

*November 5, 2007* 

Ken Fratesi, Manager West Helena Water Utilities 92 Plaza Street West Helena, Arkansas 72390

RE: West Helena Waste Water Treatment Facility

AFIN: 54-00086 NPDES Permit No.: AR0022021

## Dear Fratesi:

On October 31, 2007, I conducted a routine compliance inspection of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. At the time of inspection, the facility appeared to be in compliance with the applicable regulations.

If I can be of any assistance, please contact me at (870) 673-8846.

L. Dudeesan

Sincerely,

Steven L. Henderson District 6 Inspector

Water Division

cc: Water Division Enforcement Branch Water Division Permits Branch

<b>⊕</b> EPA								Form Approved OMB No. 2040-0003					
	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Weshington D.C. 20460												
	NPDES Compliance Inspection Report												
	Section A: National Data System Coding												
1	Transaction Code         NPDES         Yr/Mo/Day         Inspector           1         N         2         5         3         A         R         0         0         2         2         0         2         1         11         12         0         7         1         0         3         1         17         18         1							cec. Type Inspector Fac. Type  C 19 S 20 1					
	A F I N 5 4 - 0 0 0 8 6 Remarks												
	Inspection Work Days 67 0 0 1 69	]	Facility 70	Ī	tion R	ating		71	BI N	72	QA	I	Reserved
							Se	ction	B: Fa	cility	Data		
incli <b>Wes</b>	ne and Location of Facility Inspected ade POTW name and NPDES permit t Helena Waste Water Treatment Fo	num	ber)	ial usei	rs disc	hargii	ng to	POT	W, also	)	Entry Time/Date 9:00 a.m. 10/31/07		Permit Effective Date October 1, 2002
Wes Phil	of Porter Street t Helena, Arkansas lips County, Arkansas ion 10, Township 2 South, Range 4	East									Exit Time/Date 1:00 p.m. 10/31/07		Permit Expiration Date September 30, 2007
Nan <i>Ken</i>	ne(s) of On-Site Representative(s)/Ti Fratesi, Water Utilities Manager rles Taylor, Class I Operator	tle(s)		72-671	1	nber(s)	)						er Facility Data  nple Location:
Ken	ne, Address of Responsible Official/ Fratesi, Water Utilities Manager t Helena Water Utilities		Phone a (870) 57			oer					Contacted		34 31' 55.7" 9 40' 18.3"
	Plaza Street t Helena, Arkansas 72390										Yes No No		
			(S	= Satis							uring Inspection isfactory, N = Not Evaluated)		
S	Permit	S	Flow	Measu	reme	nt			S	Operations & Maintenance S		S	Sampling
S	Records/Reports	S	Self-I	Monito	ring I	Progra	am		S	Slu	dge Handling/Disposal	S	<b>Pollution Prevention</b>
S	Facility Site Review	N	Comp	oliance	Sche	dules			N	Pre	etreatment	N	Multimedia
S	Effluent/Receiving Waters	S		ratory					S	Storm water			Other: Effluent Limits
	1 7									- '	tach additional sheets if necessary)		A 1 117 ( 1
Ai	A routine compliance inspection was conducted to determine compliance status with the Arkansas Water and Air Pollution Control Act, the Federal Clean Water Act, and the regulations promulgated thereunder. At the time of inspection, the facility appeared to be in compliance with the applicable regulations.												
	,,, appear on to be in companies with the appropriate regulations.												
Name(s) and Signature(s) of Inspector(s)  Steven L. Henderson				Agency/Office/Telephone/Fax ADEQ/ Stuttgart/ (870) 673-8846/ (870) 673-7236					Date November 5, 2007				
<i>~</i> ~	Steven L. H	cnae	1 5011										
Sig	Signature of Reviewer Agency/Office/Phone and Fax Numbers						Date						
	Signature of feetiere						-						

