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

NPDES Compliance Inspection Report

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**	**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*)	Entry Time/Date **9/15/08**	Permit Effective Date **January 1, 2008**
City of Hot Springs **(Mazarn #4 Pump Station)** Marion Anderson Road and Walkaway Hot Springs, AR	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 10,000 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** *(signature)*	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