



April 18, 2022

Kevin A. Smith, Mayor City of Helena-West Helena P.O. Box 248 Helena, AR 72342 Sent Via Email To: <u>mayor@helena-westhelena.us</u>

RE: City of West Helena Inspection AFIN: 54-00086 Permit No.: AR0022021

Dear Mayor Smith:

On March 2, 2022, I performed a Collection System Evaluation/Sanitary Sewer Overflow Inspection of the above referenced 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. A copy of the inspection report is enclosed for your records.

Please refer to the Summary of Findings section of the inspection report and provide a written response for each item noted. This case has been referred directly to the Office of Water Quality Enforcement Branch for further review. The City of Helena-West Helena should immediately initiate all actions necessary to resolve and correct the alleged violations cited in the inspection report. Written notification of the corrective actions taken for the alleged violations must be submitted within thirty (30) calendar days from receipt of this letter to the attention of Richard Healey, Office of Water Quality Enforcement Branch Manager, at (501) 682-0640 or <u>healeyr@adeq.state.ar.us</u>. This written notification should include; but not limited to, photographs and/or copies of other documentation.

If I can be of any assistance, please contact me at <u>Bolenbaugh@adeq.state.ar.us</u> or (501) 682-0659.

Sincerely,

Jan Rellenbrag

Jason Bolenbaugh Compliance Branch Manager, Office of Water Quality 5301 Northshore Drive, North Little Rock, AR, 72118

(in the second		OFFICE OF WATER QUALITY INSPECTION REPORT					
. EN 1 10.4	QUALITY			ERMIT #: AR00220	-		DATE: 3/2/2022
	AND ENVIRO		OUNTY: 54 Phillip			#: 119872	MEDIA: WN
						N: *********	
NAME		ION		FACILITY TYPE:	INSPECTION INFORMATION FACILITY TYPE: INSPECTOR ID#:		
	ty of West Helena			FACILITY TYPE: INSPECTOR ID#: 1 - Municipal 83321 S - State FACILITY EVALUATION RATING: INSPECTION TYPE:			
	Iltiple Locations		ļ	1 - Unsatisfactory SSO/Collection System			
-	est Helena		1		DATE(S): ENTRY TIME: EXIT TIME: PERMIT EFFECTIVE DATE:		
	RESPONSIBLE OFFIC			3/Z/ZUZZ 03	. 10	13.50	2/1/2019 PERMIT EXPIRATION DATE:
	e: / TITLE vin A. Smith / Mayor						1/31/2024
COMF	PANY:		ļ	FAYETTEVILLE SHALE RELATED: N			
	ty of Helena-West Helena		ļ	FAYETTEVILLE SHALE VIOLATIONS: N			
	D. Box 248		I		INSPECTION PARTICIPANTS		
	, state, zip: Iena AR 72342		ļ		NAMETTITLE/PHONE/FAX/EMAIL/ETC.: Jeff Patterson, General Manager, (870) 816-5251		
PHON	NE & EXT: / FAX:		ļ	Joey Williams, Maintenance, (870) 228-2874			
870 EMAIL	0-817-7439 /		ļ	1			
	ayor@helena-westhelena.us			1			
CC	NTACTED DURING INSPECTION	: No					
	(S=S	atisfa	Ctory, M=Marginal, U=Unsati	LUATIONS	valuated	()	
**	PERMIT	**	FLOW MEASUR		**	STORMWA	
**	RECORDS/REPORTS	**	LABORATORY		**		
U **	OPERATION & MAINTENANCE	**			**		ITORING PROGRAM
**	SAMPLING OTHER:		SLUDGE HAND	LING/DISPOSAL		PRETREAT	MENI
			SUMMARY (
•	 On March 7, 2022, a request to Mayor Keven A. Smith and Mr. Jeff Patterson for additional information detailing specifics of the collection system was made but no response was provided. An additional request to Mayor Smith and Mr. Patterson was made on March 16, 2022. Again, no response was received. Failure to provide information is a violation of Part III, Section D.9 of the permit. 						
•	 The Miller Loop Pump Station is using a bypass pump as the main pumping mechanism due to both 60-hp pumps within the pump station not operating. Additionally, both pumps at the Denise Drive pump station were not operating at the time of the inspection. The permittee's failure to properly operate and maintain the pump stations is in violation of Part III, Section B.1.A of the permit. 						
•	 Pump stations lack emergency contact information in the event a member of the public identifies an overflow or pump station failure. 						

