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

E 6 7 8 5 5 6	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	
245	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	9/1/2018	то	9/30/2018		

PERMIT REQUIREMEN 15 6 to 9 15 10,000	7.36 6.2 6.9 9.2 9,678	MENT UNITS MG/L MG/L S.U. MG/L N/100 ML	FREQUENCY OF ANALYSIS ONCE/ MONTH ONCE/ MONTH ONCE/ MONTH ONCE/ MONTH ONCE/ MONTH ONCE/ MONTH	GRAB GRAB GRAB GRAB GRAB GRAB	
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6 to 9 15 10,000	9.2 9,678	S.U.	MONTH ONCE/ MONTH ONCE/ MONTH ONCE/	GRAB GRAB	
15	9.2	MG/L	MONTH ONCE/ MONTH ONCE/	GRAB	
10,000	9,678	******	MONTH ONCE/		
		N/100 ML		GRAB	
*****	22				
		MG/L	ONCE/ MONTH	GRAB	
*****	19.4	MG/L	ONCE/ MONTH	GRAB	
*****	5	MG/L	ONCE/ MONTH	GRAB	
*****	25	MG/L	ONCE/ MONTH	GRAB	
*****		MGD	ONCE/ MONTH	TOTAL FLOW	
			TELEPHONE	DATE	
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 SIGNATURE OF PRINCIPAL 501 888-0500					
SE INFORMATION, INCLUDING THE POSSI			AREA CODE NUMBER	MM/DD/YYYY	
1	****** W THAT I HAVE PERSONALLY EXAMINED I; AND BASED ON MY INQUIRY OF TO OBTAINING THE INFORMATION, I BELIEV AND COMPLETE I AM AWARE THAT THER	****** 5 ****** 25 ******* 0.006 0	****** 5 MG/L ****** 25 MG/L ******* 25 MG/L ******* 0.006 0.006 MGD W THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE ALL AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT E INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND AUTHORIZED AGENT	19.4 MG/L MONTH 19.4 MG/L MONTH 5 MG/L ONCE/ MONTH 25 MG/L ONCE/ MONTH 25 MG/L ONCE/ MONTH ONCE/ MONTH ONCE/ MONTH ONCE/ MONTH ONCE/ MONTH TELEPHONE AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT E INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND AUTHORIZED AGENT MG/L ONCE/ MONTH TELEPHONE TELEPHONE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER	