

## Richard Healey (adpce.ad)

---

**From:** Richard Healey (adpce.ad)  
**Sent:** Monday, April 3, 2023 3:50 PM  
**To:** 'whcm2@aol.com'  
**Cc:** Leslie Allen-Daniel (adpce.ad)  
**Subject:** City of West Helena WWTP and Collection Sysrtem Inspections, NPDES Permit AR0022021  
**Attachments:** AR0022021 West Helena Collection System Inspection March 2 2022.pdf; AR0022021 West Helena WWTP Inspection March 22 2022.pdf

Calvin Murdock:

As we discussed, please see the attached DEQ March 2 & 22, 2022 Inspections of the wastewater treatment plant and collection system for the City of West Helena.

DEQ never received a response to these inspection reports.

If you have any questions, please do not hesitate to contact me.

Thanks

Richard C. Healey | Enforcement Branch Manager  
Office of Water Quality | Enforcement Branch  
Arkansas Energy and Environment | Environmental Quality  
5301 Northshore Drive, North Little Rock, AR 72118  
t: 501.682.0640 | e: [Richard.Healey@adeq.state.ar.us](mailto:Richard.Healey@adeq.state.ar.us)





# ARKANSAS

## ENERGY & ENVIRONMENT

May 26, 2022

Kevin A. Smith, Mayor  
City of Helena-West Helena  
P.O. Box 248  
Helena-West Helena, AR 72342  
Via email to: [mayor@helena-westhelena.us](mailto:mayor@helena-westhelena.us) ; [odonaby@hwhwater.com](mailto:odonaby@hwhwater.com)

**RE: West Helena WWTP Inspections (Phillips Co)**  
**AFIN: 54-00086**                      **NPDES Permit No.: AR0022021**  
**ARR000613**

Dear Mayor Smith:

On March 22, 2022 I performed a Compliance Evaluation Inspection and an Industrial Stormwater (No-Exposure) 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 each of the inspection reports is enclosed for your records.

**Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted. This case has been referred directly to the Office of Water Quality - Enforcement Branch for further review. City of Helena-West Helena should immediately initiate all actions necessary to resolve and correct the violations cited in the inspection report. Written notification of the corrective actions taken for the 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 [healey@adeq.state.ar.us](mailto:healey@adeq.state.ar.us). 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 Inspector Supervisor Kerri McCabe at [mccabe@adeq.state.ar.us](mailto:mccabe@adeq.state.ar.us) or (501) 352-5641.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Aaron Baggett'.

Aaron Baggett  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118



**ENVIRONMENTAL  
QUALITY**

# OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: 54-00086 PERMIT #: AR0022021 DATE: 3/22/2022  
 COUNTY: 54 Phillips PDS #: 120397 MEDIA: WN  
 GPS LAT: 34.53352 LONG: -90.671600 LOCATION: Entrance

FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: <b>West Helena WWTP</b> LOCATION: <b>Southwest of West Helena off of Old Little Rock Road            in Phillips County, Arkansas</b> CITY: <b>Helena-West Helena</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>142556 S - State</b>	
		FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>	
		DATE(S): <b>3/22/2022</b> ENTRY TIME: <b>13:30</b> EXIT TIME: <b>14:00</b> PERMIT EFFECTIVE DATE: <b>2/1/2019</b> PERMIT EXPIRATION DATE: <b>1/31/2024</b>	
RESPONSIBLE OFFICIAL		FAYETTEVILLE SHALE RELATED: <b>N</b>	
NAME: / TITLE <b>Kevin A. Smith / Mayor</b> COMPANY: <b>City of Helena-West Helena</b> MAILING ADDRESS: <b>P.O. Box 248</b> CITY, STATE, ZIP: <b>Helena-West Helena AR 72342</b> PHONE & EXT: / FAX: <b>(870)753 8528 /</b> EMAIL: <b>mayor@helena-westhelena.us;            odonaby@hwhwater.com</b>		FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>	
CONTACTED DURING INSPECTION: <b>***</b>		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Operator did not accompany the inspection.</b>	
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
<b>S</b>	PERMIT	<b>N</b>	FLOW MEASUREMENT
<b>U</b>	RECORDS/REPORTS	<b>**</b>	LABORATORY
<b>U</b>	OPERATION & MAINTENANCE	<b>N</b>	EFFLUENT/RECEIVING WATER
<b>N</b>	SAMPLING	<b>**</b>	SLUDGE HANDLING/DISPOSAL
<b>**</b>	OTHER:	<b>**</b>	STORMWATER
			FACILITY SITE REVIEW
			SELF-MONITORING PROGRAM
			PRETREATMENT
SUMMARY OF FINDINGS			