• An evaluation of all pump stations should be conducted using the latest edition of "10 State Standards -Recommended Standards for Wastewater Facilities as a minimum standard for design and operation". Please provide a list of deficiencies for each pump station and a timeline for correcting each deficiency.

	GENERAL COMMENTS				
•	The bypass pumps require operations staff to fill with diesel fuel twice per day so the p	•			
	to run over a 24-hour period. On average it requires 180 gallons of diesel fuel per day to				
	inch bypass pump. The permittee currently operates one, 4-inch bypass pump in the Ci	ty of West Helena.			
•	The permittee has not reported any SSOs from January 1, 2019 to current.				
•	The permittee should maintain inspection and maintenance records whenever inspection occurs at the pump stations.	ons or maintenance			
•	 This inspection was conducted following a complain investigation of a broken 12-inch sewer main located at Oak Forrest Drive. The broken sewer main discharged untreated wastewater to waters of the state. A SSO of a nearby manhole also occurred but was reported to the Office of Water Quality Enforcement Branch. 				
INS	SPECTOR'S SIGNATURE: Click text to left to add signature	DATE:			
	lan Ball				
SU	SUPERVISOR'S SIGNATURE: Jason Bolenbaugh DATE: 4/18/2022				

Inspection Report: City of West Helena, AFIN: 54-00086, Permit #: AR0022021

COLLECTION SYSTEM INSPECTION AND OVERALL RATING					
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Permittee failed to provide additional information upon request detailing the makeup of the collection system. The collection system has 4 pump stations, Miller Loop, Airport Road, Denise Drive, and Southern Hardware.					
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COM	IMERCIAL CONNECTIONS:	~8,689			
FEET OF SEWER SYSTEM: Permittee failed to provide this inf	nformation.				
AGE OF SYSTEM: Permittee failed to provide this information					
(EXPLAIN): No SSOs have been reported in the last three year	DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER UY IN INA ØNE (EXPLAIN): No SSOs have been reported in the last three years.				
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO DEQ (DESCRIBE): No SSOs have been reported in the last three years. The City needs to provide a description of how SSOs are reported to DEQ.					
ARE ALL SSOs REPORTED REGARDLESS OF SIZE: No SSOs last three years.	s have been reported in the				
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE EACH):					
PUMP STATIONS		OS ØM OU ONA ONE			
NUMBER OF PUMP STATIONS IN SYSTEM: 4 NU	JMBER WITH BACKUP POV	VER: 1			
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED	D: It was explained the sta	tions were inspected daily			
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: It was explained daily logs were maintained in the pump stations but this was false.					
ADEQUATE INVENTORY OF SPARE PARTS: No spare parts are maintained.					
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): This system is on a slightly different SCADA system than Helena's pump stations in that this system will allow the operators to remotely access and review pump station conditions.					
BRIEF SUMMARY OF EMERGENCY PROCEDURES: When pro operations staff will respond accordingly to an issues.	oblems are noted on the S	CADA or by the public the			
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 3 -					
Miller Loop, Denise Drive, and Airport Road.					
SATELLITE SYSTEMS		OS OM OU ØNA ONE			
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: There are no satellite systems that discharge into the permittee's collection system.					
TYPE(S) OF WASTE WATER RECEIVED: DRESIDENTIAL DCOMMERCIAL DINDUSTRIAL DOTHER:					
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:					
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:					
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:					

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)				
GENERAL INFORMATION AND OVERALL EVALUATION	⊡S ⊡M ⊠U ⊡NA			
NAME AND/OR LOCATION OF PUMP STATION: Miller Loop (Location 34.558368, -90.659966)				
TYPE(S) OF WASTE WATER RECEIVED: DRESIDENTIAL		AL OTHER:		
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 0			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: 60-	hp	□S □M ØU □NA □NE		
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		□Y ØN □NA □NE		
Comments: This location had a bypass pump installed at it because both pumps are inoperable. Pump 1 requires a pump assembly but even if repaired this station requires both pumps to be operational in order for it to function. The bypass pump is monitored more closely during wet weather events otherwise if the rpm's are too low it will cause the line to begin to backup and sewer will discharge from cleanouts at a nearby apartment complex. During rain events the permittee will increase the rpms and monitoring of the station.				
GENERAL OPERATION AND MAINTENANCE		⊡S ⊡M ⊠U ⊡NA		
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE EQUIPMENT:		□S □M □U □NA ØNE		
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVEN ACCESS AND/OR TAMPERING:		□S □M □U □NA ØNE		
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, PROTECTED:		□S □M □U □NA ØNE		
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPM INSTALLED AND MAINTAINED:		□S □M □U □NA ØNE		
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :	`	□S □M □U □NA ØNE		
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES:	DENSATION AND/OR	□S □M □U □NA ØNE		
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINT	ENANCE:	□S □M □U □NA ØNE		
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINE	D TO PREVENT LEAKS:	□S □M □U □NA ØNE		
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN W	ET WELLS:	□S □M □U □NA ØNE		
Comments: This station is not operational and therefore this section was not evaluated.				
BACKUP POWER AND ALARMS		⊡S ØM ⊡U ⊡NA		
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TR	RANSFER PUMP:	□S ØM □U □NA □NE		
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT IN	NFORMATION POSTED:	□S □M □U □NA ØNE		
SCADA SYSTEM (LIST PARAMETERS MONITORED):		⊠Y ⊡N ⊡NA ⊡NE		
Comments: A portable generator is typically stored under cover at this station. However, the generator was being refurbished and was not on site. There were not provisions for a generator to be hooked up to this site so if the permittee wished to do so they would need to call the power company to install. It is unknown if this station has an audible or visual alarm.				

