

September 24, 2008

Steve Mallett, Public Works Director City of Hot Springs P.O. Box 700 Hot Springs, Arkansas 71901

**RE**: Multiple Sanitary Sewer Overflows

AFIN: 26-00145 NPDES Permit No.: AR0033880

Dear Mr. Mallett:

During the month of September 2008, I performed multiple SSO inspections of the city's waste water collection system 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 the following violations.

- 1. Inadequate number backup power sources for the number of pump stations maintained by the city. This resulted in an excessive number of overflows that occurred during the power outages caused by remnants of Hurricane Gustav and Ike. The pump stations that were noted as failing were: Lakeside, Fairwood, Molly Creek, Hot Spring Creek, Hot Springs 1, 2, & 3, Mazarn 1, 2, & 3, Catherine Heights, Fontana, Beverly Hills, Winkler and Carpenter Dam Pump Stations
- 2. Most of the existing backup power sources <u>failed</u> or were not adequate during the power outages. The backup power sources that were noted as failing were. Fairwood, Hot Springs 2, Hot Springs 3, Hot Springs 4, and Beverly Hills.
- 3. Excessive Inflow and Infiltration causing multiple pumps stations to overflow during these rainfall events. Gulpha Creek, Hot Springs Creek, and Hot Springs 1, all failed.

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The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Section of this Department at the following address:

Water Division Enforcement Section Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

This response should contain detailed documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by October 10, 2008.

For additional information you may contact the enforcement section by telephone at 501-682-0639 or by fax at 501-682-0910.

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

Sincerely,

Jim McSwain

District 7 Field Inspector

Water Division

cc: Water Division Enforcement Branch

Water Division Permits Branch

**⊕**EPA

Form Approved OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460																	
NPDES Compliance Inspection Report																	
Section A: National Data System Coding																	
Transaction Code NPDES				Yr/	/Mo/I	Day				Insp	рес. Туре	: Iı	nspector	Fac.	. Туре		
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Section B: Facility Data																	
include POTW name and NPDES permit number)						Entry Time/Date 9/3/08							Permit Effective Date  January 1, 2008				
City of Hot Springs (Fairwood Pump Station) Corner of Mecon Terrace and Hwy 270 West Hot Springs, AR						Exit Time/Date 9/3/08						Permit Expiration Date December 31, 2013					
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) n/a										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  Section C: Areas Evaluated During Inspection																	
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)																	
Permit - Flow Measureme	nt -	- Oper			erations & Maintenance						- Sampling						
- Records/Reports - Self-Monitoring I	Program	- Slu	Sludge Handling/Dispo				sal		-	_	Pollution Prevention						
- Facility Site Review - Compliance Sche	dules	- Pre	Pretreatment				F	-	Multimedia								
- Effluent/Receiving Waters - Laboratory	6.E. 1. (C		ii watei						U	Other: (SSO)							
In talking with Craig Stevens (City of Hot Springs), he stated that due to the hurricane/tropical storm Gustav, the pump station had a power failure and the backup generator failed to work. (This generator had recently been worked on.) He has estimated that approximately 20,000 gallons overflowed at the station. He stated that he would report all of the overflows as required and disinfect and deodorize any areas needed.																	
Name(s) and Signature(s) of Inspectors)  Jim McSwain  Agency/Office/Telephone/AR Dept. of Environm					/Fax nental Quality – Hot Springs Field							Date					
Jiii weswain		- 501-52							rieid		9/9/08						
Signature of Reviewer	Agency/Office/Phone and									Date							