


 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 | | | | | | | | Inspec. Type | | Inspector | | Fac. Type | | | | | | | | | | | | |
| 1 | N | 2 | 5 | 3 | A | R | 0 | 0 | 3 | 3 | 8 | 8 | 0 | 11 | 12 | 0 | 9 | 1 | 2 | 0 | 4 | 17 | 18 | I | 19 | S | 20 | 2 | | | | | | | |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | | | | 0 | | | | 5 | | | | C | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) | | Entry Time/Date 1230 on 12/4/09 | Permit Effective Date February 1, 2008 |
| Wacaster Oil Company 118 Belding Ave. in Hot Springs, AR | | Exit Time/Date 1310 on 12/4/09 | Permit Expiration Date January 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 Scott Wacaster, Owner 134 Greenwood Hot Springs, Arkansas 71903 | | | |
| | | 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 | Y | Pretreatment | - | Multimedia |
| - | Effluent/Receiving Waters | - | Laboratory | - | Storm Water | - | Other: |

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

See attached IU site visit form and PCI form

| | | |
|---|--|-----------------|
| 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 12/8/09 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

**POTW Pretreatment Program
Industrial Site Visit**

Name of Industry: Wacaster Oil Company

Industry Contacts: Scott Wacaster, Owner

Type of Industry: Bulk Fuel Storage

Date of Visit: 12/4/09 at 1230

1. Significant industrial user: ☒ Yes ☐ No ☐ Not Determined
2. Pretreatment equipment or procedures? ☒ Yes ☐ No ☐ N/A
3. Pretreatment equipment maintained and operational? ☒ Yes ☐ No ☐ N/A
4. Hazardous waste generated or stored? ☐ Yes ☒ No ☐ N/A
5. Proper solid waste disposal? ☒ Yes ☐ No ☐ N/A
6. Solvent management/TTO control? ☐ Yes ☒ No ☐ N/A
7. Suitable sampling location? ☒ Yes ☐ No ☐ N/A
8. Appropriate self-monitoring procedures / equipment? ☒ Yes ☐ No ☐ N/A
9. Adequate spill prevention? ☒ Yes ☐ No ☐ N/A
10. Industry familiar with limits and requirements? ☒ Yes ☐ No ☐ N/A

Additional Comments: Facility was in compliance with their limits and requirements.

Visit Conducted By: Jim McSwain **Date:** 12/4/09