- 1) The following items violate Part III, Section B, 1, A of the permit:
  - The access road to the treatment facility is damaged and in need of repair.
  - There was inadequate freeboard in the lagoons at the time of the inspection.
  - Due to significant erosion from inadequate freeboard, there are sections of levees in need of repair in all three lagoons inspected.
  - Sections of the lagoon levees were not safely accessible by vehicle at the time of inspection.
  
- 2) The following items violate Part 1, Section A of the permit:
  - No flow was recorded for October 2021.
  - July 2021 is missing flow data.
  - All flow values reported for January, May, and July were the same number (2.2MGD).
  - No samples were collected in the month of October 2021.
  
- 3) The following item violates Part II, 10 of the permit:
  - Only two WET tests were conducted in 2021. Per the permit, WET testing frequency is once/quarter.
  
- 4) The following item violates Part III, Section C, 1 of the permit:
  - The sample data for the composite sampling are incomplete; there is no aliquot information to

Inspection Report: **West Helena WWTP**, AFIN: **54-00086**, Permit #: **AR0022021**  
demonstrate the sample was collected per the definition of the composite (see Part IV).

- 5) The following item violates Part III, Section C, 9, C of the permit:
- The operator did not accompany the inspection beyond the entrance to the facility and subsequently did not provide access to sampling locations or either of the pump houses.

**GENERAL COMMENTS**

**SITE ASSESSMENT**

The treatment system for Outfall 001 consists of a five-cell lagoon system.

The two lagoons south of Caney Creek were not accessible for inspection due to high water in the creek crossing.

The following issues were noted for the treatment system for Outfall 001:

- The access road to the lagoons was damaged and in need of repair at the time of inspection. Water damage along a steep slope near the entrance prohibits safe entry and exit, particularly during wet weather. The facility must be accessible by vehicle for inspection and maintenance at all times.
- Some sections of the levees were not accessible by vehicle at the time of inspection. The lagoons must be accessible by vehicle for inspection and maintenance at all times.
- There is inadequate freeboard in the lagoons. Levels in all lagoons have caused significant erosion along the levees, and levels in Cell 2 were nearly over the levees at the time of inspection (Photos 9-13).

City personnel did not provide access to the sampling locations or either of the pump houses during the inspection.

**RECORDS**


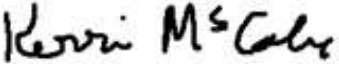
Records for January, May, July, and October of 2021 were requested and provided. Records were made available via email and are deemed organized and complete unless otherwise noted.

Only two samples were taken in July 2021, and no samples were taken in October 2021. Part 1, Section A of the permit requires a once/week sampling frequency for all parameters other than Total Phosphorus and Nitrate + Nitrite Nitrogen. Additionally, only two WET tests were performed in 2021. Part II, 10, A. of the permit requires a once/quarter WET testing frequency.

No flow was reported for the entire month of October 2021 and approximately two weeks of July 2021. It should be noted that all reported flow values for 2021 were the same (2.200 MGD).

Complete composite sample data were not provided on COC. There is no information regarding aliquot sampling intervals on the COC, and it cannot be demonstrated whether samples were collected proportional to flow or per the definition of "composite" in Part IV of the permit.

It is requested that the City of Helena-West Helena provide the sample and flow data from the previous three years to the Office of Water Quality – Enforcement Branch for review.

