

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
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)