POTW Pretreatment Program

Industrial Site Visit

Name of Industry: **Sparks Regional Medical Center**

Industry Contacts: **Lu Livingston**

Type of Industry: **Hospital with various medical wastes**

Date of Visit: May 15, 2008

1. **Significant industrial user:**	**X** Yes	No	N/D
2. **Pretreatment equipment or procedures?**	Yes	No	**X** N/A
3. **Pretreatment equipment maintained and operational?**	Yes	No	**X** N/A
4. **Hazardous waste generated or stored?**	**X** Yes	No	N/A
5. **Proper solid waste disposal?**	**X** Yes	No	N/A
6. **Solvent management/TTO control?**	**X** Yes	No	N/A
7. **Suitable sampling location?**	**X** Yes	No	N/A
8. **Appropriate self-monitoring procedures / equipment?**	**X** Yes	No	N/A
9. **Adequate spill prevention?**	**X** Yes	No	N/A
10. **Industry familiar with limits and requirements?**	**X** Yes	No	N/A

Additional Comments**:** No problems were noted at the facility during the inspection.

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Visit Conducted By: **Jeff Tyler** **Date:** **June 6, 2008**

EPA

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

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code | NPDES | yr/mo/day | Inspec. Type | Inspector | Fac Type

1 | N | 2 | 5 | 3 | A | R | 0 | 0 | 2 | 1 | 7 | 5 | 0 | 11 | 12 | 0 | 8 | 0 | 5 | 1 | 5 | 17 | 18 | I | 19 | S | 20 | 2

Remarks

0 | 0 | 2 | C

Inspection Work Days | Facility Evaluation Rating | BI | QA | -----------------------------Reserved-----------------------------

67 | 0 | 0 | 1 | 69 | 70 | N | 71 | N | 72 | N | 73 | 74 | 75 | 80

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*

Sparks Regional Medical Center   P Street POTW- ARR0033278
1311 South I Street
Fort Smith, AR 72917

Entry Time /Date	Permit Effective Date
1520 / May 15, 2008	N/A
Exit Time/Date	Permit Expiration Date
1400 / May 15, 2008	N/A

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Ms. Lu Livingston / Director / 479-441-5644 fax / 479-441-5650

Other Facility Data

Name, Address of Responsible Official/Title/Phone and Fax Number
Ms. Lu Livingston / Director / 479-441-5644 / 479-441-5650
P.O. Box 17006
Fort Smith, AR 72917-7006

Contacted
Yes [X]   No [ ]

Section C: Areas Evaluated During Inspection
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

N	Permit	N	Flow Measurement	N	Operations & Maintenance	N	Sampling
N	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
N	Facility Site Review	N	Compliance Schedules	Y	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	N	Other: Effluent Limits

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

At time of the inspection, no problems were noted at the facility.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Jeff Tyler	**ADEQ / FSM /479-452-4822 Ext. 11 / 479-452-4827**	**June 6, 2008**
Signature of Reviewer	**Agency/Office/Phone and Fax Numbers**	**Date**

EPA Form 3560-3 (Rev. 9-94) Previous editions are obsolete.