INSPECTOR'S SIGNATURE:  Aaron Baggett	DATE: 4/22/2022
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 5/26/2022

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: <b>No aliquot information for composite samples.</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b><u>The city uses a contract lab for all sampling.</u></b>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: <b><u>Not evaluated due to thunderstorm during inspection. Primary flow measurement is 3' rectangular weir; secondary measurement is Siemens Hydro Ranger 200.</u></b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b><u>The city uses a contract lab for all sampling.</u></b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: <b>Could not access final treatment lagoons due to weather; operator did not provide access to pump stations where effluent is sampled.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001							--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Sludge is retained in lagoon.</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>N/A</u>							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Inspected under IGP ARR000613.</b>							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

**DMR Calculation Check**

Reporting Period: From 2021 01 01 To 2021 01 31  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>181.2</u>	<u>9.9</u>	<u>15.2</u>
Calculated Value:	<u>181.2</u>	<u>9.88</u>	<u>15.19</u>
Permit Value:	<u>250.2</u>	<u>25.0</u>	<u>40.0</u>

If calculated value does not equal reported value, explain: Minor differences due to rounding.

DATE	CONCENTRATION (mg/l)	MGD	MASS(lbs/day)	7-DAY AVERAGE (mg/l)
8	5.1	2.2	93.5748	5.1
15	7.48	2.2	137.24304	7.48
19	15.19	2.2	278.70612	15.19
26	11.74	2.2	215.40552	11.74
<b>MONTHLY AVG</b>	<b>9.8775</b>	<b>2.2</b>	<b>181.23237</b>	



**DMR Calculation Check**

Reporting Period: From 2021 05 01 To 2021 05 31  
 Year Month Day Year Month Day

Parameter Checked: Ammonia

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>0.2</u>	<u>4.3</u>	<u>0.4</u>
Calculated Value:	<u>4.27</u>	<u>0.23</u>	<u>0.35</u>
Permit Value:	<u>150.1</u>	<u>15.0</u>	<u>22.5</u>

**If calculated value does not equal reported value, explain:**  
Minor differences due to rounding. Monthly averages for concentration and loading appear to have been swapped when permittee submitted DMR; both of the correctly calculated values were under the corresponding permit limits.

DATE	CONCENTRATION (mg/l)	MGD	MASS(lbs/day)	7-DAY AVERAGE (mg/l)
4	0.35	2.2	6.4218	0.35
11	0.26	2.2	4.77048	0.26
18	0.2	2.2	3.6696	0.2
25	0.12	2.2	2.20176	0.12
<b>MONTHLY AVG</b>	<b>0.2325</b>	<b>2.2</b>	<b>4.26591</b>	

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1333</b>
		Photo #:	<b>1</b>
Description:	<b>Entrance to lagoons, facing approximately west.</b>		



Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1333</b>
		Photo #:	<b>2</b>
Description:	<b>Influent pump house at entrance of lagoons.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1333</b>
		Photo #:	<b>3</b>
Description:	<b>Effluent pump house in background of photo taken from entrance, facing south.</b>		



Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1336</b>
		Photo #:	<b>4</b>
Description:	<b>Overview of Cell 1, facing west.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1338</b>
		Photo #:	<b>5</b>
Description:	<b>Levee running between Cell 1 and Cells 2 and 3; levee is significantly eroded and in need of maintenance, facing north.</b>		



Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1338</b>
		Photo #:	<b>6</b>
Description:	<b>Location of flow between Cell 1 and Cell 2 at southwest corner of Cell 1; note the lack of freeboard in the levee, facing northeast.</b>		



Office of Water Quality Photographic Evidence Sheet			
Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1338</b>
		Photo #:	<b>7</b>
Description:	<b>At southwestern corner of Cell 1; note lack of freeboard in levee, facing approximately east.</b>		
 <p>A photograph showing a long, straight levee extending into the distance. The water is on the left side, and the levee is on the right. The water level is very close to the top of the levee, indicating a lack of freeboard. There are some bare trees and utility poles in the background. The sky is overcast. A timestamp '03 22 2022 13:38' is visible in the bottom right corner of the photo.</p>			
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1338</b>
		Photo #:	<b>8</b>
Description:	<b>At southeast corner of Cell 3, facing west.</b>		
 <p>A photograph showing a long, straight levee extending into the distance. The water is on the right side, and the levee is on the left. The water level is very close to the top of the levee, indicating a lack of freeboard. There are some bare trees and utility poles in the background. The sky is overcast. A timestamp '03 22 2022 13:38' is visible in the bottom right corner of the photo.</p>			

