



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

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspec. Type	Inspector	Fac Type
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="0"/>	11 <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="9"/>	17 <input type="text" value="V"/>	19 <input type="text" value="S"/>	20 <input type="text" value="1"/>	
Remarks					
<input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="#"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="G"/> <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="L"/> <input type="text" value="A"/> <input type="text" value="N"/> <input type="text" value="D"/> <input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="."/>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 <input type="text" value="1"/> 69	70 <input type="text" value="N"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/>	74 <input type="text" value=""/> 75 <input type="text" value=""/> 76 <input type="text" value=""/> 77 <input type="text" value=""/> 78 <input type="text" value=""/> 79 <input type="text" value=""/> 80 <input type="text" value=""/>

Section B: Facility Data

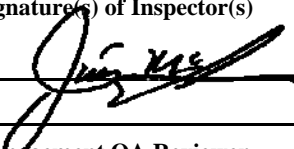
Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>)	Entry Time /Date 8:35 A.M. 9/29/06	Permit Effective Date 1 Jan. 2002
City of Hot Springs - Mazarn #3 379 Marion Anderson Road Hot Springs, AR	Exit Time/Date 9:00 A.M. 9/29/06	Permit Expiration Date 31 Dec. 2007
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Craig Stevens, Pump Station Supv., 501-262-1881, fax 501-262-0339		Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Kent Myers, City Manager, 501-321-6810 320 Davidson Drive Hot Springs, Arkansas 71901		
Contacted Yes <input type="text" value=""/> No <input checked="" type="text" value="X"/>		

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

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

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

An SSO inspection was performed on this pump station in response to citizen complaints. The Mazarn #3 Pump Station is a 30-35 hp, 450 GPM duplex pump station that is servicing an SID on Marion Anderson Road. The complainant was concerned that the station was overflowing because of the water in the ditch. The water flows in this ditch continuously. Sampling of this water has eliminated wastewater and drinking water as a possible source of this flow. Our conclusion is that this water is from a spring. Mr. Stevens and I agreed that since this spring, being so close to a pump station needed to be placed in a French drain and directed away from the pump station to prevent further confusion to the public.

Name(s) and Signature(s) of Inspector(s) Jim McSwain 	Agency/Office/Telephone/Fax ADEQ / Hot Springs, AR / 501-520-0541	Date 10/2/06
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date

ADEQ

ARKANSAS
Department of Environmental Quality

October 3, 2006

Don Cochran, Utilities Director
City of Hot Springs
P.O. Box 700
Hot Springs, Arkansas

Re: AFIN No.: 26-00145

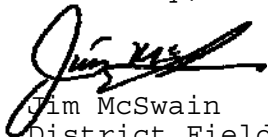
NPDES Permit No.: AR0033880

Dear Mr. Cochran:

On September 29, 2006, I performed a routine SSO inspection of the city's wastewater collection system, specifically Mazarn #3, the duplex pump station on Marion Anderson Road, in accordance with the provisions of the federal Clean Water ACT, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed that you were in compliance with the terms of your permit.

If I can be any assistance, please contact me at 501-520-0541.

Sincerely,



Jim McSwain
District Field Inspector
Water Division

cc: NPDES Branch

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

NOTICE OF INTENT (NOI)
FOR DISCHARGERS OF STORM WATER RUNOFF
ASSOCIATED WITH INDUSTRIAL ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000

Application Type: New ☒ Renewal ☐

I. GENERAL INFORMATION

Facility Name: City of Hot Springs Compost Facility
Legal Applicant Name
(If the applicant is different from the above): N.A.
Operator Name: City of Hot Springs
Is the operator identified above, the owner of the facility? ☒ Yes ☐ No

II. OWNERSHIP INFORMATION

Owner Name: City of Hot Springs Owner Type:
Owner Address: P.O. Box 700 ☐ PRIVATE ☐ STATE
City: Hot Springs ☐ FEDERAL ☐ CORPORATION
State: Ar Zip: 71902 ☒ PUBLIC ☐ OTHER
Owner Telephone Number: 501-321-6999
Owner Fax Number: 501-321-6967 Email Address: dcochran@cityhs.net

III. INVOICE MAILING INFORMATION (If different from Mailing Address below.)

Invoice Contact Person: Ron Wacaster City: Hot Springs
Invoice Mailing Company: City of Hot Springs State: Ar Zip: 71902
Invoice Mailing Address: P.O. Box 700 Telephone: 501-262-1125

IV. FACILITY INFORMATION

Facility Physical Address: 318 Davidson Dr. Contact Person Name: Ron Wacaster
Facility County: Garland Contact Person Title: Facilities Manager
Facility City: Hot Springs Zip: 71901 Telephone Number: 501-262-1125
Directions to the Facility: 270 east to Carpenter Dam Rd., right on Fax Number: 501-262-0339
Carpenter Dam to Shady Grove, Shady Grove to Davidson Dr. Email Address: rwacaster@cityhs.net
Type of Business: Composting Facility SIC Code(s): 2875-03

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P.O. Box 8913
Little Rock, AR 72219
(501) 682-2199

IV. FACILITY INFORMATION (CONTINUED)

Is mailing address different from facility address? ☒ Yes ☐ No If yes, provide mailing address in the space provided.

