

# ADEQ

ARKANSAS  
Department of Environmental Quality

March 16, 2012

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

AFIN: 54-00083

NPDES Permit No.: AR0043389

Dear Mr. McGinister:

On March 13, 2012, 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 violation:

**No documentation that the 30-day average percent removal for Biochemical Oxygen Demand (BOD) and Total Suspended Solids (TSS) is at least eighty-five percent (85%).**

The above item requires your immediate attention. Please submit a written response to Water Division Enforcement Branch of this Department. The response should be mailed to the address below or e-mailed to [Water-Enforcement-Report@adeq.state.ar.us](mailto:Water-Enforcement-Report@adeq.state.ar.us). The response should contain documentation describing the course of action taken to correct each item noted. The corrective action should be completed as soon as possible and the written response is due by **March 30, 2012**.

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

If I can be of any assistance, please contact me at (870) 247-5155 or e-mail at [henderson@adeq.state.ar.us](mailto:henderson@adeq.state.ar.us).

Sincerely,



Steven L. Henderson  
District 6 Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	2	0	3	1	3	17	18	C	19	S	20	1
Remarks																												
Inspection Work Days				Facility Evaluation Rating				BI		QA		-----Reserved-----																
67				69	70	2	71	N	72	N	73		74	75														80


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> ) <b>City of Helena WWTP</b> Approximately 1.5 miles West of the Hwy. 44 and Hwy. 20 intersection Section 24, Township 2 South, Range 4 East Phillips County, Arkansas	Entry Time/Date <b>9:00 a.m. 3/13/2012</b>	Permit Effective Date <b>November 1, 2009</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Benzene Collier, Class III Operator (870) 338-7438</b>	Other Facility Data  <b>Facility Location:</b> N 34 30' 00" W 90 38' 07"  <b>PDS #064473</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Terry McGinister, General Manager (870) 338-7438 (870) 338-7477 Fax</b> Helena Municipal Water and Sewer 702 Cheery Street Helena, Arkansas 72342	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	M	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	S	Laboratory	N	Storm Water	N	Other:

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

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

**No documentation that the 30-day average percent removal for Biochemical Oxygen Demand (BOD) and Total Suspended Solids (TSS) is at least eighty-five percent (85%).**

Name(s) and Signature(s) of Inspector(s)  Steven L. Henderson	Agency/Office/Telephone/Fax ADEQ/ White Hall/ (870) 247-5155/ (870) 247-5185	Date March 14, 2012
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: Y N NA NE
  - 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
  - 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
  - 4. ALL DISCHARGES ARE PERMITTED: Y N NA NE

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

- DETAILS:
- 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: Y N NA NE
  - 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
    - a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
    - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
    - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
    - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
    - e. RESULTS OF CALIBRATIONS: Y N NA NE
    - f. RESULTS OF ANALYSES: Y N NA NE
    - g. DATES AND TIMES OF ANALYSES: Y N NA NE
    - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
  - 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
  - 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
  - 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

- DETAILS:
- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
  - 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
  - 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: S M U NA NE
  - 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
  - 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
  - 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: *1 Class III, 1 Class II* S M U NA NE
  - 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
  - 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
  - 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
  - 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
  - 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
  - 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
  - 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
  - 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
  - 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA 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 NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <b>4' Rectangular Weir</b>	<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: <b>Last calibration: February 1, 2012</b>	<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: <b>McClelland Consulting Engineers, Inc.</b>	
b. LAB ADDRESS: <b>1311 West 2<sup>nd</sup> Street, Little Rock, Arkansas 72201</b>	
c. PARAMETERS PERFORMED: <b>BOD5, TSS, FCB, pH, Acute Biomonitoring</b>	
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 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

## FLOW CALCULATION SHEET

Date: **3/13/2012** Time: **11:15 a.m.**

Head in Inches: **3.5** Feet: **.29**

Type & Size of Primary Flow Measurement Device:  
**4' Rectangular Weir W/O End Contractions**

Name & Model of Secondary Flow Measurement Device:

**Milltronics Hydro Ranger**

Date of last Calibration of Secondary Flow Device: **February 1, 2012**

Recorded Flow at Date & Time Listed Above: **958.8 gpm** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **933.6 gpm**

(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 =	958.8	-	933.6	X 100	
	933.6				

% Error =	25.2			X 100	
	933.6				

% Error =	0.026			X 100	
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% Error =	<b>2.69%</b>	%			
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Comments:

### DMR Calculation Check

**Reporting Period:** From 2012 01 01 To 2012 01 31  
Year Month Day Year Month Day

**Parameter Checked:** BOD 5-day

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>210.8</u>	<u>15.7</u>	<u>20.9</u>
<b>Calculated Value:</b>	<u>210.8</u>	<u>15.7</u>	<u>20.9</u>
<b>Permit Value:</b>	<u>354</u>	<u>30</u>	<u>45</u>

**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 870-338-7477

March 22, 2012

Mr. Steve Henderson  
District 6 Inspector  
Arkansas Dept. of Environmental Control  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

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

Dear Mr. Henderson:

In reference to your routine compliance inspection of March 13, 2012, please find attached laboratory results of our Biochemical Oxygen Demand (BOD5) and Total suspended Solids (TSS).

