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Form Approved OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY																																							
NPDES Compliance Inspection Report																																							
	Section A: National Data System Coding																																						
Transaction Code NPDES Yr/Mo/Day 1 N 2 5 3 A R 0 0 3 3 7 2 3 11 12 0 8 1 2 1 9 17												Inspec. Type Inspector Fac. Type 18 I 19 S 20 2																											
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Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Union Medical Center Entry Time/Date 9:10/12/19/08 Otto										ffective Date per 2008																													
700 West Grove El Dorado, AR (City of El Dorado-South-AR0033723) Exit Time/Date 9:27 12/19/08											Permit Expiration Date 30 September 2013																												
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) John Pepper/Pretreatment Coordinator/City of El Dorado Other Facility										acili	ity E	Oata																											
Name, Address of Responsible Official/Title/Phone and Fax Number Terry Martin, Maintenance Supervisor 700 West Grove El Dorado, AR 71730 Contacted Yes No																																							
	Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)																																						
-	Per	mit								Ŀ		Flo	ow N	Aeast	ren	ent				-	О	perati	ons	& I	Main	tena	nce	•		- Sampling									
-	Re	cords	/R	por	ts					Ŀ		Se	lf-M	lonito	ring	Pro	gra	m		-	SI	ludge	Han	dliı	ng/D	ispos	sal			- Pollution Prevention									
-	Fac	cility	Sit	e Re	viev	v				Ŀ	╝	Co	mp	liance	Scł	iedul	es			Y	P	retrea	tmer	ıt						-	Μι	ıltin	nedi	a					
- Effluent/Receiving Waters - Laboratory										-	St	torm V	Vate	r							Ot	her:																	
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	This inspection done as part of a Pretreatment Compliance Inspection of the City of El Dorado. This industry has been relegated to a minor user since the facility has stopped using silver ex-ray film and has gone to digital ex-rays.																																						
Name(s) and Signature(s) of Inspector(s) Agency/Office/Telephone/Fax AR Dept. of Environmental Quality/ El De 870-862-0680, Fax 870-862-3509										orac	do					Date 27 January 2009																							
Signature of Reviewer Agency/Office/Phone and Fax Numbers Date													_																										

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: <u>Union Medical Center</u>										
Industry Contacts: Terry Martin	ndustry Contacts: Terry Martin									
Type of Industry: Hospital										
Date of Visit: 19 December 2009										
1. Significant industrial user:	Yes	XNo	Not Determined							
2. Pretreatment equipment or procedu	res?Yes	No	XN/A							
3. Pretreatment equipment maintained and operational?	Yes	No	<u>X</u> N/A							
4. Hazardous waste generated or stored	1?Yes	No	<u>X</u> N/A							
5. Proper solid waste disposal?	X Yes	No	N/A							
6. Solvent management/TTO control?	Yes	No	<u>X</u> _N/A							
7. Suitable sampling location?	X Yes	No	N/A							
8. Appropriate self-monitoring procedures / equipment?	Yes	No	_XN/A							
9. Adequate spill prevention?	Yes	No	<u>X</u> _N/A							
10. Industry familiar with limits and requirements?	_XYes	No	N/A							
Additional Comments: The POTW does all the sampling and analysis for this industry. See page 1 for additional comments										
Visit Conducted By: John W. Lamb	w. Aut	Date:	27 January 2009							