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1338</b>
		Photo #:	<b>9</b>
Description:	<b>Photo taken at south end of levee between Cell 1 and Cells 2 and 3; note lack of freeboard and levee erosion in Cell 3 (left of photo), facing north.</b>		



Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1341</b>
		Photo #:	<b>10</b>
Description:	<b>Photo taken at north end of levee separating Cell 1 and Cells 2 and 3; note lack of freeboard on both sides of the levee, facing south.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1342</b>
		Photo #:	<b>11</b>
Description:	<b>Significant erosion due to lack of freeboard at northeastern corner of Cell 2, facing south.</b>		



Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1342</b>
		Photo #:	<b>12</b>
Description:	<b>Water levels near the top of levee at northeast corner of Cell 2.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1341</b>
		Photo #:	<b>13</b>
Description:	<b>From northeast corner of Cell 2; water levels are nearly at the top of the levee, facing west.</b>		



Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1342</b>
		Photo #:	<b>14</b>
Description:	<b>Another perspective of Cell 2 levels at its northernmost levee, facing west.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>West Helena WWTP</b>		
Photographer:	<b>Aaron Baggett</b>	Date:	<b>3/22/2022</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1345</b>
		Photo #:	<b>15</b>
Description:	<b>Effluent pump house leading to Outfall 001.</b>		



**Figure 1. Google Earth image depicting overview of West Helena WWTP location and Outfall001; satellite base imagery dated 11/11/2020.**

