



ARKANSAS  
Department of Environmental Quality

April 6, 2010

Larry Merriman, Utilities Operations Director  
Hot Springs, City Of  
780 Adams Street  
Hot Springs, AR 71901

RE: AFIN: 26-00145

NPDES Permit No.: AR0033880

Dear Mr. Merriman:

On March 24, 2010, I performed a Sanitary Sewer Overflow Inspection of the above referenced facility 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 that you were in compliance with the terms of your permit regarding your sanitary sewer overflow requirements.

If I can be of any assistance, please contact me at 501-683-1546.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim McSwain", is written over a horizontal line.

Jim McSwain  
District 7 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch



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] [8] [8] [0]	11 12 [1] [0] [0] [3] [2] [4]	17 18 [V]	19 [S]	20 [1]	
Remarks					
<div> <div>Inspection Work Days</div> <div>67 [ ] [ ] [ ] 69</div> </div> <div> <div>Facility Evaluation Rating</div> <div>70 [N]</div> </div> <div> <div>BI</div> <div>71 [N]</div> </div> <div> <div>QA</div> <div>72 [N]</div> </div> <div> <div>Reserved</div> <div>73 [ ] [ ] 74 75 [ ] [ ] [ ] [ ] [ ] [ ] 80</div> </div>					

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

Hot Springs, City Of  
780 Adams Street  
GARLAND Co.

Entry Time/Date  
0940 on 3/24/10

Permit Effective Date  
2/1/2008

Exit Time/Date  
1510 on 3/34/10

Permit Expiration Date  
1/31/2013

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Ron Wacaster, Facilities Operations Manager  
Tony Burkes, Wastewater Lifts Manager

Other Facility Data

Name, Address of Responsible Official/Title/Phone and Fax Number

Larry Merriman/501-321-6884  
Hot Springs, City Of  
780 Adams Street  
Hot Springs, AR 71901

Contacted

Yes ☒ No ☐

### Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

N	Permit	N	Flow Measurement	N	Operations & Maintenance	N	Sampling
N	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
N	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	S	Other: (SS0)

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

The city of Hot Springs has had numerous overflows (~130 in 2009) and is currently under a CAO with USEPA. This inspection revealed that they are in compliance with the terms of the CAO and are in compliance with the SSO inspection requirements.

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

4/6/10

Signature of Reviewer

Agency/Office/Phone and Fax Numbers

Date

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <u>Clay, truss, cast iron, concrete, and PVC wastewater mains, consisting of 12,041 manholes and 4150 pump stations.</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>~25,000 Customers</u>		
FEET OF SEWER SYSTEM: <u>2,244,000 Feet of Clay, truss, cast iron, concrete, and PVC wastewater mains. 1,240,800 feet of force main.</u>		
AGE OF SYSTEM: <u>Some part exceed 100 years.</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>I/I during wet weather, mechanical failure during the dry weather.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): <u>See attached.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOs REACHED "WATERS OF THE U.S." (LIST DATE AND LOCATION OF EACH):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
Numerous. See permit file.		
<b>PUMP STATIONS</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <u>4150</u>	NUMBER WITH BACKUP POWER: <u>5 with permanent backup power, 3 with backup diesel pumps.</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Twice per week</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>yes</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>Scada</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>See attached</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>2</u>		
Gulpha Creek Pump Station, Hot Springs Creek Pump Station		
<b>SATELLITE SYSTEMS</b>		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <u>No</u>		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Gulpha Creek Pump Station</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>3</u>	NUMBER OPERATIONAL: <u>3</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power, High flow,</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Hot Springs Creek Pump Station</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>4</u>	NUMBER OPERATIONAL: <u>3</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power, High flow,</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

## ATTACHMENT 1

Subject: Wastewater Overflow		Standard Operating Procedure #2
Date Created: 02/24/2010	Prepared By: Doris Elder Point of Contact: Wastewater	City of Hot Springs Utility Department
Last Updated: 03/01/10	Tony Burks: Lifts Shawn Davis: Collections	Approved By: Larry Merriman

### **Purpose and Objective:**

The purpose of this Wastewater Overflow Procedure is intended to provide guidance to wastewater utility employees should an overflow occur. The objective of this procedure is to be proactive in our response and compliance with the Arkansas Department of Environmental Quality (ADEQ).

### **Responsibilities and Chain-of-Command:**

If a wastewater overflow occurs during regular or outside regular business hours the employee receiving the call immediately notifies the Point of Contact. See the following list below in order of Chain-of-Command.

