

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

PERMITTEE NAME
NWA Specialty Group

FACILITY NAME (IF DIFFERENT)
Sloan Estates

PERMIT NO.	Environmental Services
4837-W	1107 Century
	Springdale AR 72762


PERMITTEE ADDRESS
PO Box 7797
Springdale, AR 72766

FACILITY ADDRESS
5088 E Sagely
Fayetteville, AR 72703

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 9/1/2016	TO 9/30/2016

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	6		MG/L	ONCE/MONTH	GRAB
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	36.9		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	15		MG/L	ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	*****	25.8		MG/L	ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	150,000		N/100 ML	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				501	888-0500	10/21/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)						

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REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: Sloan Estates

PERMIT: 4837-W

REPORTING PERIOD: 9/1/2016-9/30/2016

REPORT DATE: 9/26/16

<u>PARAMETER (S)</u>	<u>NPDES MIN</u>	<u>NPDES AVG</u>	<u>NPDES MAX</u>	<u>RESULT REPORTED</u>	<u>DATE OF EXCURSION</u>
Coliform, Fecal			10000	150,000	8/17/2016
BOD, Carbonaceous			15	36.9	8/17/2016

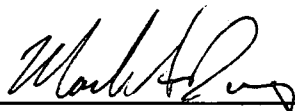
COMMENTS:

New operator is evaluating options to improve performance.

SIGNATURE

TITLE

DATE



cognizant official

10/25/2016

REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: Sloan Estates

PERMIT: 4837-W

REPORTING PERIOD: 9/1/2016-9/30/2016

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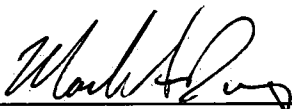
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