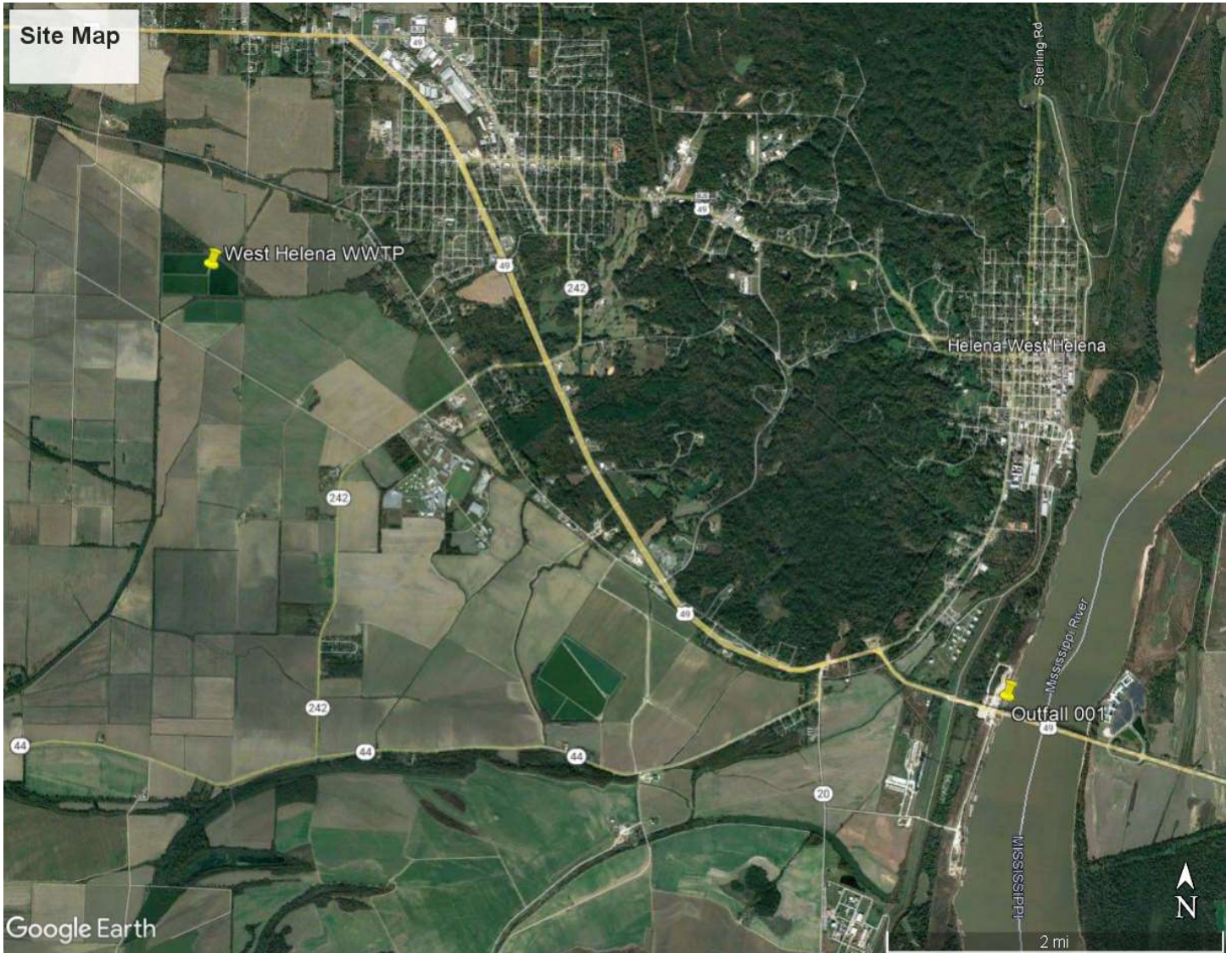
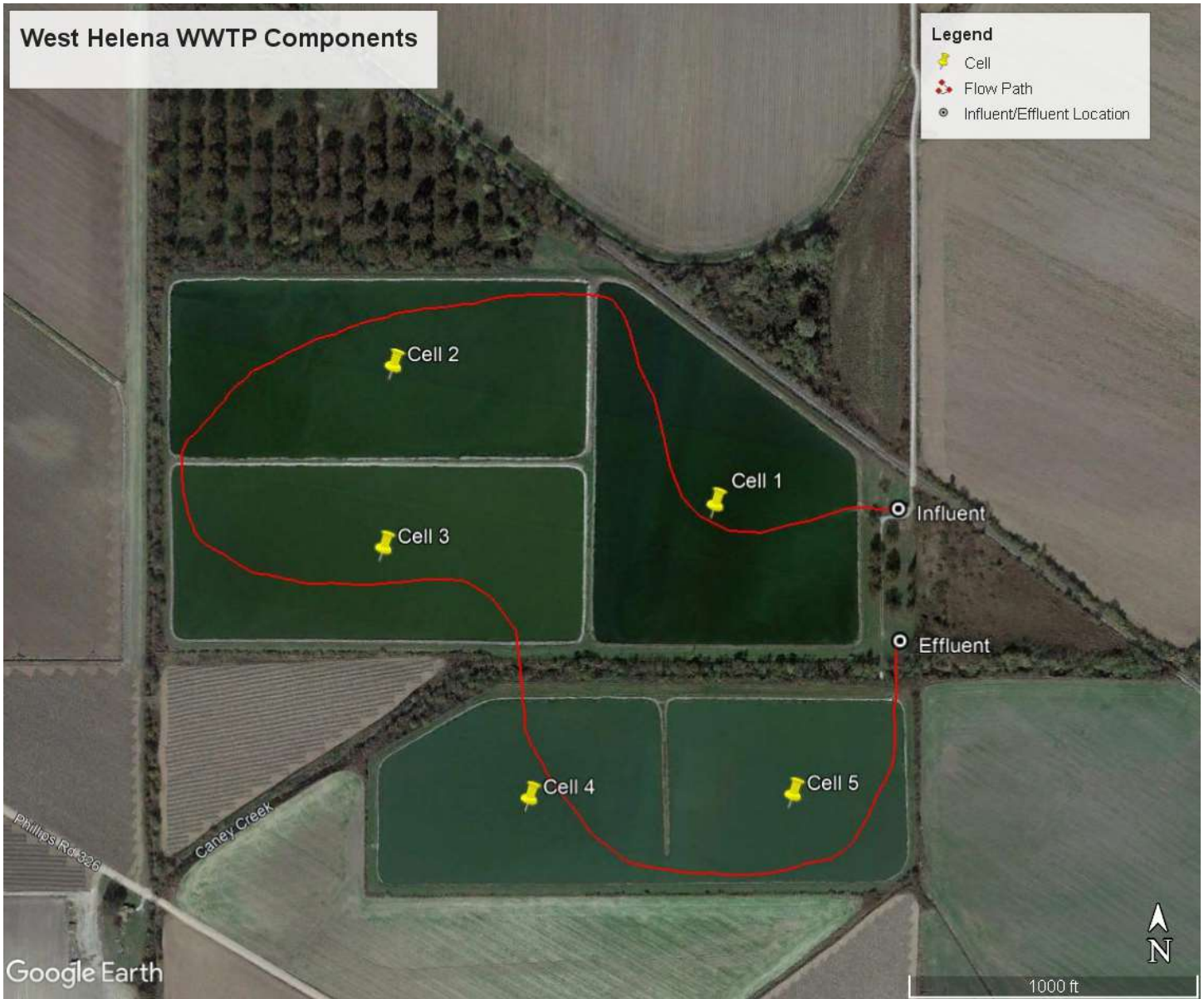


