



ARKANSAS

ENERGY & ENVIRONMENT

May 26, 2022

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

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

Dear Mayor Smith:

On March 22, 2022 I performed a Compliance Evaluation Inspection and an Industrial Stormwater (No-Exposure) Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of each of the inspection reports is enclosed for your records.

Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted. This case has been referred directly to the Office of Water Quality - Enforcement Branch for further review. City of Helena-West Helena should immediately initiate all actions necessary to resolve and correct the violations cited in the inspection report. Written notification of the corrective actions taken for the violations must be submitted within thirty (30) calendar days from receipt of this letter to the attention of Richard Healey, Office of Water Quality - Enforcement Branch Manager, at (501) 682-0640 or healeyr@adeq.state.ar.us. This written notification should include; but not limited to, photographs and/or copies of other documentation.

If I can be of any assistance, please contact Inspector Supervisor Kerri McCabe at mccabe@adeq.state.ar.us or (501) 352-5641.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aaron Baggett'.

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



**ENVIRONMENTAL
QUALITY**

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: 54-00083	PERMIT #: AR0043389	DATE: 3/22/2022
COUNTY: 54 Phillips	PDS #: 120394	MEDIA: WN
GPS LAT: 34.49927 LONG: -90.636241 LOCATION: General Area		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: Helena WWTP LOCATION: Approx. 1.5 miles West of Hwy 20 on Hwy 44 CITY: Helena, AR 72342	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 142556 S - State FACILITY EVALUATION RATING: 1 - Unsatisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 3/22/2022 ENTRY TIME: 12:40 EXIT TIME: 13:25 PERMIT EFFECTIVE DATE: 2/19/2021 PERMIT EXPIRATION DATE: 2/28/2026
RESPONSIBLE OFFICIAL	
NAME / TITLE: Kevin A. Smith / Mayor COMPANY: City of Helena-West Helena MAILING ADDRESS: P.O. Box 248 CITY, STATE, ZIP: Helena-West Helena AR 72342 PHONE & EXT. / FAX: (870)753 8528 / EMAIL: mayor@helena-westhelena.us; odonaby@hwhwater.com	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N INSPECTION PARTICIPANTS NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Oscar Donaby/odonaby@hwhwater.com
CONTACTED DURING INSPECTION: No	

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	N	FLOW MEASUREMENT	S	STORMWATER
U	RECORDS/REPORTS	N	LABORATORY	N	FACILITY SITE REVIEW
U	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM
U	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS

The following violations were noted during the inspection and require a response:

- 1) The following items violate Part III, Section B, 1, A of the permit:
 - The access road to the treatment facility is in need of repair.
 - Sections of the lagoon levees were not safely accessible by vehicle at the time of inspection.
 - There was inadequate freeboard in the lagoons at the time of the inspection.

- 2) The following items violate Part 1, Section A of the permit:
 - Only seven samples were taken in January 2021.
 - No samples were taken for the first three weeks of October 2021.

GENERAL COMMENTS

On Tuesday, March 22, 2022, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a site assessment and a records review.

Site Assessment

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

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

- The access road to the lagoons was rutted and in need of repair at the time of inspection. The lagoons must be accessible by vehicle for inspection and maintenance at all times.
- Some sections of the levees were not accessible by vehicle. During the inspection, the operators indicated they were unsure if the access road and levees would be accessible or safely travelled by vehicle and were unable to comment on their stability.
- There is inadequate freeboard in the lagoons, particularly in Cell 3 and Cell 4. Levels in the lagoons have risen high enough for wave action to occur above the rip-rap stabilization along the levees (Photos 2; 8)


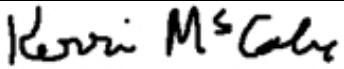
It should be noted that the previously-damaged levee separating Cells 2 and 4 has been repaired and is now functional (Photo 3).

Records Review

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

Only seven samples were taken in January of 2021, and no samples were taken during the first three weeks of October 2021. Part 1, Section A of the permit requires a minimum three/week sampling frequency. Additionally, no flow was reported for the first three weeks of October 2021.

Complete composite sample data were not provided on COC. There is no information regarding aliquot sampling intervals on the COC, and it cannot be demonstrated whether samples were collected proportional to flow or per the definition of "composite" in Part IV of the permit. The timeframes selected by the contract lab may not be representative of the nature and volume of the discharge.

