



A R K A N S A S
Department of Environmental Quality

December 28, 2015

Ken Fratesi, Manager
Helena Municipal Water and Sewer
702 Cherry Street
Helena, AR 72342

RE: City of Helena Inspections (Phillips Co)
AFIN: 54-00083 NPDES Permit No.: AR0043389
ARR00C436

Dear Mr. Fratesi:



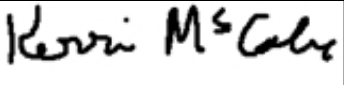
On December 10, 2015, I conducted a Compliance Evaluation Inspection, a Sanitary Sewer Overflow/Collection System Inspection, and an Industrial Stormwater Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. Copies of the inspection reports are enclosed for your records.

No violations were noted at the time of the inspection. Please refer to each of the attached inspection reports for any comments.

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

Sincerely,

Steven L. Henderson
District 6 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 54-00083		PERMIT #: AR0043389		DATE: 12/10/2015	
		COUNTY: 54 Phillips			PDS #: 088304		MEDIA: WN
		GPS LAT: 34.406490 LONG: -90.633855 LOCATION: General Area					
FACILITY INFORMATION				INSPECTION INFORMATION			
NAME: City of Helena WWTP LOCATION: Approx. 1.5 miles west of Hwy 20 on Hwy 44 CITY: Helena, AR				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 26075 S - State	
RESPONSIBLE OFFICIAL NAME: / TITLE Ken Fratesi, / Manager COMPANY: Helena Municipal Water and Sewer MAILING ADDRESS: 702 Cherry Street CITY, STATE, ZIP: Helena, AR 72342 PHONE & EXT: / FAX: 870-338- 7438 / EMAIL:				FACILITY EVALUATION RATING: 3 - Satisfactory		INSPECTION TYPE: Compliance Evaluation	
				DATE(S): 12/10/2015		ENTRY TIME: 09:30	
CONTACTED DURING INSPECTION: Yes				PERMIT EFFECTIVE DATE: 2/1/2015			
				PERMIT EXPIRATION DATE: 1/31/2020			
				FAYETTEVILLE SHALE RELATED: N			
				FAYETTEVILLE SHALE VIOLATIONS: N			
				INSPECTION PARTICIPANTS			
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Ken Fratesi, Manager			
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER		
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW		
S	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM		
S	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT		
N	OTHER:						
SUMMARY OF FINDINGS							
A routine inspection was conducted to determine compliance status with the Arkansas Water and Air Pollution Control Act, the Federal Clean Water Act and the regulations promulgated thereunder. At the time of inspection, the facility was in compliance with the applicable regulations.							
GENERAL COMMENTS							
None							
INSPECTOR'S SIGNATURE: 				Steven L. Henderson		DATE: 12/16/2015	
SUPERVISOR'S SIGNATURE: 				Kerri McCabe		DATE: 12/23/2015	

SECTION A: PERMIT VERIFICATION	
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
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
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 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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:	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>4' Rec. Weir</u>	<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:	<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 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 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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: <u>McClelland Consulting Engineers, Inc.</u>	
b. LAB ADDRESS: <u>1311 West 2nd Street, Little Rock, AR 72201</u>	
c. PARAMETERS PERFORMED: <u>BOD5, TSS, DO, pH, FCB, Bio-monitoring</u>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: <u>No discharge.</u>							
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:							
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						<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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	

DMR Calculation Check

Reporting Period: From 2015 09 01 To 2015 09 30
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>154.6</u>	<u>39.4</u>	<u>42.0</u>
Calculated Value:	<u>154.6</u>	<u>39.4</u>	<u>42.0</u>
Permit Value:	<u>1276</u>	<u>90</u>	<u>135</u>

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

From: [Gray, Dannielle](#)
To: [McConnell, Melissa](#)
Subject: FW: Acme Brick Company - EBP Inspection
Date: Thursday, January 21, 2016 3:43:40 PM
Attachments: [ADEQ inspection response 1-14-2016 \(2\).doc](#)
[Outfall modification requests.pdf](#)
[Outfall inspection ARR00C119 12-15.pdf](#)
[Storm Water maps-containment repair.docx](#)

Please attach to WID's 18944 & 18943 (email and 4 attachments).

