



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

# NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003

## Section A: National Data System Coding

|  |                                   |                                   |                                   |                         |                         |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------|-------------------------|
| Transaction Code   | NPDES                             | Yr/Mo/Day                         | Inspec. Type                      | Inspector               | Fac. Type               |
| 1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="9"/> 11 <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> 17 18 <input type="text" value="V"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/> | Remarks                           |                                   |                                   |                         |                         |
| Inspection Work Days   | Facility Evaluation Rating        | BI                                | QA                                | Reserved                |                         |
| 67 <input type="text"/> <input type="text"/> <input type="text"/> 69   | 70 <input type="text" value="2"/> | 71 <input type="text" value="N"/> | 72 <input type="text" value="N"/> | 73 <input type="text"/> | 74 <input type="text"/> |
|  |                                   | 75 <input type="text"/>           |                                   | 76 <input type="text"/> | 77 <input type="text"/> |
|  |                                   |                                   |                                   | 78 <input type="text"/> | 79 <input type="text"/> |
|  |                                   |                                   |                                   | 80 <input type="text"/> |                         |

## 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>Helena Municipal Water and Sewer</b><br><b>Approximately 1.5 miles West of Hwy. 44 and Hwy. 20 Intersection</b><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. 12/11/2013</b>                                   | Permit Effective Date<br><b>November 1, 2009</b>  |
|  | Exit Time/Date<br><b>11:45 a.m. 12/11/2013</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<br><b>Major Municipal</b><br><b>PDS# 075169</b>              |   |
| Name, Address of Responsible Official/Title/Phone and Fax Number<br><b>Terry McGinister, General Manager (870) 338-7477</b><br><b>Helena Municipal Water and Sewer</b><br><b>702 Cherry Street</b><br><b>Helena, Arkansas 72342</b>  | Contacted<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |


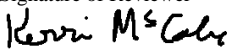
## Section C: Areas Evaluated During Inspection

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

|                                |                           |                                |                         |                                |                          |                                |                      |
|--------------------------------|---------------------------|--------------------------------|-------------------------|--------------------------------|--------------------------|--------------------------------|----------------------|
| <input type="text" value="N"/> | Permit                    | <input type="text" value="N"/> | Flow Measurement        | <input type="text" value="S"/> | Operations & Maintenance | <input type="text" value="N"/> | Sampling             |
| <input type="text" value="U"/> | Records/Reports           | <input type="text" value="U"/> | Self-Monitoring Program | <input type="text" value="N"/> | Sludge Handling/Disposal | <input type="text" value="N"/> | Pollution Prevention |
| <input type="text" value="S"/> | Facility Site Review      | <input type="text" value="N"/> | Compliance Schedules    | <input type="text" value="N"/> | Pretreatment             | <input type="text" value="N"/> | Multimedia           |
| <input type="text" value="N"/> | Effluent/Receiving Waters | <input type="text" value="N"/> | Laboratory              | <input type="text" value="N"/> | Storm Water              | <input type="text" value="N"/> | Other:               |

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

**A routine sanitary sewer overflow (SSO) inspection was conducted to determine the compliance status of the City's sanitary sewer collection system. At the time of inspection, the following violation was noted:**  
**Part II, #4; Failure to report sanitary sewer overflows. Specifically, the two overflows that occurred on July 29, 2013 and August 12, 2013. The monthly SSO form for the months of July 2013 and August 2013 should be resubmitted to document these occurrences.**

|  |   |                           |
|--|---|---------------------------|
| 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>December 12, 2013 |
| Signature of Reviewer<br> Kerri McCabe                           | Agency/Office/Phone and Fax Numbers<br>ADEQ / NLR / 501-682-0642                | Date<br>December 13, 2013 |

