

## Richard Healey (adpce.ad)

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**From:** Richard Healey (adpce.ad)  
**Sent:** Monday, April 3, 2023 3:49 PM  
**To:** 'whcm2@aol.com'  
**Cc:** Leslie Allen-Daniel (adpce.ad)  
**Subject:** City of Helena WWTP and Collection Sysrtem Inspections, NPDES Permit AR0043889  
**Attachments:** AR0043389\_Helena Collection System Inspection March 2 2022.pdf; AR0043389\_Helena WWTP Inspection March 22 2022.pdf

Calvin Murdock:

As we discussed, please see the attached DEQ March 2 & 22, 2022 Inspections of the wastewater treatment plant and collection system for the City of Helena.

DEQ never received a response to these inspection reports.

If you have any questions, please do not hesitate to contact me.  
Thanks

Richard C. Healey | Enforcement Branch Manager  
Office of Water Quality | Enforcement Branch  
Arkansas Energy and Environment | Environmental Quality  
5301 Northshore Drive, North Little Rock, AR 72118  
t: 501.682.0640 | e: [Richard.Healey@adeq.state.ar.us](mailto:Richard.Healey@adeq.state.ar.us)





# 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](mailto:mayor@helena-westhelena.us) ; [odonaby@hwhwater.com](mailto: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](mailto: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](mailto: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**  
 CONTACTED DURING INSPECTION: **No**

FAYETTEVILLE SHALE RELATED: **N**  
 FAYETTEVILLE SHALE VIOLATIONS: **N**

## INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:  
**Oscar Donaby/odonaby@hwhwater.com**

## AREA EVALUATIONS

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

<b>S</b>	PERMIT	<b>N</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER
<b>U</b>	RECORDS/REPORTS	<b>N</b>	LABORATORY	<b>N</b>	FACILITY SITE REVIEW
<b>U</b>	OPERATION & MAINTENANCE	<b>N</b>	EFFLUENT/RECEIVING WATER	<b>N</b>	SELF-MONITORING PROGRAM
<b>U</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				

## SUMMARY OF FINDINGS

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

- 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.
- 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)


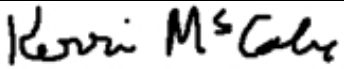
It should be noted that the previously-damaged levee separating Cells 2 and 4 has been repaired and is now functional (Photo 3).

**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



<b>SECTION A: PERMIT VERIFICATION</b>	
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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
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

<b>SECTION D: SAMPLING</b>	
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
<b>SECTION E: FLOW MEASUREMENT</b>	
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: <b><u>Not evaluated during inspection due to thunderstorm; primary measurement device is 4' rectangular weir; secondary measurement device is Milltronics HydroRanger.</u></b>	
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
<b>SECTION F: LABORATORY</b>	
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: <b><u>City uses a contract lab for all samples.</u></b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME:	
b. 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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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: <b>Observed at final lagoon prior to discharge to lift station for Mississippi River.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	NO	NO	LIGHT	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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: <b>Sludge retained in lagoon.</b>							
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>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
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: <b>Inspected under IGP ARR00C436.</b>							
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

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
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	
<b>MONTHLY AVG</b>	<b>54.5</b>	<b>1.7092</b>	<b>779.57177</b>	

**DMR Calculation Check**

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

Parameter Checked: BOD5

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
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	
<b>MONTHLY AVG</b>	<b>16.94</b>	<b>1.6453</b>	<b>228.7844527</b>	

**Office of Water Quality Photographic Evidence Sheet**

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



03 22 2022 13:18

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



03 22 2022 12:50



**Office of Water Quality Photographic Evidence Sheet**

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



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



**Office of Water Quality Photographic Evidence Sheet**

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



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





**Office of Water Quality Photographic Evidence Sheet**

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



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



**Office of Water Quality Photographic Evidence Sheet**

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



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





**Office of Water Quality Photographic Evidence Sheet**

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



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



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.





# ARKANSAS

## ENERGY & ENVIRONMENT

April 18, 2022

Kevin A. Smith, Mayor  
City of Helena-West Helena  
P.O. Box 248  
Helena, AR 72342  
Sent Via Email To: [mayor@helena-westhelena.us](mailto:mayor@helena-westhelena.us)

RE: City of Helena Inspection  
AFIN: 54-00083 Permit No.: AR0043389

Dear Mayor Smith:

On March 2, 2022, I performed a Collection System Evaluation/Sanitary Sewer Overflow 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 the inspection report is enclosed for your records.


Please refer to the Summary of Findings section of the inspection report and provide a written response for each item noted. This case has been referred directly to the Office of Water Quality Enforcement Branch for further review. The City of Helena-West Helena should immediately initiate all actions necessary to resolve and correct the alleged violations cited in the inspection report. Written notification of the corrective actions taken for the alleged 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 [healey@adeq.state.ar.us](mailto:healey@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 me at [Bolenbaugh@adeq.state.ar.us](mailto:Bolenbaugh@adeq.state.ar.us) or (501) 682-0659.

Sincerely,


A handwritten signature in black ink, appearing to read 'Jason Bolenbaugh'.