Thank you,

~Dannielle

Dannielle Gray
ADEQ Water Inspector, District 4
(479) 424-0333

From: Lynn Ramsey [mailto:lramsey@brick.com]
Sent: Friday, January 15, 2016 1:44 PM
To: Gray, Dannielle
Cc: Todd Thornton; Michael Sutter
Subject: Acme Brick Company - EBP Inspection

Dear Ms. Gray,

You will find attached our response to findings you had noted in your inspection report dated December 28, 2015.

Should you have any questions please feel free to contact me at 479-785-2404.

I would appreciate you returning an email to let me know that you have received this information.

Sincerely

Lynn Ramsey
Acme Brick Company



January 15, 2016

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

RE: Acme Brick Co-EBP Plant inspections
AFIN: 36-00004 NPDES Permit No: ARROOB691; ARROOC119

Dear Mrs. Gray:

We are in receipt of your inspection report from December 11, 2015 and your recommendations contained therein. We have taken the following corrective actions:

ARROOC119

1. The permit and all outfalls were reviewed with plant personnel. Lynn Ramsey, Randy Cherb and I walked the property on December 16th to identify all three outfalls. Upon using the GPS coordinates located on our stormwater maps we were able to locate and observe all three outfalls. Randy has been retrained to observe these outfalls monthly and the maps that were located in the stormwater plan are attached as an addendum to this response.
2. As stated above all outfalls are identified on our stormwater maps. These will be monitored and sampled as required by the permit requirements. Copies of the monthly inspection report for December are attached for your review.

ARROOB691

1. We will relocate Outfall #007 to the location that you suggested. We are including an outfall modification form for this outfall.
2. We compared our coordinates for Outfall#004 with what was shown on our map and noticed the seconds were slightly different. We have included an outfall modification form for Outfall #004. When we checked Outfall #006 with our GPS device the coordinates matched very closely with what was on our stormwater plan. So we are unsure what might have caused the discrepancy that you mentioned for this outfall.
3. We have made repairs to the secondary containment for the fuel storage area on the south side of the plant. We have used a hydraulic cement material to fill the crack in the wall. Pictures of this repair are attached to the response.

Thank you for your time and suggestions on this inspection. I believe we have addressed your areas of concern. If you have any further questions please contact Lynn Ramsey at 479-785-2404 or myself at 501-467-0616.

Sincerely,

Todd Thornton
EHS Specialist
Acme Brick Company

SWPPP Quarterly Inspection Checklist

Date: 12-17-15

Inspector: Randy Clark

Section A: General

C 1 Housekeeping			
Are garbage, waste materials, and used parts regularly picked up and properly disposed?	<input checked="" type="radio"/> Yes	No	NA
Is the area around waste containers free of trash and clutter?	<input checked="" type="radio"/> Yes	No	NA
Is only clean scrap steel stored in areas subject to contact with precipitation?	Yes	No	<input checked="" type="radio"/> NA
Are catch pans used under vehicles to collect leaking fluids until repairs can be made?	<input checked="" type="radio"/> Yes	No	NA
Erosion Control			
Are erosion control measures, if necessary, adequate as to prevent erosion along property boundaries.	<input checked="" type="radio"/> Yes	No	NA
Structural Control Maintenance Program			
Are the structural controls in place, as identified in the site map?	<input checked="" type="radio"/> Yes	No	NA
Do the structural controls appear to be functioning properly.	<input checked="" type="radio"/> Yes	No	NA
Best Management Practices			
The above ground petroleum storage tanks will be inspected monthly for leaks or spillage and any necessary clean up will be performed immediately. Is the ground around the fueling area free of visible spills?	<input checked="" type="radio"/> Yes	No	NA
Are all storage containers that are stored outdoors tightly sealed to prevent potential contamination of storm water?	<input checked="" type="radio"/> Yes	No	NA
Brick additives (manganese, pigments, etc) will be stored indoors or in closed containers to prevent potential contact with storm water. Are brick additives stored in this manner?	<input checked="" type="radio"/> Yes	No	NA
Is preventative maintenance performed on plant equipment such as loaders, fork lifts, and dust collection systems?	<input checked="" type="radio"/> Yes	No	NA
Spill Prevention and Response			
A. Are there any signs of wear on drums, containers, and containment devices, or other indicators of potential spills?	Yes	<input checked="" type="radio"/> No	NA
Are all drums and storage containers properly labeled?	<input checked="" type="radio"/> Yes	No	NA
Is the secondary containment around the fueling tank(s) properly maintained?	<input checked="" type="radio"/> Yes	No	NA
Are spill kits easily accessible around the fueling area and other areas in which chemicals are stored or used?	<input checked="" type="radio"/> Yes	No	NA
Employee Training Program			
Is the employee training log (Appendix 6) current and complete?	<input checked="" type="radio"/> Yes	No	NA
Are all employees aware of the goals of the SWP3 and who to contact in regards to storm water issues?	<input checked="" type="radio"/> Yes	No	NA

