28.2	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, NITRATE (AS NO ₃ N) EFFLUENT GROSS VALUE	*****	3.2	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, NITRITE (AS NO ₂ -N) EFFLUENT GROSS VALUE	*****	1.9	MG/L	ONCE/ MONTH	GRAB	
TOTAL SOLIDS EFFLUENT GROSS VALUE	*****	0.03	%	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	35.0	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW
		0.271870	0.008770			
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	11/23/2020
TYPED OR PRINTED				AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)						


 SIGNATURE OF PRINCIPAL
 EXECUTIVE OFFICER OR
 AUTHORIZED AGENT

From: [Terri Blevins](#)
To: [Deardoff, Amy](#)
Subject: `October MMR
Date: Monday, December 7, 2020 8:45:43 AM
Attachments: [Cossatot MMR_Oct 20_1.pdf](#)
[Bergman MMR_Oct 20_1.pdf](#)
[Eastern Park MMR_Oct 20_1.pdf](#)
[Hilltop MMR_Oct 20_1.pdf](#)
[Homestead MMR_Oct 20_1.pdf](#)
[Horsebend MMR_Oct 20_1.pdf](#)
[Loves Alma MMR_Oct 20_1.pdf](#)
[Sloan MMR_Oct 20_1.pdf](#)

Amy,
MMR's for October.
Thanks,

Terri Blevins
Meinco, Inc.
501-430-0075