Jason Bolenbaugh  
Compliance Branch Manager, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>				
	AFIN: <b>54-00083</b>	PERMIT #: <b>AR0043389</b>	DATE: <b>3/2/2022</b>		
	COUNTY: <b>54 Phillips</b>	PDS #: <b>119870</b>	MEDIA: <b>WN</b>		
	GPS LAT: <b>34.518709</b> LONG: <b>-90.586323</b> LOCATION: <b>General Area</b>				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>City of Helena</b> LOCATION: <b>Multiple Locations</b> CITY: <b>Helena</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>83321 S - State</b> FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b> INSPECTION TYPE: <b>SSO/Collection System</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>3/2/2022</b> ENTRY TIME: <b>09:15</b> EXIT TIME: <b>13:30</b> PERMIT EFFECTIVE DATE: <b>3/1/2021</b> PERMIT EXPIRATION DATE: <b>2/28/2026</b>			
NAME / TITLE: <b>Kevin A. Smith / Mayor</b> COMPANY: <b>City of Helena-West Helena</b> MAILING ADDRESS: <b>P.O. Box 248</b> CITY, STATE, ZIP: <b>Helena AR 72342</b> PHONE & EXT. / FAX: <b>870-817-7439 /</b> EMAIL: <b>mayor@helena-westhelena.us</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jeff Patterson, General Manager, (870) 816-5251</b> <b>Joey Williams, Maintenance, (870) 228-2874</b>			
<b>AREA EVALUATIONS</b>					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW
<b>U</b>	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT
**	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<ul style="list-style-type: none"> <li>• On March 7, 2022, a request to Mayor Keven A. Smith and Mr. Jeff Patterson for additional information detailing specifics of the collection system was made but no response was provided. An additional request to Mayor Smith and Mr. Patterson was made on March 16, 2022. Again, no response was received. Failure to provide information is a violation of Part III, Section D.9 of the permit.</li> <li>• According to Mr. Patterson, Pump Stations 3, 4, 5, and 6 all have bypass pumps installed at them because none of the two pumps located at each pump station are operational. The bypass pumps have been in place and used as the primary pumping mechanism for these pump stations for 1-2 years. The permittees failure to properly operate and maintain the pump stations is in violation of Part III, Section B.1.A of the permit.</li> <li>• Pump Station 1 only had a single seventy-five horsepower pump that was operational at the time of the inspection. The control box for Pump 1 had failed, was removed from the wall, and was on the pump station floor at the time of the inspection. Failure to replace the control box is in violation of Part III, Section B.1.A of the permit.</li> <li>• Pump stations lack emergency contact information in the event a member of the public identifies an overflow or pump station failure.</li> <li>• An evaluation of all pump stations should be conducted using the latest edition of "10 State Standards - Recommended Standards for Wastewater Facilities as a minimum standard for design and operation". Please provide a list of deficiencies for each pump station and a timeline for correcting each deficiency.</li> </ul>					

**GENERAL COMMENTS**

- The bypass pumps require operations staff to fill with diesel fuel twice per day so the pumps will continue to run over a 24-hour period. On average it requires 180 gallons of diesel fuel per day to operate a single 8-inch bypass pump. The permittee currently operates 4 bypass pumps in the City of Helena and one bypass pump in the City of West Helena. Those bypass pumps range in size from 4-inch to 10-inch.
- From January, 2019 to November, 2020 the permittee reported 63 SSOs. No SSOs have been reported since.
- The permittee should maintain inspection and maintenance records whenever inspections or maintenance occurs at the pump stations.
- This inspection was conducted following a complain investigation of a broken 12-inch sewer main located at Oak Forrest Drive. The broken sewer main discharged untreated wastewater to waters of the state. A SSO of a nearby manhole also occurred but was reported to the Office of Water Quality Enforcement Branch.

INSPECTOR'S SIGNATURE: <small>←Click text to left to add signature</small>	DATE:
SUPERVISOR'S SIGNATURE: 	DATE: <b>4/18/2022</b>