All future Influent testing is scheduled to be performed annually by our contract laboratory.

Please advise if additional information is required.

Sincerely,



Terry McGinister  
General Manager

cc: Water Division Enforcement Division



# MCE McCLELLAND CONSULTING ENGINEERS, INC.

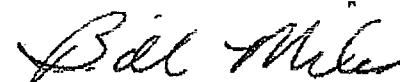
601-370-7808 FAX 601-370-4522

Client: City of Helena Sample Number: 37062-02  
 Sample Description: Date Reported: 3/21/2012  
 Sample Location: influent  
 Permit Number:  
 References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times  
 Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020  
 Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples  
 QA Frequency: Minimum of 10% Spikes and Duplicates

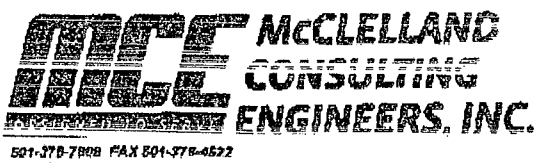
Parameter	Grab		Composite		Date/Time Received:
	Date/Time	Sampler	Date/Time	Sampler	03/16/12 15:00
Reference	Test Date/Time		Initials	Result	
BOD 5 day					
BOD	5210 B				78.56 mg/l
Total Suspended Solids					
TSS	2540 D				340.0 mg/l

\* Quality assurance performed on other samples.

Chain of custody, equipment calibration and maintenance records,  
and QA/QC information are on file at the laboratory.



Bill Miles, Laboratory Manager



Client: City of Helena Sample Number: 37062-01  
 Sample Description: WWTW Effluent Date Reported: 3/21/2012  
 Sample Location: Effluent  
 Permit Number:  
 References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times  
 Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020  
 Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples  
 QA Frequency: Minimum of 10% Spikes and Duplicates

Parameter	Grab	Reference	Composite	Date/Time Received:
	Date/Time		Date/Time	
	03/16/12 11:10			03/16/12 15:00
	Jesse James			
Parameter	Reference	Test Date/Time	Initials	Result
<b>BOD 5 day</b>				
BOD	5210 B		MB	11.70 mg/l
<b>Dissolved Oxygen</b>				
DO	4500-O c or g	3/16/2012 11:13:00 AM		8.7 mg/l
<b>Fecal Coliform</b>				
Fecal Coliforms	9222 D		LB	20 Col/100 mls
<b>pH</b>				
pH	4500-H+ B	3/16/2012 11:11:00 AM	JJ	9.3 pH Units
<b>Temperature</b>				
Temperature	2550 B	3/16/2012 11:12:00 AM	JJ	23 degrees C
<b>Total Suspended Solids</b>				
TSS	2540 D		LB	44.0 mg/l

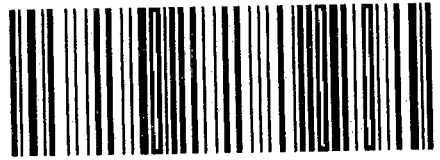
\* Quality assurance performed on other samples.

Chain of custody, equipment calibration and maintenance records, and QA/QC information are on file at the laboratory.

Bill Miles, Laboratory Manager

**CERTIFIED MAIL™**

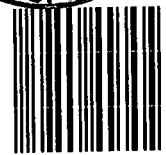
**Helena Municipal Water and Sewer System**  
Owned and Operated by the City of Helena-West Helena  
**702 Cherry Street**  
**Helena, Arkansas**  
**72342**



7005 1160 0005 1138 8927



**USPS**



1000

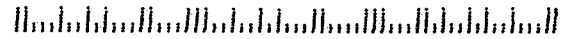
72118

U.S. POSTAGE  
PAID  
HELENA, AR  
72342  
MAR 21, '12  
AMOUNT

**\$5.30**  
00064539-02

Mr. Steve Henderson  
District 6 Inspector  
Arkansas Dept. of Environmental Control  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

721185317 0015



# ADEQ

ARKANSAS  
Department of Environmental Quality

March 29, 2012

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

RE: NPDES Permit AR0043389, AFIN 54-00083  
Response to Inspection #064423

Dear Mr. McGinister:

The Department has received your response to the March 13, 2012 inspection of your facility by our District Field Inspector, Steven Henderson. The Department expects that the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of the 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 the 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 penalties 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