

**CITY OF HELENA-WEST HELENA
HELENA MUNICIPAL WATER & SEWER SYSTEM
702 CHERRY STREET
HELENA, AR 72342**

**870-817-7460 - OFFICE
870-338-7477 - FAX**

FAX

TO: Leslie Allen-Daniel FROM: Benzene Collier

FAX: 501-682.0880 DATE: 1-24-17

PHONE: PAGES: 5 pages

As you can see this was mailed
Oct. 20. Thanks

Helena Municipal Water & Sewer

702 Cherry Street
Helena-West Helena, Arkansas 72342

Owned and operated by the
City of Helena-West Helena

870-817-7460 Fax 870-338-7477

October 20, 2016

NPDES Enforcement Section
Arkansas Dept. of Pollution Control
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: Permit #AR0043389

Gentlemen:

Please find enclosed Discharge Monitoring Report and Sanitary Overflow Report for the month of September 2016.

Sincerely,

Benzene Collier
Enclosure

Prepared By: McLELLAND CONSULTING ENGINEERS, INC.
 1911 W. 2nd / P.O. BOX 34687 LITTLE ROCK, AR 72261-7223
 501-378-7808

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Form Approved
 OMB No. 2040-0064

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: HELENA MUNICIPAL WATER AND SEWER SYST
ADDRESS: 702 CHERRY STREET
 HELENA, AR 72342
FACILITY: HELENA MUNICIPAL WATER AND SEWER SYSTEM
LOCATION: HWY 44 & PHILLIPS ROAD 301
 HELENA, AR 72342
ATTN: BENZENE COLLIER, SUPERVISOR

AR0043389	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 72342
 MAJOR

001-MONTHLY-TRTD MUNICIPAL WW
 External Outfall

No Discharge

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2	*****	*****	mg/L		Three per week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	354	*****	lb/d	*****	30	45	mg/L		Three per week	COMPOS
		MO AVG				MO AVG	7 DA AVG				
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	10.5	SI		Three per week	GRAB
					MINIMUM		MAXIMUM				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1276	*****	lb/d	*****	90	135	mg/L		Three per week	COMPOS
		MO AVG				MO AVG	7 DA AVG				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req. Mon	MGD	*****	*****	*****	*****		Daily	TOTALZ
		MO AVG	DAILY-MX								
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/100ml		Three per week	GRAB
						30 DA GEO	7 DA GEO				
Overflows	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
1062 5 0 See Comments	PERMIT REQUIREMENT	Req. Mon	*****	occur/mo	*****	*****	*****	*****		See Comments	See Comments
		MO TOTAL									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Benzene Collier</i> TYPED OR PRINTED	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 fines and imprisonment for knowing violations.	TELEPHONE	DATE
		870-817-7460	10/20/2016
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II, 5. (SSO). 54-00083

Jan. 24 2017 04:07PM P3
 No. 1371
 FAX NO. : 3387477
 FROM : HELENA WATER
 Oct. 20. 2016 4:00PM

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 NAME: HELENA MUNICIPAL WATER AND SEWER SYST.
 ADDRESS: 702 CHERRY STREET
 HELENA, AR 72342
 FACILITY: HELENA MUNICIPAL WATER AND SEWER SYSTEM
 LOCATION: HWY 44 & PHILLIPS ROAD 301
 HELENA, AR 72342
 ATTN: BENZENE COLLIER, SUPERVISOR

AR0043389	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 72342
 MAJOR

001-MONTHLY-TRTD MUNICIPAL WW
 External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Overflow volume (SSO volume, CSO volume)											
74063 S0 See Comments	PERMIT REQUIREMENT	Reg. Mon	MO TOTAL	gal						See Comments	See Comments

Jan. 24 2017 04:08PM P4

FAX NO. : 3387477

FROM : HELENA WATER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE
Benzene Collier TYPED OR PRINTED			870-817-7460
		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II 5. (SSO). 54-00083

Sanitary Sewer Overflow (SSO) Monthly Tabular Report

Facility Name: Helena, City of

NPDES Permit No.: AR0043389

Monitoring Period (Month/Year): 9 / 2016
Month Year

AFIN: 54-00083

No Sanitary Sewer Overflows This Monitoring Period

Summary Report Code Descriptions

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

Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (In gallons)	Cause of SSO	Environmental Impact	Action (s) Taken to Address SSO	Ultimate Discharge Location

Signature: *[Handwritten Signature]* Date: 10 / 17 / 2016
 Signature of Cognizant Official (sign above) Date above (Month/ Day/ Year) For ADEQ Staff Use (below)

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

Mail to: ADEQ Water Division P.O. Box 8913 Little Rock, AR 72119-8913 Mail NO later than the 25th of the month following the monitoring period. You should send in the same envelope with the DMR.