



ARKANSAS  
Department of Environmental Quality

*November 5, 2010*

*Terry McGinister, General Manager  
Helena Municipal Water and Sewer  
702 Cherry Street  
Helena, Arkansas 72342*

*RE: Wastewater Treatment Facility*

*AFIN: 54-00083*

*NPDES Permit No.: AR0043389*

*Dear Mr. McGinister:*

*On October 6, 2010, I conducted a routine compliance inspection of the wastewater 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. This inspection revealed the following deficiency:*

- 1. Part III, Section B, #1, a; Inadequate maintenance of the effluent staff gauge. At the time of inspection, the bottom four inches of the staff gauge could not be read. Therefore, an effluent flow calculation check could not be conducted at the current discharge rate.***

*The above item requires your immediate attention. Please submit a written response to Cindy Garner, Water Division Enforcement Branch, of this Department. This response should be mailed to the address below. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible. The written response is due by **November 15, 2010**.*

*For additional information you may contact the enforcement section by telephone at 501-682-0639 or by fax at 501-682-0910.*

*Terry McGinister, General Manager  
Helena Municipal Water and Sewer  
November 5, 2010  
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*If I can be of any assistance, please contact me at (870) 247-5155.*

*Sincerely,*

A handwritten signature in black ink that reads "Steven L. Henderson". The signature is written in a cursive, flowing style.

*Steven L. Henderson  
District 6 Inspector  
Water Division*

*cc: Water Division Enforcement Branch  
Water Division Permits Branch*



Form Approved  
OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

|                      |   |   |       |    |                            |   |    |   |    |    |    |    |           |          |    |   |    |              |    |           |    |           |    |   |    |   |    |   |    |  |
|----------------------|---|---|-------|----|----------------------------|---|----|---|----|----|----|----|-----------|----------|----|---|----|--------------|----|-----------|----|-----------|----|---|----|---|----|---|----|--|
| Transaction Code     |   |   | NPDES |    |                            |   |    |   |    |    |    |    | Yr/Mo/Day |          |    |   |    | Inspec. Type |    | Inspector |    | Fac. Type |    |   |    |   |    |   |    |  |
| 1                    | N | 2 | 5     | 3  | A                          | R | 0  | 0 | 4  | 3  | 3  | 8  | 9         | 11       | 12 | 1 | 0  | 1            | 0  | 0         | 6  | 17        | 18 | C | 19 | S | 20 | 1 |    |  |
| Remarks              |   |   |       |    |                            |   |    |   |    |    |    |    |           |          |    |   |    |              |    |           |    |           |    |   |    |   |    |   |    |  |
| Inspection Work Days |   |   |       |    | Facility Evaluation Rating |   |    |   |    | BI |    | QA |           | Reserved |    |   |    |              |    |           |    |           |    |   |    |   |    |   |    |  |
| 67                   | 0 | 0 | 1     | 69 | 70                         | 3 | 71 | N | 72 | N  | 73 |    | 74        |          | 75 |   | 76 |              | 77 |           | 78 |           | 79 |   | 80 |   | 81 |   | 82 |  |

### Section B: Facility Data

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> )<br><b>City of Helena WWTP</b><br><i>Approximately 1.5 miles West of the Hwy. 44 and Hwy. 20 intersection</i><br><b>Section 24, Township 2 South, Range 4 East</b><br><b>Phillips County, Arkansas</b> |  | Entry Time/Date<br><b>9:00 a.m. 10/6/10</b> |  | Permit Effective Date<br><b>November 1, 2009</b>                                 |  |   |  |
|   |  | Exit Time/Date<br><b>12:00 noon 10/6/10</b> |  | Permit Expiration Date<br><b>October 31, 2014</b>                                |  |   |  |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)<br><b>Benzene Collier, Class III Operator (870) 338-7438</b>  |  |   |  | Other Facility Data  |  |   |  |
| Name, Address of Responsible Official/Title/Phone and Fax Number<br><b>Terry McGinister, General Manager (870) 338-7438 (870) 338-7477 Fax</b><br><b>Helena Municipal Water and Sewer</b><br><b>702 Cheery Street</b><br><b>Helena, Arkansas 72342</b>  |  |   |  | Contacted<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | <b>Facility Location:</b><br><b>N 34 30' 00"</b><br><b>W 90 38' 07"</b> |  |

### Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

|   |                           |   |                         |   |                          |   |                      |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit                    | M | Flow Measurement        | S | Operations & Maintenance | S | Sampling             |
| S | Records/Reports           | S | Self-Monitoring Program | S | Sludge Handling/Disposal | N | Pollution Prevention |
| S | Facility Site Review      | N | Compliance Schedules    | N | Pretreatment             | N | Multimedia           |
| S | Effluent/Receiving Waters | N | Laboratory              | N | Storm Water              | N | Other:               |

### Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

***At the time of inspection, the following deficiency was noted:***

***Inadequate maintenance of the effluent staff gauge. At the time of inspection, the bottom four inches of the staff gauge could not be read. Therefore, an effluent flow calculation check could not be conducted at the current discharge rate.***

|   |   |                         |
|---|---|-------------------------|
| Name(s) and Signature(s) of Inspector(s)<br>Steven L. Henderson | Agency/Office/Telephone/Fax<br>ADEQ/ White Hall/ (870) 247-5155/ (870) 247-5185 | Date<br>October 8, 2010 |
| Signature of Reviewer   | Agency/Office/Phone and Fax Numbers   | Date                    |

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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 |

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

S M U NA NE

## DETAILS:

- |  |   |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:                                  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:       | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NE

