**⊕**EPA

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

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

# **NPDES Compliance Inspection Report**

<b>_</b>							
	Section A: National Data S	System Coding					
Transaction Code NPDES		yr/mo/day	Inspec. T	Type Inspector Fac Type			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	8 0 11 12 0	<b>6 0 9 2 9 17</b>	$18$ $\mathbf{V}$	$\begin{array}{c c}  & 19 & \mathbf{S} & 20 & 1 \end{array}$			
	Remarks						
A F I N # 2 6 - 0 0	1 4 5	G A R L A	N D	c o.			
Inspection Work Days Facility Evaluation F  67	Rating BI 71 N 72	QA	Reser	Ved			
	Section B: Facility	Data Data					
Name and Location of Facility Inspected (For industrial was POTW, also include POTW name and NPDES permit num		Entry Time /Date 8:35 A.M. 9/29/06		ermit Effective Date an. 2002			
City of Hot Springs - Mazarn #3 379 Marion Anderson Road Hot Springs, AR		Exit Time/Date 9:00 A.M. 9/29/06		ermit Expiration Date Dec. 2007			
Name(s) of On-Site Representative(s)/Title(s)/Phone and I	Fax Number(s)		Other Fa	acility Data			
Craig Stevens, Pump Station Supv., 501-262-1881, fax 50	1-262-0339						
Name, Address of Responsible Official/Title/Phone and F			1				
Kent Myers, City Manager, 501-321-6810 320 Davidson Drive Hot Springs, Arkansas 71901		Yes No X					
	ction C: Areas Evaluated I	Ouring Inspection tisfactory, N = Not Evaluated)	<u> </u>				
- Permit - Flow Measurem	1 1	perations & Maintenance	- Sam	pling			
- Records/Reports - Self-Monitoring	<del>                                     </del>	ludge Handling/Disposal		ution Prevention			
- Facility Site Review - Compliance Sch		Pretreatment		ltimedia			
		torm Water		O-SSO			
<u> </u>				7-550			
Section D: Summary	of Findings/Comments (A	ttach additional sheets if necessar	<u>y)</u>				
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)	Agency/Office/Telepl	none/Fax	Da	te			
Jim McSwain	ADEQ / Hot Springs,		10/	/2/06			
Jing -	TDDQ / Hot Springs	IIII OUI ONU UOTI	10/	<b>2</b> 100			
Signature of Management QA Reviewer							



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

(501) 682-2199

# NOTICE OF INTENT (NOI) FOR DISCHARGERS OF STORM WATER RUNOFF ASSOCIATED WITH INDUSTRIAL ACTIVITY AUTHORIZED UNDER NPDES GENERAL PERMIT ARRO00000

1.	GENERAL INFORMATIO	N		Aj	oplication T	Type:	New	X Renewal	
	¥1000		City of Hot Springs Compost Facility						
	(If the applicant is different	Applicant Name (from the above):	N.A.						
		Operator Name:							
	Is the operator identified abo	ove, the owner of the	ne facility?	∑ Yes	□ N	0			
1.	OWNERSHIP INFORMAT	rion	228111						
	Owner Name:	City of Hot Sprin	ngs				Own	er Type:	
	Owner Address:	P.O. Box 700				☐ PRIVAT	ΓE	☐ STATE	
	City:	Hot Springs				FEDER	AL	CORPORATION	
	State:	Ar	Zip:	71902		□ PUBLIC		OTHER	
	Owner Telephone Number:	501-321-6999							
	Owner Fax Number:	501-321-6967		-		dcochran@c	ityhs.ne	zt	
II.	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company:	DRMATION (If di Ron Wacaster City of Hot Sprin		-	ess below.) Ci Sta	ity: Hot Spate: Ar	prings	Zip: _71902	
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person:	DRMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700		-	ess below.) Ci Sta	ity: Hot Sj	prings	Zip: _71902	
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:	SO1-321-6967  ORMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700	ngs	Mailing Addr	ess below.) Ci Sta Telepho	ity: Hot Spate: Ar	orings 62-1125	Zip: _71902	
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:  FACILITY INFORMATIO	DRMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700	ngs	Mailing Addr	ess below.) Ci Sta Telepho	ity: Hot Spate: Ar ne: 501-26	orings 62-1125 Ron W	Zip: _71902	
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:  FACILITY INFORMATIO  Facility Physical Address:	SO1-321-6967  ORMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700  ON  318 Davidson Dr. Garland	ngs	Mailing Addr	ess below.)  Ci Sta Telepho  Contact Per  Contact Per	ity: Hot Spate: Ar ne: 501-26	Prings  52-1125  Ron W	Zip: _71902  Vacaster ties Manager	
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:  FACILITY INFORMATIO  Facility Physical Address: Facility County:	DRMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700 N 318 Davidson Dr. Garland Hot Springs	zip:	Mailing Addr	ess below.)  Ci Sta Telepho  Contact Per Contact Per Telephon	ity: Hot Spate: Ar ne: 501-26 son Name: erson Title:	Ron W Facilit	Zip: _71902  Vacaster ties Manager 62-1125	