Figure 2. Google Earth image depicting West Helena WWTP components and simplified flow path; satellite base imagery dated 11/11/2020.





# ARKANSAS

## ENERGY & ENVIRONMENT

April 18, 2022

Kevin A. Smith, Mayor  
City of Helena-West Helena  
P.O. Box 248  
Helena, AR 72342  
Sent Via Email To: [mayor@helena-westhelena.us](mailto:mayor@helena-westhelena.us)

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 [healey@adeq.state.ar.us](mailto:healey@adeq.state.ar.us). 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 [Bolenbaugh@adeq.state.ar.us](mailto:Bolenbaugh@adeq.state.ar.us) or (501) 682-0659.

Sincerely,


A handwritten signature in blue ink, appearing to read 'Jason Bolenbaugh'.

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

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY</b>		
	<b>INSPECTION REPORT</b>		
	AFIN: <b>54-00086</b>	PERMIT #: <b>AR0022021</b>	DATE: <b>3/2/2022</b>
	COUNTY: <b>54 Phillips</b>	PDS #: <b>119872</b>	MEDIA: <b>WN</b>
GPS LAT:	LONG:	LOCATION: <b>*****</b>	
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>City of West Helena</b> LOCATION: <b>Multiple Locations</b> CITY: <b>West Helena</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>83321 S - State</b> FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b> INSPECTION TYPE: <b>SSO/Collection System</b>	
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>3/2/2022</b> ENTRY TIME: <b>09:15</b> EXIT TIME: <b>13:30</b> PERMIT EFFECTIVE DATE: <b>2/1/2019</b> PERMIT EXPIRATION DATE: <b>1/31/2024</b>	
		NAME / TITLE: <b>Kevin A. Smith / Mayor</b> COMPANY: <b>City of Helena-West Helena</b> MAILING ADDRESS: <b>P.O. Box 248</b> CITY, STATE, ZIP: <b>Helena AR 72342</b> PHONE & EXT: / FAX: <b>870-817-7439 /</b> EMAIL: <b>mayor@helena-westhelena.us</b> CONTACTED DURING INSPECTION: <b>No</b>	
		<b>FAYETTEVILLE SHALE RELATED: N</b>	
		<b>FAYETTEVILLE SHALE VIOLATIONS: N</b>	
		<b>INSPECTION PARTICIPANTS</b>	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jeff Patterson, General Manager, (870) 816-5251</b> <b>Joey Williams, Maintenance, (870) 228-2874</b>	
<b>AREA EVALUATIONS</b>			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
**	PERMIT	**	FLOW MEASUREMENT
**	RECORDS/REPORTS	**	LABORATORY
<b>U</b>	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL
**	OTHER:	**	STORMWATER
**		**	FACILITY SITE REVIEW
**		**	SELF-MONITORING PROGRAM
**		**	PRETREATMENT
<b>SUMMARY OF FINDINGS</b>			
<ul style="list-style-type: none"> <li>• 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.</li>   <li>• 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.</li>   <li>• Pump stations lack emergency contact information in the event a member of the public identifies an overflow or pump station failure.</li>   <li>• 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.</li> </ul>			

**GENERAL COMMENTS**

- The bypass pumps require operations staff to fill with diesel fuel twice per day so the pumps will continue to run over a 24-hour period. On average it requires 180 gallons of diesel fuel per day to operate a single 8-inch bypass pump. The permittee currently operates one, 4-inch bypass pump in the City 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 inspections or maintenance occurs at the pump stations.
- 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.

