



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

# NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003

## 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] 3 [3][3][8][8][0]	11 12 [0][8][0][9][1][5]	17 18 [R]	19 [S]	20 [1]	
Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 [ ] [ ] [ ] 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) <b>City of Hot Springs (70 West #11 Pump Station)</b> Hwy 70 Hot Springs, AR	Entry Time/Date 9/15/08	Permit Effective Date January 1, 2008
	Exit Time/Date 9/15/08	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	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

## 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	U Other: (SSO)

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

**In talking with Craig Stevens (City of Hot Springs), he stated that due to the hurricane/tropical storm Ike, the pump station lost power (Most of the city lost power). There is no backup power source for this pump station. He has estimated that approximately 2,000 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 Inspector(s) Jim McSwain	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality – Hot Springs Field Office – 501-520-0541 – Fax 501-520-5978	Date 9/26/08
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date