ADEQ Water NPDES Inspection	AFIN: <b>54-00086</b>	Permit #: AR0022021

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	⊠s □m □u □na □ne
DETAILS:	
CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	⊠y □n □na □ne
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	⊠y □n □na □ne
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	☑Y □N □NA □NE
4. ALL DISCHARGES ARE PERMITTED:	⊠y □n □na □ne
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	⊠y □n □na □ne
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	⊠s □m □u □na □ne
a. DATES AND TIME(S) OF SAMPLING:	⊠y □n □na □ne
b. EXACT LOCATION(S) OF SAMPLING:	☑Y □N □NA □NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	⊠y □n □na □ne
d. ANALYTICAL METHODS AND TECHNIQUES:	⊠y □n □na □ne
e. RESULTS OF CALIBRATIONS:	☑Y □N □NA □NE
f. RESULTS OF ANALYSES:	☑Y □N □NA □NE
g. DATES AND TIMES OF ANALYSES:	☑Y □N □NA □NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	☑Y □N □NA □NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	Øs □m □u □na □ne
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	⊠s □m □u □na □ne
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	☑Y □N □NA □NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	⊠s □m □u □na □ne
2. TREATMENT UNITS PROPERLY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	Øs □m □u □na □ne
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	Øs □m □u □na □ne
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: 1 Class II, 1 Class I	Øs □m □u □na □ne
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	□S □M □U ☑NA □NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	□Y □N ☑NA □NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	ØY □N □NA □NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	ØY □N □NA □NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	□Y ØN □NA □NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	OY ON MA ONE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	OY ON MA ONE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	OY MN ONA ONE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	□Y □N ØNA □NE

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SE	ECTION D: SAMPLING		
PE	RMITTEE SAMPLING MEETS PERMIT REQUIREMENTS		☑S ☐M ☐U ☐NA ☐NE
DE	TAILS:		
1.	SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:		Øy □n □na □ne
2.	LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:		Øy □n □na □ne
3.	FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:		Øy □n □na □ne
4.	SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:		☑Y □N □NA □NE
5.	SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:		Øy □n □na □ne
6.	SAMPLE COLLECTION PROCEDURES ADEQUATE:		Øy □n □na □ne
а	. SAMPLES REFRIGERATED DURING COMPOSITING:		ØY □N □NA □NE
b	. PROPER PRESERVATION TECHNIQUES USED:		Øy □n □na □ne
С	. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:		ØY □N □NA □NE
7.	IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:		□Y □N ☑NA □NE
SE	ECTION E: FLOW MEASUREMENT		
PE	RMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS		☑S □M □U □NA □NE
DE	ETAILS:		
1.	PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: 36" Rectangular Weir W/C	contraction	ons 🗹Y 🗆N 🗆NA 🗀NE
2.	FLOW MEASURED AT EACH OUTFALL AS REQUIRED:		Øy □n □na □ne
3.	SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:		Øy □n □na □ne
4.	CALIBRATION FREQUENCY ADEQUATE: December 6, 2006		Øy □n □na □ne
5.	RECORDS MAINTAINED OF CALIBRATION PROCEDURES:		Øy □n □na □ne
6.	CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:		Øy □n □na □ne
7.	FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:		Øy □n □na □ne
8.	FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:		Øy □n □na □ne
9.	HEAD MEASURED AT PROPER LOCATION:		Øy □n □na □ne
SE	ECTION F: LABORATORY		
PE	RMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	S	☑S □M □U □NA □NE
DE	ETAILS:		
1.	EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :		☑Y □N □NA □NE
2.	IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:		☑Y □N □NA □NE
3.	SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:		☑Y □N □NA □NE
4.	QUALITY CONTROL PROCEDURES ADEQUATE:		☑Y □N □NA □NE
5.	DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:		☑y □n □na □ne
6.	SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:		☑Y □N □NA □NE
7.	COMMERCIAL LABORATORY USED:		☑Y □N □NA □NE
а	. LAB NAME: McClelland Consulting Engineers, Inc.  Arkansas Analytical,	Inc.	
b	. LAB ADDRESS: <i>P.O. Box 34087, Little Rock, Arkansas 72203</i> 11701 I-30, Bldg. 1, S	uite 115, L	ittle Rock, Arkansas 72209
С	. PARAMETERS PERFORMED: <b>BOD, pH, TSS, Fecal Coliform</b> Acute Bio-monitoring	9	
8.	BIOMONITORING PROCEDURES ADEQUATE:		☑Y □N □NA □NE
а	. PROPER ORGANISMS USED:		Øy □n □na □ne
b	. PROPER DILUTION SERIES FOLLOWED:		Øy □n □na □ne
С	. PROPER TEST METHODS AND DURATION:		Øy □n □na □ne
d	. RETESTS AND/OR TRE PERFORMED AS REQUIRED:		Øy □n □na □ne