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)				
GENERAL INFORMATION AND OVERALL EVALUATION	OS OM ØU ONA			
NAME AND/OR LOCATION OF PUMP STATION: Denise Drive (Location 35.558118, -90.665708)				
TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL		AL DOTHER:		
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 0			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: 2-	hp	□S ØM □U □NA □NE		
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		⊠Y ⊡N ⊡NA ⊡NE		
Comments: This station was experiencing an electrical issue that would not allow the pumps to automatically turn on. The pumps would also not manually run for more than two seconds. Pump station was inoperable at the time of the inspection. Wastewater was approximately 12-inches from the wet well cover and no high level alarm was activated.				
GENERAL OPERATION AND MAINTENANCE		⊡S ⊠M ⊡U ⊡NA		
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		□S □M ØU □NA □NE		
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		ØS OM OU ONA ONE		
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:	, GRATED OR OTHERWISE	ØS OM OU ONA ONE		
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED:				
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :	JIPMENT (BELTS, PULLEYS,	OS OM OU ØNA ONE		
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES:	NDENSATION AND/OR			
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	ØS OM OU ONA ONE		
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	ØS OM OU ONA ONE		
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS:	ØS OM OU ONA ONE		
Comments: This station only serves residents on Denise Drive. The station is covered and secured.				
BACKUP POWER AND ALARMS		⊡s ⊡m ⊠u ⊡na		
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	□S □M ØU □NA □NE		
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT	NFORMATION POSTED:			
SCADA SYSTEM (LIST PARAMETERS MONITORED):	⊡Y ⊡N ⊡NA ØNE			
Comments: This station does not have provisions for a backup generator. It requires an audible or visual alarm. Require the permittee to verify this station is on SCADA.				

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)				
GENERAL INFORMATION AND OVERALL EVALUATION	ØS OM OU ONA			
NAME AND/OR LOCATION OF PUMP STATION: Airport Road (Location 34.565109, -90.671712)				
TYPE(S) OF WASTE WATER RECEIVED: ØRESIDENTIAL		AL DOTHER:		
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 2			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: 7.	5-hp	ØS OM OU ONA ONE		
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		⊡Y ØN ⊡NA ⊡NE		
GENERAL OPERATION AND MAINTENANCE		ØS 🗆 M 🗇 U 🗆 NA		
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:	E OF UNRELATED	ØS OM OU ONA ONE		
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:	NT UNAUTHORIZED	ØS OM OU ONA ONE		
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:	, GRATED OR OTHERWISE	ØS OM OU ONA ONE		
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED:	MENT PROPERLY			
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :	JIPMENT (BELTS, PULLEYS,	OS OM OU ØNA ONE		
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES:	NDENSATION AND/OR	ØS OM OU ONA ONE		
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	ØS OM OU ONA ONE		
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	ØS OM OU ONA ONE		
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS:	ØS OM OU ONA ONE		
BACKUP POWER AND ALARMS		⊡S ⊡M ⊠U ⊡NA		
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	⊡S ⊡M ⊠U ⊡NA ⊡NE		
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT I	NFORMATION POSTED:	□S □M ØU □NA □NE		
SCADA SYSTEM (LIST PARAMETERS MONITORED):	DY DN DNA DNE			
Comments: This station does not have provisions for a backup generator. It requires an audible or visual alarm. Require the permittee to verify this station is on SCADA.				