| <b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>   |  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
|--|--|---|
| PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM:<br><b>Gravity Flow &gt; 9 Pump Stations &gt; WWTP</b>  |  |   |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS:<br><b>Population 6,200 / Industrial 23 / Commercial 284 / Residential 1786</b>   |  |   |
| FEET OF SEWER SYSTEM: <b>approx. 250 miles</b>   |  |   |
| AGE OF SYSTEM: <b>from 100 years to 12 years</b>   |  |   |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>infiltration issues during heavy rainfall events</b>   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |   |
| IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):<br><b>Date, time, duration and amount are reported by phone within 24 hrs., written documentation is submitted within 5 days</b> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |   |
| ARE ALL SSOs REPORTED REGARDLESS OF SIZE: <b>At least 2 unreported in 2013</b>   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |   |
| HAVE SSOs REACHED "WATERS OF THE U. S." (LIST DATE AND LOCATION OF EACH):  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |   |
| <b>PUMP STATIONS</b>   |  |   |
| NUMBER OF PUMP STATIONS IN SYSTEM: <b>9</b>  |  | NUMBER WITH BACKUP POWER: <b>9</b>  |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily</b>  |  |   |
| ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>Yes</b>  |  |   |
| ADEQUATE INVENTORY OF SPARE PARTS: <b>Yes</b>  |  |   |
| TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>SCADA</b>   |  |   |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>SCADA System notifies personnel by phone</b>   |  |   |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>2</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:  |  |   |
| 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA                             |
| NAME AND/OR LOCATION OF PUMP STATION:<br><b>Pump Station #4 (Old Highway Road)</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:   | <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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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>Hi/Lo Levels, Flow, Power Outage, Intrusion</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:<br><b>Pump Station #5 (Gordon Street)</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:   | <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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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>Hi/Lo Levels, Flow, Power Outage, Intrusion</b>   |   |

# 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

December 18, 2013

Arkansas Department of Environmental Quality  
Water Division Inspection Branch  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Re: AFIN: 54-00083 NPDES Permit No.: AR0043389  
AR0043389 (SSO)  
ARR00C436

Gentlemen:

In reference to routine compliance inspection of December 11, 2013, we have made the following correction:

Part II, #4; we have resubmitted the Sanitary Sewer Overflow Monthly Tabular Reports for July 2013 and August 2013. Sewer main repairs were completed August 21, 2013 by Reece Construction Company, Forrest City, Arkansas.

Please advise if additional information is required.

Sincerely,



Terry McGinister  
General Manager

cc: Steven L. Henderson  
ADEQ  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Kerri McCabe  
ADEQ  
4301 Northshore Drive  
North Little Rock, AR 72118-5317

# Sanitary Sewer Overflow (SSO) Monthly Tabular Report

Facility Name: Helena, City of

NPDES Permit No.: AR0043389

Monitoring Period (Month/Year): 7/2013  
Month Year

AFIN: 54-00083

No Sanitary Sewer Overflows This Monitoring Period

| Summary Report Code Descriptions |            |  |                            |                                 |
|----------------------------------|------------|--|----------------------------|---------------------------------|
| Cause(s) of SSO                  |            | Environmental Impact                                 | Action(s) Taken            | Ultimate Discharge Location     |
| CO-Construction                  | D-Debris   | NEAH-No Evid. of Adverse Health/Environmental Impact | WO-Work Order              | CR-Creek/Stream/River (specify) |
| E-Equipment Failure              | G-Grease   | OEEI-Observed or Evidence of Environmental Impact    | EC-Environmental Cleanup   | DI-Ditch                        |
| LF-Line Failure                  | R-Rainfall | OEHC-Observed or Evidence of Human Contact           | HC-Hydro Cleaned           | DR-Drop Inlet                   |
| RG-Roots / Grease                | RO-Roots   | EFK-Evidence of Fish Kill                            | HR-Hand Rodded             | GR-Ground Surface               |
| V-Vandalism                      |            |  | EN-Referred to Engineering | PA-Paved Area                   |
|                                  |            |  | PN-Public Notification     | CB-Contained in Building        |

| Location              | Manhole # | Start Date of SSO | End Date of SSO | Estimated Volume (in gallons) | Cause of SSO | Environmental Impact | Action (s) Taken to Address SSO | Ultimate Discharge Location |
|-----------------------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|-----------------------------|
| <u>1038 PRAK hill</u> |           | <u>7-29-13</u>    | <u>7-29-13</u>  | <u>2,000 Gal</u>              | <u>LF</u>    | <u>NONE</u>          | <u>HC</u>                       | <u>DI</u>                   |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |
|                       |           |                   |                 |                               |              |                      |                                 |                             |

Signature Jerry M. [Signature]

Date 12-18-2013

Signature of Cognizant Official (sign above)

Date above (Month/ Day/ Year) For ADEQ Staff Use (below)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Mail to: ADEQ Water Division P.O. Box 8913 Little Rock, AR 72219-8913 Mail NO later than the 25<sup>th</sup> of the month following the monitoring period. You should send in the same envelope with the DMR.