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SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS								
BASED ON VISUAL OBSERVATIONS ONLY    S								
DETAILS: No Discharge								
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER	
001								
	1					1	1	
SECTION	H: SLUDGE	DISPOSAL						
SLUDGE I	DISPOSAL ME	ETS PERMIT R	REQUIREMEN	ΓS		Øs □m □	U □NA □NE	
DETAILS:			·					
1. SLUDGE N	MANAGEMENT ADEQU	ATE TO MAINTAIN EF	FLUENT QUALITY:			⊠s □m	□U □NA □NE	
2. SLUDGE F	RECORDS MAINTAINED	O AS REQUIRED BY 40	) CFR 503:			⊠s □м	□U □NA □NE	
3. FOR LAND	APPLIED SLUDGE, T	YPE OF LAND APPLIE	O TO: (E.G., FOREST,	AGRICULTURAL, PUE	BLIC CONTACT SITE):			
SECTION	II: SAMPLIN	G INSPECTION	N PROCEDI	JRES				
SAMPLE F	RESULTS WITH	HIN PERMIT R	EQUIREMENT	S		□s □m □	U □NA ☑NE	
DETAILS:					<u> </u>			
1. SAMPLES	OBTAINED THIS INSPI	ECTION:				□Y	□n □na ☑ne	
2. TYPE OF S	SAMPLE: GRAB:	COMPOSITE:_ N	METHOD: FREQUE	NCY:				
3. SAMPLES	PRESERVED:					□Y	□n □na ☑ne	
4. FLOW PRO	OPORTIONED SAMPLE	S OBTAINED:				□Y	□n □na ☑ne	
5. SAMPLE C	BTAINED FROM FACIL	LITY'S SAMPLING DEV	/ICE:			□Y	□N □NA ☑NE	
6. SAMPLE R	REPRESENTATIVE OF	VOLUME AND NATUR	E OF DISCHARGE:			□Y	□n □na ☑ne	
7. SAMPLE S	PLIT WITH PERMITTE	E:				□Y	□n □na ☑ne	
8. CHAIN-OF	-CUSTODY PROCEDU	RES EMPLOYED:				□Y	□n □na ☑ne	
9. SAMPLES	COLLECTED IN ACCO	RDANCE WITH PERM	IT:			□Y	□N □NA ☑NE	
	IJ: STORM V							
STORM W	ATER MANAG	EMENT MEET	S PERMIT RE	QUIREMENTS		☑s □m □	U □NA □NE	
DETAILS:								
1. SWPPP UI	PDATED AS NEEDED:	DATE OF LAST UPDA	TE: <b>3/31/03</b>			✓Y	□N □NA □NE	
2. SITE MAP	INCLUDING ALL DISCH	HARGES AND SURFAC	CE WATERS:			✓Y	□N □NA □NE	
3. POLLUTIO	N PREVENTION TEAM	I IDENTIFIED:				✓Y	□N □NA □NE	
4. POLLUTIO	POLLUTION PREVENTION TEAM PROPERLY TRAINED:							
5. LIST OF P	OTENTIAL POLLUTANT	T SOURCES:				✓Y	□N □NA □NE	
6. LIST OF P	OTENTIAL SOURCES A	AND PAST SPILLS AND	D LEAKS:				□N □NA □NE	
7. ALL NON-S	STORM WATER DISCH	IARGES ARE AUTHOR	IZED:			✓Y	□N □NA □NE	
8. LIST OF S	8. LIST OF STRUCTURAL BMPS:							
9. LIST OF N	ON-STRUCTURAL BMF	PS:				✓Y	□N □NA □NE	
10. BMPS PRO	D. BMPS PROPERLY OPERATED AND MAINTAINED:							
11. INSPECTION	ONS CONDUCTED AS	REQUIRED:				<b>☑</b> Y	□N □NA □NE	

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FLOW CALCULATION SHEET								
* No flow calculation check conducted.								
No non c	aroulation oncox	oonaaote	, и.					
Date:	Ti	me:						
		<b>-</b> . 1						
Head in Inc	nes:	Feet:						
Type & Size	e of Primary Flow N	/leasurem	ent Device:					
. )								
Name & Mo	odel of Secondary F	-low Mea	surement De	evice:				
Date of last	Calibration of Sec	ondary FI	ow Device:					
		•						
Recorded F	low at Date & Time	e Listed A	bove:			(Facility Flow Meter)		
Calculated	Flow at Date & Tim	a Listad	Δηονα:					
	red using flow charts in: IS			urement Hand	book-5 <sup>th</sup> I	<u> </u>		
				1	1			
% Error =	Recorded Value   -   Calculated Value   Calculated Value   Calculated Value			X 100				
	Calcul	lated valu	ie					
0/ 5		-		V 400				
% Error =		1		X 100				
	I	<u> </u>						
% Error =		X 100						
% Error =		X 100						
		,						
% Error =		%						
Commonto								
Comments:								

## **DMR Calculation Check**

Reporting Period: From 2007 06 01 To 2007 06 30 Year Month Day Year Month Day

Parameter Checked: BOD

Loading **Concentration** Mass **Monthly** Mo. Avg. - lbs/day Mo. Avg. - mg/l 7-day Avg. - mg/l **Reported Value: 82.8** 17.5 20.3 **Calculated Value: 82.8** 17.5 20.3 **300 30 Permit Value:** 45

If calculated value does not equal reported value, explain: EQUAL