INSPECTOR'S SIGNATURE:	←Click text to left to add signature	<b>-Inspector Name</b>	DATE:
SUPERVISOR'S SIGNATURE:	 <b>Jason Bolenbaugh</b>		DATE: <b>4/18/2022</b>

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <b>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.</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>~8,689</b>		
FEET OF SEWER SYSTEM: <b>Permittee failed to provide this information.</b>		
AGE OF SYSTEM: <b>Permittee failed to provide this information.</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>No SSOs have been reported in the last three years.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO DEQ (DESCRIBE): <b>No SSOs have been reported in the last three years. The City needs to provide a description of how SSOs are reported to DEQ.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
ARE ALL SSOs REPORTED REGARDLESS OF SIZE: <b>No SSOs have been reported in the last three years.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>PUMP STATIONS</b>		
<b>NUMBER OF PUMP STATIONS IN SYSTEM: 4</b>		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>NUMBER WITH BACKUP POWER: 1</b>		
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>It was explained the stations were inspected daily</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>It was explained daily logs were maintained in the pump stations but this was false.</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>No spare parts are maintained.</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>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.</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>When problems are noted on the SCADA or by the public the operations staff will respond accordingly to an issues.</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>3 – Miller Loop, Denise Drive, and Airport Road.</b>		
<b>SATELLITE SYSTEMS</b>		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <b>There are no satellite systems that discharge into the permittee's collection system.</b>		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Miller Loop (Location 34.558368, -90.659966)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>2</b>	NUMBER OPERATIONAL: <b>0</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>60-hp</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>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.</b>	
<b>GENERAL OPERATION AND MAINTENANCE</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>Comments: This station is not operational and therefore this section was not evaluated.</b>	
<b>BACKUP POWER AND ALARMS</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>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.</b>	



<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Denise Drive (Location 35.558118, -90.665708)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>2</b>	NUMBER OPERATIONAL: <b>0</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>2-hp</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>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.</b>	
<b>GENERAL OPERATION AND MAINTENANCE</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>Comments: This station only serves residents on Denise Drive. The station is covered and secured.</b>	
<b>BACKUP POWER AND ALARMS</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>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.</b>	

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Airport Road (Location 34.565109, -90.671712)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>2</b>	NUMBER OPERATIONAL: <b>2</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>7.5-hp</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>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.</b>	

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of West Helena</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1209</b>
		Photo #:	<b>1</b>
Description:	<b>DSCN3751: Miller Loop Pump Station with a bypass pump.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1209</b>
		Photo #:	<b>2</b>
Description:	<b>DSCN3753: Miller Loop bypass pump.</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	City of West Helena		
Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1235
		Photo #:	3
Description:	DSCN3758: Denise Drive pump station.		



Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1230
		Photo #:	4
Description:	DSCN3756: Run times for Pumps 1 & 2 at the Denise Drive pump station.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of West Helena		
Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1233
		Photo #:	5
Description:	DSCN3757: Denise Drive wet well with contents approximately 12-inches from the top of the wet well.		



Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1230
		Photo #:	6
Description:	DSCN3755: Denise Drive pump station log book.		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of West Helena</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1259</b>
		Photo #:	<b>7</b>
Description:	<b>DSCN3761: Airport Road pump station.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1302</b>
		Photo #:	<b>8</b>
Description:	<b>DSCN3764: Airport Road pump station control switches in the auto position.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of West Helena</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1300</b>
		Photo #:	<b>9</b>
Description:	<b>DSCN3762: Minimal amount of grease accumulation in the Airport Road pump station wet well.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1302</b>
		Photo #:	<b>10</b>
Description:	<b>DSCN3763: Airport Road pump station log book.</b>		