**-Inspector Name**

**Jason Bolenbaugh**



<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <b>Permittee failed to provide additional information. The collection system has nine pump stations. Stations 1 and 5 discharge directly to the treatment ponds. Stations 3, 7, 8, and 9 pump to Station 4 which then pumps to Station 5. Station 6 discharges treated effluent to the Mississippi River.</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>~5,817</b>		
FEET OF SEWER SYSTEM: <b>Permittee failed to provide this information.</b>		
AGE OF SYSTEM: <b>Permittee failed to provide this information.</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN):	<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): <b>From January, 2019 to November, 2020 the permittee reported 63 SSOs. No SSOs have been reported since.</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>SSOs ranged in size from 600 gallons to 42,000 gallons. No evidence suggests all SSOs have not been reported.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOS REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): <b>Not all SSOs reported where the flows may have entered. Many noted the SSOs did enter a ditch.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>PUMP STATIONS</b>		<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <b>9</b>	NUMBER WITH BACKUP POWER: <b>0</b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>It was explained the stations were inspected daily</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>It was explained daily logs were maintained in the pump stations but this was false.</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>No spare parts are maintained.</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>SCADA is available for all 9 stations however, the status of the stations can only be read by the operating staff at the treatment plant and is not available for monitoring remotely by off-duty staff.</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>When problems are noted on the SCADA or by the public the operations staff will respond accordingly to an issues.</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>3 – Pump Stations 1, 5, and 3.</b>		
<b>SATELLITE SYSTEMS</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <b>Long Lake</b>		
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <b>Mostly residential but there are some commercial users. All wastewater is pumped to Station 5.</b>		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <b>No</b>		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: <b>Not requested.</b>		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Pump Station 1 (Location 34.518715, -90.586334)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>2</b>	NUMBER OPERATIONAL: <b>1 (Pump #2)</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>75-hp</b>	<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>Comments: Pump #1 was not operational at the time of the inspection because the control box has failed and has not been replaced. Pump #1 run time was 14275.87 hours. Pump #2 run time was 24543.90 hours. The last entry in the log book was made on May 13, 2021. Some solids were noted around the station but those could have been removed during maintenance and not properly disposed of.</b>	
<b>GENERAL OPERATION AND MAINTENANCE</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
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: <b>Provisions are available for a portable generator to be connected.</b>	<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: <b>There are no audible or visual alarms.</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Pump Station 5 (Location 34.494466, -90.3612703)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>2</b>	NUMBER OPERATIONAL: <b>0</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>60-hp</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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>Comments: This pump station does not have a permanent pump that is operational. According to staff a 6-inch bypass pump was delivered to this location before the 2021 calendar year. The bypass pump pumps water from the wet well into the pump stations emergency bypass pipe that then allows wastewater to flow to the treatment plant.</b>	
<b>GENERAL OPERATION AND MAINTENANCE</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>Comments: This station is not operational and therefore this section was not evaluated.</b>	
<b>BACKUP POWER AND ALARMS</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>Comments: The light bulb for the visual alarm was not installed. The SCADA for this station was not operational. If the station experiences a problem such as an overflow the permittee relies on staff to find it when they arrive to fuel the bypass pump or if a nearby resident contacts them.</b>	

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Pump Station 3 (Location 34.535115, -90.626676)</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>0</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>60-hp</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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>Comments: This pump station does not have a permanent pump that is operational. According to staff an 8-inch bypass pump has been on site since at least March, 2021. The bypass pump pumps water from the wet well into the pump stations emergency bypass pipe that then allows wastewater to Pump Station 5. The permittee has been working on this pump station to install new internal components such as pump baring and impellers. In order to make the primary pump operational a baring will need replaced but Gorman Rupp needs to evaluate the secondary pump to determine what repairs need to made to it to make it operational.</b>	
<b>GENERAL OPERATION AND MAINTENANCE</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>Comments: This station is not operational and therefore this section was not evaluated.</b>	
<b>BACKUP POWER AND ALARMS</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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>Comments: There is not a backup generator connection available at this station. The permittee requires the bypass pump to be delivered to the location in the event of an emergency. Mr. Patterson said the wet well depth can still be monitored by SCADA at this location.</b>	

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Helena</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/22/2022</b>
Witness:		Time:	<b>1047</b>
		Photo #:	<b>1</b>
Description:	<b>DSCN3726: Pump Station 1.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1056</b>
		Photo #:	<b>2</b>
Description:	<b>DSCN3737: Closer view of one of the pumps in Pump Station 1.</b>		





Office of Water Quality Photographic Evidence Sheet

Location:	City of Helena		
Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1059
		Photo #:	3
Description:	DSCN3741: Pump station control panel and boxes (one missing). The control box (black box) for Pump 1 has been removed from the wall.		



Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1055
		Photo #:	4
Description:	DSCN3736: Pump 1 control box on the floor of the pump station.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Helena		
Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1055
		Photo #:	5
Description:	DSCN3732: Wet well level reading at 4.1 feet.		



Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	1057
		Photo #:	6
Description:	DSCN3739: View of wastewater in the wet well.		





Office of Water Quality Photographic Evidence Sheet

Location:	City of Helena		
Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	11:14
		Photo #:	7
Description:	DSCN3743: Overview of Pump Station 5. The pump station is in operable. The orange bypass pump has been used since before the 2021 calendar year.		



Photographer:	Jason Bolenbaugh	Date:	3/2/2022
Witness:		Time:	11:14
		Photo #:	8
Description:	DSCN3744: Bypass pump used to pump wastewater from Pump Station 5 to the treatment plant.		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Helena</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1118</b>
		Photo #:	<b>9</b>
Description:	<b>DSCN3746: Visual alarm not in operation.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1138</b>
		Photo #:	<b>10</b>
Description:	<b>DSCN3748: View of Pump Station 3.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Helena</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1138</b>
		Photo #:	<b>11</b>
Description:	<b>DSCN3749: View of the bypass pump at Pump Station 3.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/2/2022</b>
Witness:		Time:	<b>1144</b>
		Photo #:	<b>12</b>
Description:	<b>DSCN3750: Wastewater being pumped from the wet well (background) over to the pipe (foreground) sending wastewater to Pump Station 5.</b>		

