

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

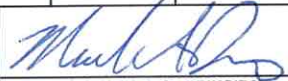
<b>PERMITTEE NAME</b>
Bethel Oaks Subdivision
<b>PERMITTEE ADDRESS</b>
1849 N. Trillium Lane Fayetteville, Ar 72704

<b>FACILITY NAME (IF DIFFERENT)</b>
Bethel Oaks Subdivision
<b>FACILITY ADDRESS</b>
County Road 62 Farmington AR 72730

<b>PERMIT NO.</b>
4875-WR-1
<b>AFIN NO.</b>
72-01656

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM.

<b>WASTEWATER EFFLUENT MONITORING PERIOD</b>		
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	*****	7.1	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	7	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	4	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	7,800	2,100	colonies/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	39	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH <sub>3</sub> N) EFFLUENT GROSS VALUE	*****	33.8	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO <sub>3</sub> N + NO <sub>2</sub> -N) EFFLUENT GROSS VALUE	*****	19	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE		54	MG/L	ONCE/MONTH	GRAB	
TOTAL SOLIDS EFFLUENT GROSS VALUE	*****	4	Percentage (%)	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		0.001	0.001			
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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
Mark A. Davis				501	888-0500	10/23/2016
				TYPED OR PRINTED	AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)						

**From:** [Anderson, Alan](#)  
**To:** [Deardoff, Amy](#)  
**Subject:** FW: MMR Sloan Estates 4875-WR-1  
**Date:** Friday, April 07, 2017 2:37:18 PM  
**Attachments:** [BRN30055CB5022A\\_002448.pdf](#)

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Amy:

FYI

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**From:** Bryan Floyd [mailto:[Bryan@newwatersystems.com](mailto:Bryan@newwatersystems.com)]  
**Sent:** Wednesday, April 05, 2017 4:11 PM  
**To:** Anderson, Alan  
**Subject:** MMR Sloan Estates 4875-WR-1

Alan,

This MMR did not get sent in October, sorry for the oversight.

Thanks  
Bryan

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