WATER DIVISION

8001 NATIONAL DRIVE / POST OFFICE BOX 8913 / LITTLE ROCK, ARKANSAS 72219-8913 / PHONE 501-682-2199 / FAX 501-682-0910 www.adeq.state.ar.us

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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 Zip: 71901 State: AR. Facility Latitude: 34 degrees 27 minutes 00 seconds Facility Longitude: 93 degrees 01 minutes 00 seconds Accuracy: A2 Method: B8 Datum: 1 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.adeq.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? X Yes □ No (DO NOT SUBMIT A COPY OF THE PLAN) Does the facility have EXISTING sampling data describing its storm water discharge(s)? Yes Yes ⊠ No (DO NOT SUBMIT DATA)

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# VI. OUTFALL INFORMATION

Outfall Type: 0)2	Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for defined to the NOI Instruction for the NoI Instruction for the NoI Instruction for	
Number of Outfalls of th	his Type: 1	
Stream Segment: 2F	<del></del>	
Hydrologic Basin Code:	08 04 01 02	
Outfall Latitude:	93 degrees 01 minutes 04 seconds	
Outfall Longitude:	34 degrees26 minutes58 seconds	
Accuracy:	2 Method: Datum: _u Scale:	
Description:	01099 ·	
Section:	23 Township: <u>3S</u> Range: <u>19W</u>	
Receiving Stream:L	Lake Catherine	
Number of Outfalls of th	Last 2 digits of the Outfall Type must correspond to the Monitoring Category for the Ou  Outfall Type for Monitoring Category 1 = 001). (See Part IV of the NOI Instructions for definis Type:  NA	
Hydrologic Basin Code:	A NA	
•	NA degrees NA minutes NA seconds	
	NA degrees NA minutes NA seconds	
	NA Method: NA Datum: NA Scale: NA	
	NA	
	NA Township: NA Range: NA	
	NA .	
VII. FACILITY PERMIT	T INFORMATION	
	NPDES Individual Permit Number (If Applicable). AR0033880	
	NPDES General Permit Number (If Applicable): ARG	
NPDES General Indu	ustrial Storm Water Permit Number (If Applicable): ARR00	
NPDES General Constru	uction 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 dully 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 Signature: The Doctar Signature	Title: Facilities Operations Manager  Date: 6/23/06
IX. COGNIZANT OFFICIAL (Person having responsibility permit.)	y for overall operation of the facility, see Part III.B.8 of the
Typed or Printed Name: Don Cochran	Title: Utilities Director
Signature: Da Code as	Telephone: 501-321-6999
X. PERMIT REQUIREMENT VERIFICATION	
Please check the following to verify completion of permit app	lication requirements.
	Yes No
NOI signed?	
Submittal of Complete NOI?	
Submittal of an Original NOI with an Original Signature?	
Submittal of Required Permit Fee?	
Check Number: 51012	

