

From: [Terri Blevins](#)
To: [Deardoff, Amy](#)
Cc: [David Meints](#)
Subject: Sept MMR's
Date: Friday, October 30, 2020 9:01:41 PM
Attachments: [Bergman_MMR_Sept 20.pdf](#)
[Cossatot_MMR_Sept 20_1.pdf](#)
[Eastern Park_MMR_Sept 20.pdf](#)
[Hilltop_Workmans_MMR_Sept 20.pdf](#)
[Homestead_MMR_Sept 20.pdf](#)
[Horsebend_MMR_Sept 20.pdf](#)
[Loves_MMR_Sept 20.pdf](#)
[Sloan_MMR_Sept 20.pdf](#)

Amy,

Here are September DMR's. Let me know if you need anything else.

Thanks,

Terri Blevins

Meinco, Inc.

501-430-0075

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 9/1/2020	TO	9/30/2020	

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	7.4	MG/L	ONCE/ MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	13.1	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	13.6	MG/L	ONCE/ MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	< 1	N/100 ML	ONCE/ MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	44.6	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ N) EFFLUENT GROSS VALUE	*****	35	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, NITRATE (AS NO ₃ N) EFFLUENT GROSS VALUE	*****	1.0	MG/L	ONCE/ MONTH	GRAB	
NITROGEN, NITRITE (AS NO ₂ -N) EFFLUENT GROSS VALUE	*****	1.4	MG/L	ONCE/ MONTH	GRAB	
TOTAL SOLIDS EFFLUENT GROSS VALUE	*****	13.60	%	ONCE/ MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	40.3	MG/L	ONCE/ MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/ MONTH	TOTAL FLOW
		0.16432	0.007469			
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	10/30/2020
TYPED OR PRINTED				AREA CODE	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)						