Mailing Address: 320 Davidson Dr. City: Hot Springs
State: AR. Zip: 71901

Facility Latitude: 34 degrees 27 minutes 00 seconds

Facility Longitude: 93 degrees 01 minutes 00 seconds

Accuracy: A2 Method: B8 Datum: 1 Scale:

Description: 02099

Section: 23 Township: 3S Range 19W

Hydrologic Basin Code: 08 04 01 02

Monitoring Category: ☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
(see Part II.B of the permit for definition) ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

V. DISCHARGE INFORMATION

Is this a new discharge? ☐ Yes ☒ No If yes, date coverage desired:

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Unnamed tributary, thence into Lake Catherine

Choose Your Ultimate Receiving Stream: Red River ☐ Ouachita River ☒ Arkansas River ☐
White River ☐ St. Francis River ☐ Mississippi River ☐

Are any of the Receiving Stream(s) on the latest Clean Water Act section 303(d) list of impaired waters or have an approved TMDL? (Information regarding existing and proposed TMDLs can be obtained from the Water Quality Section website at http://www.adeg.state.ar.us/water/branch_planning/.)

☐ Yes ☐ No ☒ N/A If yes, list the Receiving Stream(s): N.A.

Does the storm water discharge adversely affect a listed endangered or threatened species or its critical habitat?

☐ Yes ☒ No ☐ N/A If yes, list the endangered or threatened species:

Does the facility have a storm water pollution prevention plan? ☒ Yes ☐ No
(DO NOT SUBMIT A COPY OF THE PLAN)

Does the facility have EXISTING sampling data describing its storm water discharge(s)? ☐ Yes ☒ No
(DO NOT SUBMIT DATA)

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VI. OUTFALL INFORMATION

Outfall Type: 012 Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall (e.g.,
Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definitions.)

Number of Outfalls of this Type: 1

Stream Segment: 2F

Hydrologic Basin Code: 08 04 01 02

Outfall Latitude: 93 degrees 01 minutes 04 seconds

Outfall Longitude: 34 degrees 26 minutes 58 seconds

Accuracy: 2 Method: Datum: u Scale:

Description: 01099

Section: 23 Township: 3S Range: 19W

Receiving Stream: Lake Catherine

Outfall Type: 0NA Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall (e.g.,
Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definitions.)

Number of Outfalls of this Type: NA

Stream Segment: NA

Hydrologic Basin Code: NA

Outfall Latitude: NA degrees NA minutes NA seconds

Outfall Longitude: NA degrees NA minutes NA seconds

Accuracy: NA Method: NA Datum: NA Scale: NA

Description: NA

Section: NA Township: NA Range: NA

Receiving Stream: NA

VII. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0033880

NPDES General Permit Number (If Applicable): ARG

NPDES General Industrial Storm Water Permit Number (If Applicable): ARR00

NPDES General Construction Storm Water Permit Number (If Applicable): ARR15

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VIII. CERTIFICATION OF PERMITTEE (See Part III.B of the general permit)

"I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas."

"I certify that a storm water pollution prevention plan has been developed in accordance with Part III.A.1 of the general permit."

"I certify that the cognizant official designated in this Notice of Intent (Section IX) is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. 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 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."

Typed or Printed Name: Ron Wacaster

Title: Facilities Operations Manager

Signature: R. Wacaster

Date: 6/23/06

IX. COGNIZANT OFFICIAL (Person having responsibility for overall operation of the facility, see Part III.B.8 of the permit.)

Typed or Printed Name: Don Cochran

Title: Utilities Director

Signature: Don Cochran

Telephone: 501-321-6999

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit application requirements.

	Yes	No
NOI signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of an Original NOI with an Original Signature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Check Number: 51012

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City: Hot Springs ☐ FEDERAL ☐ CORPORATION
State: Ar Zip: 71902 ☒ PUBLIC ☐ OTHER
Owner Telephone Number: 501-321-6999
Owner Fax Number: 501-321-6967 Email Address: dcochran@cityhs.net

III. INVOICE MAILING INFORMATION (If different from Mailing Address below.)

Invoice Contact Person: Ron Wacaster City: Hot Springs
Invoice Mailing Company: City of Hot Springs State: Ar Zip: 71902
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Range 19W

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☐ Yes ☒ No ☐ N/A If yes, list the endangered or threatened species:

Does the facility have a storm water pollution prevention plan?
(DO NOT SUBMIT A COPY OF THE PLAN)

☒ Yes ☐ No

Does the facility have EXISTING sampling data describing its storm water discharge(s)?
(DO NOT SUBMIT DATA)

☐ Yes ☒ No

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Number of Outfalls of this Type: 1

Stream Segment: 2P

Hydrologic Basin Code: 08 04 01 02

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Accuracy: 2 Method: Datum: u Scale:

Description: 01099

Section: 23 Township: 3S Range: 19W

Receiving Stream: Lake Catherine

Outfall Type: 0NA Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall (e.g.,
Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definitions.)

Number of Outfalls of this Type: NA

Stream Segment: NA

Hydrologic Basin Code: NA

Outfall Latitude: NA degrees NA minutes NA seconds

Outfall Longitude: NA degrees NA minutes NA seconds

Accuracy: NA Method: NA Datum: NA Scale: NA

Description: NA

Section: NA Township: NA Range: NA

Receiving Stream: NA

VII. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0033880

NPDES General Permit Number (If Applicable): ARG

NPDES General Industrial Storm Water Permit Number (If Applicable): ARR00

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Typed or Printed Name: Ron Wacaster

Title: Facilities Operations Manager

Signature: *Ron Wacaster*

Date: 10/12/06

IX. COGNIZANT OFFICIAL (Person having responsibility for overall operation of the facility, see Part III.B.8 of the permit.)

Typed or Printed Name: Don Cochran

Title: Utilities Director

Signature: *Don Cochran*

Telephone: 501-321-6999

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Please check the following to verify completion of permit application requirements.

	Yes	No
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Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of an Original NOI with an Original Signature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check Number: <u>51012</u>		