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

1.	GENERAL INFORMATIO	N		Ap	pplication Type	e:	New	N.	Renewal [
	, ,	Facility Name:	City of Hor	1 Springs Com	post Facility				Či(
	Legal (If the applicant is different	Applicant Name from the above):	N.A.						
		Operator Name:							
	ls the operator identified abo			⊠ Yes	□ No				
n.	OWNERSHIP INFORMAT	NOI							100 100 100
	Owner Name:	City of Hot Spri	ngs				Ow	ner Type	s:
	Owner Address:	P.O. Box 700			□	PRIVAT	Œ	☐ S7	ATE
	City:	Hot Springs			□	FEDER	AL		ORPORATION
	State:	ΑJ	Zip:	71902		PUBLIC		0	THER
	Owner Telephone Number:	501-321-6999							
	Owner reseptione reminder.								
YY	Owner Fax Number:	501-321-6967	65		Address: dcoo	obran@c	ityhs.r	net	
ш.		501-321-6967 PRMATION (If di			ess below.) City:	Hot Si			71902
II.	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person:	501-321-6967  PRMATION (If di Ron Wacaster  City of Hot Sprin			ess below.) City:	Hot S <sub>I</sub>	orings	Zip:	71902
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company:	SO1-321-6967  RMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700			ess below.)  City:  State:	Hot S <sub>I</sub>	orings	Zip:	71902
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:	SO1-321-6967  RMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700		Mailing Addre	ess below.)  City:  State:	Hot Sp Ar 501-20	orings 52-112	Zip:	
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:  FACILITY INFORMATIO	S01-321-6967  PRMATION (If di Ron Wacaster City of Hot Sprin P.O. Box 700  N  318 Davidson Dr.		Mailing Addre	ess below.)  City:  State:  Telephone:	Hot Sp Ar 501-26	orings 52-112 Ron	Zip:	
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:  FACILITY INFORMATIO  Facility Physical Address:	SO1-321-6967  PRMATION (If diagrams) Ron Wacaster City of Hot Spring P.O. Box 700  N  318 Davidson Dr. Garland		Mailing Addre	ess below.)  City: State: Telephone:	Hot Sp Ar 501-26 Name: n Title:	Pacil	Zip: 25 Wacaste ities Ma	r
	Owner Fax Number:  INVOICE MAILING INFO  Invoice Contact Person: Invoice Mailing Company: Invoice Mailing Address:  FACILITY INFORMATIO  Facility Physical Address: Facility County:	SO1-321-6967  PRMATION (If diagrams) Ron Wacaster City of Hot Spring P.O. Box 700  N  318 Davidson Dr. Garland Hot Springs	ngsZip:	Mailing Address	ess below.)  City: State: Telephone:  Contact Person Contact Perso Telephone N	Hot Sp Ar 501-26 Name: n Title:	Ron Facil	Zip: 25 Wacaste ities Ma 262-112	r nager

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s mailing address Mailing /	Address: 320	-		⊠ Yes □		FOVIGE mail Hot Spring	ing address in th	e space provide
	3				State:	AR.	Zip:	71901
Facility Latin	ıde: 34	degre	ees	27 minute	s 00	seconds		
Facility Longitu								
	icy: A2	12,300,63		THE RESERVED	n: 1			
	ion: 02099					55		
Secti	ion: 23		Township	: 3S	Rang	e 19W		
ydrologic Basin (	Code: 08 04 0	1 02						
Manitanian C		^	ш,					
e Part II.B of the	ategory: 🔘		☐ 1 ☐ 7	<ul><li> 2</li><li> 8</li></ul>	☐ 3 ☐ 9		5 🗆 11	☐ 6 ☐ 12
	NFORMATIO		☐ Yes	⊠ No	If yes, date	coverage de	esired:	
Is t	his a new disch	arge?		300	0.17			ensas River):
Is to Name of Receiving	his a new disch	arge? an unna	med tributa	ry of Mill Cre	0.17	Mill Creek;		
Is to Name of Receiving Choose Your Ulti	his a new disch	arge? an unna	med tributa	ry of Mill Crea	ek, thence into	Mill Creek;	thence into Arka	
Is to Name of Receiving Choose Your Ultiparts any of the Research TMDL? (Inform http://www.adeg.s	his a new dischang Stream (i.e. a imate Receiving Stream nation regarding state.ar.us/wate	arge? an unnar g Stream (s) on the g existing the stream If y	white ne latest Clong and pro	ry of Mill Creativer  River  ean Water Act posed TMDL.	Ouachita Rive St. Francis Riv section 303(d) s can be obtain eam(s):	Mill Creek;  r  ver  list of impaired from th	Arkansas River Mississippi Riv ired waters or have Water Quality	ve an approved y Section webs
Is to Name of Receiving Choose Your Ultiput Are any of the Restand TMDL? (Information in the Information in	his a new disching Stream (i.e. a imate Receiving Stream action regarding state.ar.us/wate	arge?  an unna  g Strean  (s) on the g existing the strength of y  If y  adversel	white ne latest Clong and pron planning/ yes, list the	ry of Mill Creativer  River  ean Water Act posed TMDL. Receiving Streated endangere	Ouachita Rive St. Francis Rive section 303(d) s can be obtain eam(s):	Mill Creek;  r  ver  list of impaired from the	Arkansas River Mississippi Riv ired waters or have Water Quality	ve an approved y Section webs
Is to Name of Receiving Choose Your Ultiparts any of the Research TMDL? (Inform http://www.adeg.s	his a new dischang Stream (i.e. a imate Receiving Stream nation regarding state.ar.us/wate	arge?  an unna  g Strean  (s) on the g existing the strength of y  If y  adversel	white ne latest Clong and pron planning/ yes, list the	ry of Mill Creativer  River  ean Water Act posed TMDL. Receiving Streated endangere	Ouachita Rive St. Francis Riv section 303(d) s can be obtain eam(s):	Mill Creek;  r  ver  list of impaired from the	Arkansas River Mississippi Riv ired waters or have Water Quality	ve an approved y Section webs

