



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

Form Approved
OMB No. 2040-0003

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspection Type	Inspector	Fac. Type
1 [N] 2 [5] 3 [A] [R] [0] [0] [3] [3] [8] [8] [0]	11 12 [0] [8] [0] [9] [1] [5]	17 18 [R]	19 [S]	20 [1]	
Remarks					
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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)

City of Hot Springs (Mazarn #1 Pump Station)
Marion Anderson Road and Ridge Point
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 ☐ No ☒

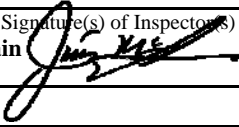
Section C: Areas Evaluated During Inspection

(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 6,000 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