OUTFALL MODIFICATION FORM

The enclosed form may be used to request modifications of outfalls covered under NPDES general permit ARR000000 for discharges of stormwater associated with industrial activity (except from construction activity). The numbering of outfalls should be sequential and begin with Outfall 001 (i.e. if Outfall 001 is deleted, Outfall 002 will become Outfall 001).

Attach additional pages to modify more than one outfall.

Outfall Modification Type: Add (Skip Section II) [] Remove (Skip Section III) [] Move X []

Permit Tracking No. ARR00_B691 AFIN: 36-00004

I. FACILITY INFORMATION:

Permittee: Acme Brick Co Contact Name: Lynn Ramsey
Facility Name: EBP Plant Phone Number:
Facility City: Clarksville Zip: 72830 Email Address: lramsey@brick.com
Mailing Address: P.O. Box 160
City: Clarksville State: AR Zip: 72830

II. CURRENT OUTFALL INFORMATION:

Outfall: 007
Outfall Latitude: 35 degrees 27 minutes 37 seconds
Outfall Longitude: 93 degrees 25 minutes 19 seconds
Receiving Stream:

III. NEW OUTFALL INFORMATION:

Outfall: 007
Outfall Latitude: 35 degrees 27 minutes 38 seconds
Outfall Longitude: 93 degrees 25 minutes 06 seconds
Receiving Stream: Unnamed tributary to Arkansas River

IV. CONSULTANT INFORMATION (if applicable):

Consultant Contact Name: Company:
Consultant Phone Number: Email Address:

V. SIGNATORY REQUIREMENTS:

"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."

Responsible/Cognizant Official Printed Name: LYNN BURCHELOW Title: REGIONAL PLANT MGR
Responsible/Cognizant Official Signature: [Signature] Date: 1/15/16

ATTACH A SITE MAP SHOWING THE NAME AND LOCATION OF EVERY OUTFALL THAT WILL BE COVERED UNDER YOUR EXISTING GENERAL PERMIT AFTER THIS MODIFICATION.

OUTFALL MODIFICATION FORM

The enclosed form may be used to request modifications of outfalls covered under NPDES general permit ARR000000 for discharges of stormwater associated with industrial activity (except from construction activity). The numbering of outfalls should be sequential and begin with Outfall 001 (i.e. if Outfall 001 is deleted, Outfall 002 will become Outfall 001).

Attach additional pages to modify more than one outfall.

Outfall Modification Type: Add (Skip Section II) [] Remove (Skip Section III) [] Move X []

Permit Tracking No. ARR00 _____ AFIN: _____

I. FACILITY INFORMATION:

Permittee: Acme Brick Co Contact Name: Lynn Ramsey
Facility Name: EBP Plant Phone Number:
Facility City: Clarksville Zip: 72830 Email Address: lramsey@brick.com
Mailing Address: P.O. Box 160
City: Clarksville State: AR Zip: 72830

II. CURRENT OUTFALL INFORMATION:

Outfall: 004
Outfall Latitude: 35 degrees 27 minutes 38 seconds
Outfall Longitude: 93 degrees 25 minutes 14 seconds
Receiving Stream:

III. NEW OUTFALL INFORMATION:

Outfall: 004
Outfall Latitude: 35 degrees 27 minutes 42 seconds
Outfall Longitude: 93 degrees 25 minutes 14 seconds
Receiving Stream: Unnamed tributary to Arkansas River

IV. CONSULTANT INFORMATION (if applicable):

Consultant Contact Name: Company:
Consultant Phone Number: Email Address:

V. SIGNATORY REQUIREMENTS:

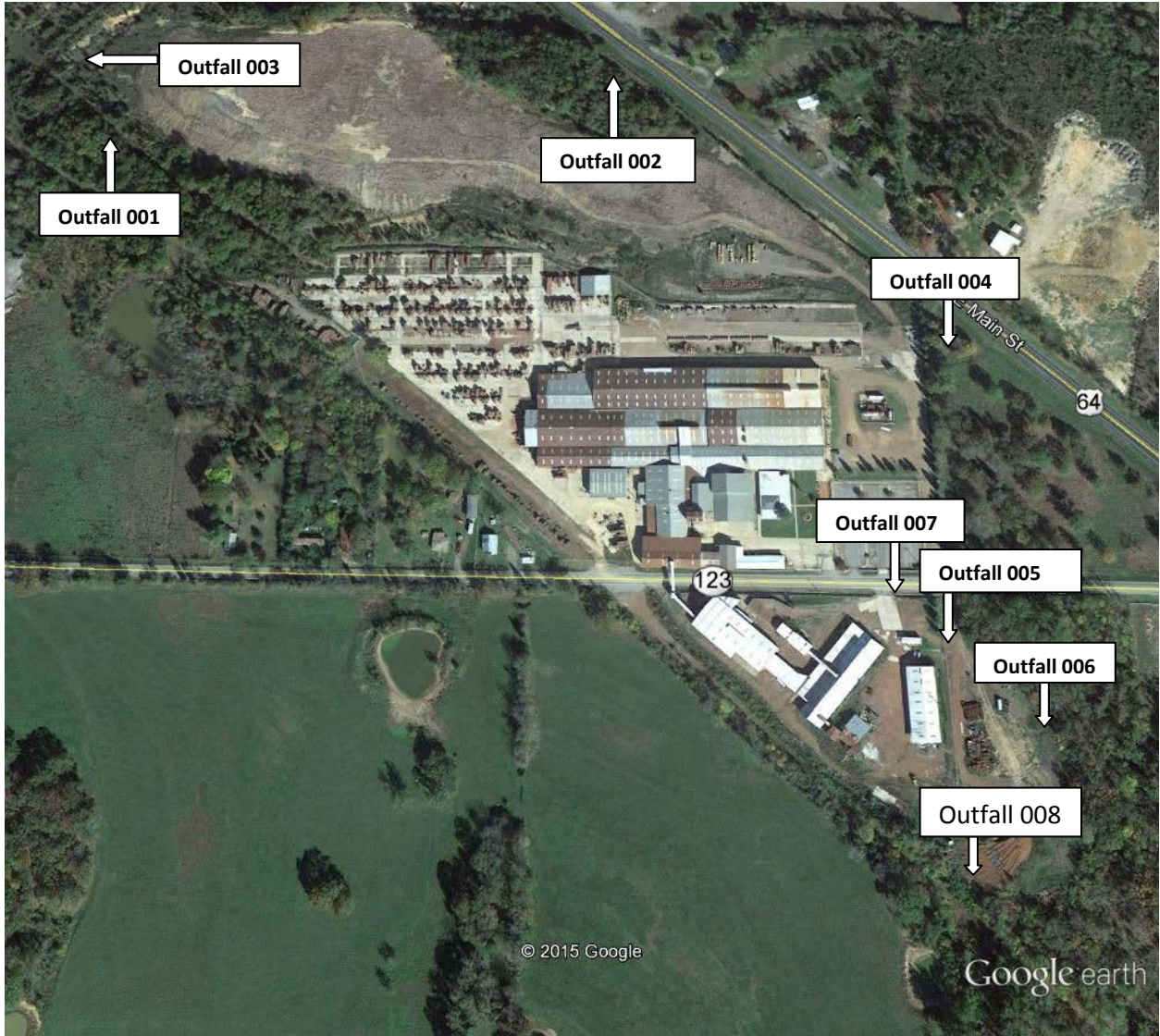
"I certify under penalty of law that this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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."

Responsible/Cognizant Official Printed Name: LYNN BURCHFIELD Title: REGIONAL PLANT MGR
Responsible/Cognizant Official Signature: [Signature] Date: 1/15/16

ATTACH A SITE MAP SHOWING THE NAME AND LOCATION OF EVERY OUTFALL THAT WILL BE COVERED UNDER YOUR EXISTING GENERAL PERMIT AFTER THIS MODIFICATION.



Overview of mine area on permit# ARR00C119



Overview of mine area on permit# ARR00B691



Secondary Containment Repair