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			,			
VI. OUTFALL INFORM	MOTTAL					
ChatCell Thomas All						the Monitoring Category for the Outfall (c
Outfall Type: 012			normg C	ategory 1 : 0	01). (See P	art IV of the NOI Instructions for definitions.
Number of Outfalls of th		1				
Stream Segment: 2F					-	
Hydrologic Basin Code:	08 04 (	01 02				
Outfall Latitude:	93	degrees	01	minutes _	04	seconds
Outfall Longitude:	34	degrees	26	nunutes _	58	seconds
Accuracy.	2	Method:		Datum: _	u	Scale:
Description:	01099					
Section:	23	Town	ship: 38	S	Range	: 19W
Receiving Stream: L					15	
Number of Outfalls of the Stream Segment: NA					=0	
Hydrologic Basin Code:	NA	38				
Outfall Latitude:	NA	degrees	NA	minutes _	NA	seconds
Outfall Longitude:	NA	degrees	NA	minutes _	NA	seconds
Accuracy:	NA	Method: N	A	Datum: _	NA	Scale: NA
Description:	NA					
Section:	NA	Towns	ship: N	Α	Range:	NA
Receiving Stream: N	A					
II. FACILITY PERMIT	INFORM	IATION				
3		dividual Permi				33880
		General Permi				
NPDES General Indu	strial Storm	n Water Permi	t Number	(If Applicabi	le): ARRO	00

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

(501) 682-2199

### 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 dully 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	r Printed Name: Ron Wacaster Signature: Xon (Name)		Faci	lities Operations Manager 2/06
IX. COGNIZ	LANT OFFICIAL (Person having responsibility permit.)	y for overall ope	ration	of the facility, see Part HI.B.8 of the
Typed or	r Printed Name:		Title:	Utilities Director
	Signature: Diu Codii Aix	Telep	ohone:	501-321-6999
X. PERMIT	REQUIREMENT VERIFICATION			
Please che	ck the following to verify completion of permit app	lication requireme	nis.	
		Yes	No	
NOI signo	ed?	$\boxtimes$		
Submittal	of Complete NOI?	$\boxtimes$		
Submittal	of an Original NOI with an Original Signature?	$\boxtimes$		
Submittal	of Required Permit Fee?	$\boxtimes$		
C	Check Number: 51012			

WATER DIVISION 8001 NATIONAL DRIVE / POST OFFICE BOX 8913 / LITTLE ROCK, ARKANSAS 72219-8913 / PHONE 501-682-2199 / FAX 501-682-0910 www.adeq.state.ar.us Industrial NOI / Revision date 10/12/2006 Page O of O