PAGE 02/02  
ADEQ LITTLE ROCK  
801-582-0919  
16:56  
01/31/2007

# Sanitary Sewer Overflow (SSO) Monthly Tabular Report

Facility Name: Helena, City of

NPDES Permit No.: AR0043389

Monitoring Period (Month/Year): 8 / 2013  
Month Year

AFIN: 54-00083

No Sanitary Sewer Overflows This Monitoring Period

### Summary Report Code Descriptions

| Cause(s) of SSO     |            | Environmental Impact                                 | Action(s) Taken            | Ultimate Discharge Location     |
|---------------------|------------|--|----------------------------|---------------------------------|
| CO-Construction     | D-Debris   | NEAH-No Evid. of Adverse Health/Environmental Impact | WO-Work Order              | CR-Creek/Stream/River (specify) |
| E-Equipment Failure | G-Grease   | OEEI-Observed or Evidence of Environmental Impact    | EC-Environmental Cleanup   | DI-Ditch                        |
| LF-Line Failure     | R-Rainfall | OEHC-Observed or Evidence of Human Contact           | HC-Hydro Cleaned           | DR-Drop Inlet                   |
| RG-Roots / Grease   | RO-Roots   | EFK-Evidence of Fish Kill                            | HR-Hand Rodded             | GR-Ground Surface               |
| V-Vandalism         |            |  | EN-Referred to Engineering | PA-Paved Area                   |
|                     |            |  | PN-Public Notification     | CB-Contained in Building        |

| Location      | Manhole # | Start Date of SSO | End Date of SSO | Estimated Volume (in gallons) | Cause of SSO | Environmental Impact | Action (s) Taken to Address SSO | Ultimate Discharge Location |
|---------------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|-----------------------------|
| 1038 Parkhill |           | 8-12-13           | 8-13-13         | 2,500 gal                     | LF           | None                 | Contract Repair                 | DI                          |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |
|               |           |                   |                 |                               |              |                      |                                 |                             |

Signature Jerry McQuinn

Date 12 11 2013

Signature of Cognizant Official (sign above) \_\_\_\_\_ Date above (Month/ Day/ Year) \_\_\_\_\_ For ADEQ Staff Use (below)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Mail to: ADEQ Water Division P.O. Box 8913 Little Rock, AR 72219-8913 Mail NO later than the 25<sup>th</sup> of the month following the monitoring period. You should send in the same envelope with the DMR.

PAGE 02/02  
 ADEQ LITTLE ROCK  
 501-582-789-100  
 16:00  
 07/01/2013

**Helena Municipal Water and Sewer System**

Owned and Operated by the City of Helena-West Helena

**702 Cherry Street**

**Helena, Arkansas**

**72342**

**CERTIFIED MAIL™**

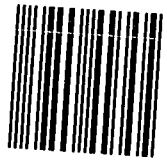


7005 1160 0005 1138 9800



UNITED STATES  
POSTAL SERVICE

1000



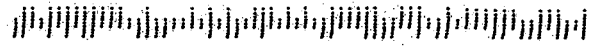
72118

U.S. POSTAGE  
PAID  
HELENA, AR  
72342  
DEC 19 2013  
AMOUNT

**\$6.11**  
00010471-0

Arkansas Department of Environmental Quality  
Water Division Inspection Branch  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

721185317 RC15





**Helena Municipal Water and Sewer System**

Owned and Operated by the City of Helena-West Helena

**702 Cherry Street**

**Helena, Arkansas**

**72342**

MEMPHIS TN 380

19 DEC 2013 PM 2 1



**Equality**

FOREVER

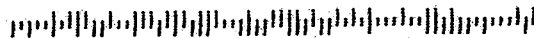
Steven L. Henderson

ADEQ

5301 Northshore Dr

North Little Rock, AR 72118-5317

72118531799



# ADEQ

ARKANSAS  
Department of Environmental Quality

January 6, 2014

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

**RE: Response to Sanitary Sewer Overflow Inspection (Phillips Co)**  
**AFIN: 54-00083** **NPDES Permit No.: AR0043389**

Dear Mr. McGinister:

I have reviewed the response pertaining to my December 11, 2013 inspection of the sanitary sewer collection system. The information provided sufficiently addresses the violation referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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 (870) 247-5155 or e-mail at [henderson@adeq.state.ar.us](mailto:henderson@adeq.state.ar.us).

Sincerely,



Steven L. Henderson  
District 6 Field Inspector  
Water Division