### **Phone Tree Notification:**

- |   |  |
|---|--|
| 1. <b>Crew Leader or Employee receiving</b><br>Information of overflow                                    | <u>Crew Leader or Manager aware of overflow</u>  |
| 2. <b>Wastewater Collections Manager</b><br>Cell Phone Number<br>Office Phone Number<br>Home Phone Number | Shaw Davis<br><br><u>501-627-3156</u><br><u>501-623-6981</u><br><u>501-767-4961</u>                      |
| <b>OR (whichever applies)</b>   |  |
| <b>Wastewater Lifts Manager</b><br>Cell Phone Number<br>Office Phone Number<br>Home Phone Number          | Tony Burkes<br><u>501-617-1944</u><br><u>501-623-1483 or 501-627-0782</u><br><u>501-767-8694</u>         |
| <b>Notify</b>   |  |
| <b>Facilities Operations Manager</b><br>Cell Phone Number<br>Office Phone Number<br>Home Phone Number     | Ron Wacaster<br><u>501-627-2901</u><br><u>501-262-1881 Ext 10 or 501-262-1125</u><br><u>501-767-7765</u> |

**Notify****Utilities Operations Director**

Send via e-mail

Cell Phone Number

Office Phone Number

Home Phone Number

Larry Merriman

[lmerriman@cityhs.net](mailto:lmerriman@cityhs.net)

501-627-3041

501-321-6884

501-463-4511

A. Overflow notice must be called to Jim McSwain once the overflow is confirmed. Should the overflow occur on a weekend or after hours, the on call personnel will monitor periodically throughout the event and report once the overflow has subsided.

B. Official on-line report (SSO) must be made to ADEQ in accordance with their policy, regardless of when this occurs, afterhours or weekends. (see contact information below)

Shawn Davis is the primary point of contact for on-line SSO Reporting. Tony Burks is his backup.

The Web-site for ADEQ follows:

**Error! Hyperlink reference not valid.**

**5. ADEQ**

Cell Phone Number

(Personal cell phone)

If no answer leave message

Jim McSwain

501-538-4401

After the SSO Notice is entered on-line the paper documentation will go to Doris Elder for retention until the end of the month. (See below for explanation of paper flow).

During the overflow event personnel will monitor @ ~4hours intervals during the normal/daylight hours, (i.e. 8am, 12 noon and 4pm). In the event the overflow is still in process beyond normal hours, personnel will resume monitoring the following day. Once the overflow has subsided, final estimates for reporting purposes will be established and clean up efforts will commence.

At the close of each month Ron Wacaster will collect the SSO's from Doris Elder and include them with the Discharge Monitoring Reports (DMR's). These documents are sent certified mail to ADEQ prior to the 15<sup>th</sup> of the following month. Doris Elder is responsible for obtaining Executive Officer's signature (i.e. Steve Mallett or Lance Hudnell) in Ron's absence as well as mailing and distribution of copies.

ADEQ Water NPDES Inspection	AFIN: <b>26-00145</b>	Permit #: <b>AR0033880</b>
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**NOTE:** Flow of data will be as listed below.

**See attached routing form**



## DMR SIGNATURE PAGE

### DMR'S

REGIONAL WWTP	AR0033880	001A
REGIONAL WWTP	AR0033880	TX1Q
REGIONAL WWTP	AR0033880	Bio Lab
SOUTHWEST WWTP	AR0033880	Report
	AR0050148	001A
LAKESIDE WTP	ARG640060	101Q
LAKESIDE WTP	ARG640060	101A
OUACHITA WTP	ARG640098	102A

Preparer	WWTP copies	Executive Officer	Copies/Mail	Return Copies	File

### SSO REPORTS

REGIONAL	AR0033880
SOUTHWEST	AR0050148

Preparer	WWTP copies	Executive Officer	Mail/Copies	Return Copies	File

Mail Certified To:

ADEQ  
NPDES Enforcement Section  
Attn: Cindy Garner  
5301 Northshore Dr.  
North Little Rock, AR 72118-5317

1. AR0033880 001A
2. AR0033880 TX1Q
3. AR0033880 Bio Lab Report
4. SSO Report AR0033880

ADEQ  
NPDES Enforcement Section  
Attn: Ann Roberts  
5301 Northshore Dr.  
North Little Rock, AR 72118-5317

1. AR0050148 001A
2. ARG640060 101Q
3. ARG640060 101A
4. ARG640098 102A
5. SSO Report AR0050148

Copies of all by regular mail to:

ADEQ  
Attn: Jim McSwain  
5401 Central Ave #C  
Hot Springs, AR 71913