## DETAILS:

- |   |   |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:                             | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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: <i>1 Class III, 1 Class II</i>              | <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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:                               | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

|   |  |
|---|--|
| 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 checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:                           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 |

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: **Bottom four inches of staff gauge can not be read.**

|  |  |
|--|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <i>4' Rectangular Weir</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE: <i>Last calibration: January 9, 2010</i>                                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:                                   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

|  |  |
|--|--|
| 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: <i>McClelland Consulting Engineers, Inc.</i>                                    |  |
| b. LAB ADDRESS: <i>1311 West 2<sup>nd</sup> Street, Little Rock, Arkansas 72201</i>          |  |
| c. PARAMETERS PERFORMED: <i>BOD5, TSS, FCB, pH, Acute Biomonitoring</i>                      |  |
| 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 S M U NA NE

DETAILS:

| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
|------------|-----------|--------|-----------|--------------|-----------------|-------|-------|
| 001        | none      | none   | none      | none         | none            | Clear | none  |
|            |           |        |           |              |                 |       |       |
|            |           |        |           |              |                 |       |       |
|            |           |        |           |              |                 |       |       |

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

|   |   |
|---|---|
| 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): |   |

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

|  |  |
|--|--|
| 1. SAMPLES OBTAINED THIS INSPECTION:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

|  |  |
|--|--|
| 1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED:                 | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES:                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. LIST OF STRUCTURAL BMPS:                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. LIST OF NON-STRUCTURAL BMPS:                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED:               | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 11. INSPECTIONS CONDUCTED AS REQUIRED:                   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

FLOW CALCULATION SHEET

**\* A flow calculation check was not conducted due to the fact that the bottom four inches of the effluent staff gauge could not be read, the low level of effluent flow, and the extreme danger of sticking the weir with a ruler.**

Date:  Time:

Head in Inches:  Feet:

Type & Size of Primary Flow Measurement Device:

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above:  (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above:   
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

|           |                  |   |                  |       |
|-----------|------------------|---|------------------|-------|
| % Error = | Recorded Value   | - | Calculated Value | X 100 |
|           | Calculated Value |   |                  |       |

|           |                      |   |                      |       |
|-----------|----------------------|---|----------------------|-------|
| % Error = | <input type="text"/> | - | <input type="text"/> | X 100 |
|           | <input type="text"/> |   |                      |       |

|           |                      |       |                      |
|-----------|----------------------|-------|----------------------|
| % Error = | <input type="text"/> | X 100 | <input type="text"/> |
|           | <input type="text"/> |       | <input type="text"/> |

|           |                      |       |                      |
|-----------|----------------------|-------|----------------------|
| % Error = | <input type="text"/> | X 100 | <input type="text"/> |
|-----------|----------------------|-------|----------------------|

|           |                      |   |                      |
|-----------|----------------------|---|----------------------|
| % Error = | <input type="text"/> | % | <input type="text"/> |
|-----------|----------------------|---|----------------------|

Comments:

## DMR Calculation Check

Reporting Period: From 2010 06 01 To 2010 06 30  
 Year Month Day Year Month Day

Parameter Checked: BOD 5-day

**Loading  
Mass**

**Mo. Avg. - lbs/day**

**Concentration  
Monthly**

**Mo. Avg. - mg/l**

**7-day Avg. - mg/l**

Reported Value: 77.8

14.1

15.25

Calculated Value: 77.8

14.1

15.25

Permit Value: 354

30

45

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



# Helena Municipal Water & Sewer

702 Cherry Street  
Helena-West Helena, Arkansas 72342

Owned and operated by the  
City of Helena-West Helena

870-817-7460 Fax 870-817-7469

November 15, 2010

Ms. Cindy Garner  
Water Division Enforcement Branch  
5301 Northshore Drive  
North Little Rock, AR 72218-5317

Re: AFIN: 54-00083 NPDES Permit No.: AR0043389

Dear Ms. Garner:

In reference to routine compliance inspection of October 6, 2010, we have made the following correction:

**Part III, Section B, #1** – We have cleaned the effluent staff gauge allowing the gauge to be readable. We will continue our maintenance of the staff gauge in order to allow for effluent flow calculation checks.

Please advise if additional information is required.

Sincerely,



Terry McGinister  
General Manager

DO NOT WRITE IN THESE SPACES

RE: AFIN: 54-00083 NPDES PERMIT NO.: AR0043389

NOV 15 2010 10:00 AM

NOV 15 2010 10:00 AM

**Helena Municipal Water & Sewer System**

Owned and Operated by the City of Helena

**702 Cherry Street**

**Helena, Arkansas 72342**

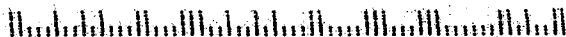
MEMPHIS TN 381

15 NOV 2010 PM 3 T



Ms. Cindy Garner  
Water Division-Enforcement Branch  
5301 Northshore Drive  
North Little Rock, AR 72218-5317

72218-5317



# ADEQ

ARKANSAS  
Department of Environmental Quality

December 1, 2010

Mr. Terry McGinister, General Manager  
Helena Municipal Water and Sewer  
702 Cherry Street  
Helena, AR 72342

RE: Permit No.: AR0043389, AFIN: 54-00083

Dear Mr. McGinister:

The Department has received your response to the October 6, 2010 inspection of your facility by our District Field Inspector, Steven Henderson. Your letter appears to adequately address the discrepancies identified during the visit. The Department assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your site and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0632 or you may e-mail me at [bolenbaugh@adeq.state.ar.us](mailto:bolenbaugh@adeq.state.ar.us).

Sincerely,



Jason Bolenbaugh  
Enforcement Analyst  
Water Division Enforcement Branch