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

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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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: <u>Missing aliquot information for composite samples.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED: <u>High levels in all lagoons.</u>	<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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE <u>COLLECTION SYSTEM</u> IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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: <u>Information not available in sample data.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: <u>Not evaluated during inspection due to thunderstorm; primary measurement device is 4' rectangular weir; secondary measurement device is Milltronics HydroRanger.</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
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: <u>City uses a contract lab for all samples.</u>	
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 ≥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 ≥10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: Observed at final lagoon prior to discharge to lift station for Mississippi River.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	NO	NO	LIGHT	--
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: Sludge retained in lagoon.							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>N/A</u>							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Inspected under IGP ARR00C436.							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2021 7 01 To 2021 7 31
 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>778.6</u>	<u>54.5</u>	<u>64.0</u>
Calculated Value:	<u>779.6</u>	<u>54.5</u>	<u>64.0</u>
Permit Value:	<u>1276.0</u>	<u>90.0</u>	<u>135</u>

If calculated value does not equal reported value, explain:
 Minor difference in values is due to rounding.

DATE	CONCENTRATION (mg/l)	MGD	MASS(lbs/day)	7-DAY AVERAGE(mg/l)
2	36	1.797	539.53128	42
6	50	1.857	774.369	
9	40	1.693	564.7848	
12	54	1.89	851.1804	55.33
13	46	1.6	613.824	
16	66	2.105	1158.6762	
19	56	1.647	769.21488	56.66
20	50	1.696	707.232	
23	64	1.804	962.90304	
26	70	1.758	1026.3204	64
27	70	1.545	901.971	
30	52	1.118	484.85424	
MONTHLY AVG	54.5	1.7092	779.57177	

DMR Calculation Check

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

Parameter Checked: BOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>230.5</u>	<u>16.9</u>	<u>22.7</u>
Calculated Value:	<u>228.78</u>	<u>16.94</u>	<u>22.65</u>
Permit Value:	<u>425.3</u>	<u>30.0</u>	<u>45.0</u>

If calculated value does not equal reported value, explain: **Minor difference in values is due to rounding.**

DATE	CONCENTRATION (mg/l)	MGD	MASS(lbs/day)	7-DAY AVERAGE(mg/l)
4	13.23	2.061	227.4070302	13.23
15	22.65	1.512	285.618312	22.65
18	17.34	1.473	213.0187788	18.13
19	19.11	1.563	249.1068762	
22	17.94	1.468	219.6415728	
25	13.68	1.606	183.2304672	14.145
26	14.61	1.834	223.4681316	
MONTHLY AVG	16.94	1.6453	228.7844527	

Office of Water Quality Photographic Evidence Sheet

Location:	Helena WWTP		
Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1318
		Photo #:	1
Description:	Sign at entrance of facility advertising EAPDD funding for levee repairs.		



Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1250
		Photo #:	2
Description:	Weir box in Cell 4 leading to pump house for Outfall 001.		



Office of Water Quality Photographic Evidence Sheet

Location:	Helena WWTP		
Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1251
		Photo #:	3
Description:	Levee between Cells 2 and 4 that was repaired in 2019; facing approximately northwest.		



Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1251
		Photo #:	4
Description:	Cell 2 overview; large ruts in levee in foreground; facing approximately north.		



Office of Water Quality Photographic Evidence Sheet

Location:	Helena WWTP		
Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1251
		Photo #:	5
Description:	Levee along eastern boundary of Cell 2; rut in levee in bottom left of photo; facing northeast.		



Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1255
		Photo #:	6
Description:	Levee between Cells 3 and 4; facing northeast.		



Office of Water Quality Photographic Evidence Sheet

Location:	Helena WWTP		
Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1255
		Photo #:	7
Description:	Levee between Cells 3 and 4; facing east.		



Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1256
		Photo #:	8
Description:	Western levee of Cell 3; facing northwest. Level in this cell is above the rip-rap along the levee.		



Office of Water Quality Photographic Evidence Sheet

Location:	Helena WWTP		
Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1304
		Photo #:	9
Description:	Levee between Cells 1 and 2; facing west.		



Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1304
		Photo #:	10
Description:	Levee between Cells 1 and 2; influent structure shown near in center of photo.		



Office of Water Quality Photographic Evidence Sheet

Location:	Helena WWTP		
Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1305
		Photo #:	11
Description:	Southern-side of levee between Cells 1 and 2; facing northwest.		



Photographer:	Aaron Baggett	Date:	3/22/2022
Witness:	Kerri McCabe	Time:	1305
		Photo #:	12
Description:	Overview of Cell 2; facing approximately west.		



Figure 1. Google Earth image depicting overview of the Helena WWTP and Outfall 001; satellite base imagery dated 11/11/2020.



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

