



ARKANSAS
Department of Environmental Quality

December 28, 2011

Mr. John M. Morgan
Production Support Manager
Hot Spring Power Company, LLC
410 Henderson Road
Malvern, AR 72104

AFIN: 30-00337

NPDES Permit No.: AR0049611

Dear Mr. Morgan:

On December 15, 2011, Eric Fleming, Inspection Branch Manager, ADEQ Water Division and I performed a routine compliance inspection of the waste water treatment 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. The following violations were revealed at the time of inspection:

- 1) ***In the Discharge Monitoring Report (DMR) submitted to ADEQ for the monitoring period 10/01/2011 to 10/31/2011, the monthly averages (weighted by flow) were calculated and reported on the DMR. Corrected DMR's, utilizing the appropriate monthly average determination methodology delineated in permit AR0049611; are required to be submitted for all DMR's which have been reported the previous 3 years.*** Specifically, Part 1, Permit Requirements, Section A., Effluent Limitations and Monitoring Requirements, Outfall 001 (cooling tower blowdown and low volume waste water); Internal Outfall 01A (cooling tower blowdown); and Internal Outfall 01B (low volume wastewater) require that monthly averages be reported per the Part IV definition of monthly average which states "The highest allowable average of daily discharges measured over a calendar month, calculated as the sum of all daily discharges measured during the calendar month divided by the number of daily discharges measured during the month."
- 2) Per Permit AR0049611, Part III, 9.F.2.a (Comprehensive Site Compliance Evaluation-Scope of the Compliance Evaluation): stormwater best management practices (BMP's) identified in your Stormwater Pollution Prevention Plan (SWPPP) must be observed to ensure that they are operating correctly. Where discharge locations or points are accessible, they must be inspected to see whether BMP's are effective in preventing significant impacts to receiving water.

Mr. Robert Morgan, Hot Springs Power Company, LLC
December 27, 2011

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The operator is not currently performing and documenting inspections of stormwater discharge locations or points as required by the permit. The inspections are required to be performed on a yearly basis.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Enforcement-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by January 9, 2012. For additional information you may contact the Enforcement Branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me 501-682-0658 or parkerr@adeq.state.ar.us.

Sincerely,



Risa Parker
District 9 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	4	9	6	1	1	11	12	1	1	1	2	1	5	17	18	C	19	S	20	2	
Remarks																													
A F I N 3 0 - 0 0 3 3 7 H O T S P R I N G C O .																													
Inspection Work Days				Facility Evaluation Rating				BI		QA		-----Reserved-----																	
67				69	70	3	71	N	72	N	73			74															80

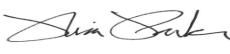
Section B: Facility Data					
Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) Hot Spring Power Company, LLC 410 Henderson Road Malvern, AR 72104	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Entry Time/Date 9:35 am on 12/15/11</td> <td>Permit Effective Date May 1, 2007</td> </tr> <tr> <td>Exit Time/Date 11:30 am on 12/15/11</td> <td>Permit Expiration Date April 30, 2012</td> </tr> </table>	Entry Time/Date 9:35 am on 12/15/11	Permit Effective Date May 1, 2007	Exit Time/Date 11:30 am on 12/15/11	Permit Expiration Date April 30, 2012
Entry Time/Date 9:35 am on 12/15/11	Permit Effective Date May 1, 2007				
Exit Time/Date 11:30 am on 12/15/11	Permit Expiration Date April 30, 2012				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Rob Smith, Plant Manager, 501-467-3232 (Ext. 102)	Other Facility Data PDS #063057				
Name, Address of Responsible Official/Title/Phone and Fax Number John M. Morgan, Production Support Manager Hot Spring Power Company, LLC 410 Henderson Road Malvern, AR 72104	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
M	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	M	Storm Water	N	Other:

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

The operator is calculating monthly average weighted by flow; however, the permit specifies the monthly average be calculated as the sum of all daily discharges measured during a calendar month divided by the number of daily discharges measured during that month.

Part III, 9.F.2.a (Comprehensive Site Compliance Evaluation-Scope of the Compliance Evaluation): stormwater best management practices (BMP's) identified in your Stormwater Pollution Prevention Plan (SWPPP) must be observed to ensure that they are operating correctly. Where discharge locations or points are accessible, they must be inspected to see whether BMP's are effective in preventing significant impacts to receiving water. The operator is not currently performing and documenting inspections of stormwater discharge locations or points as required by the permit. The inspections are required to be performed on a yearly basis.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Risa Parker/ 	ADEQ / Little Rock / 501-682-0658 / 501-682-0910	December 27, 2011
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>DMR calculation using monthly average weighted by flow being utilized; this is not consistent with permit requirements.</u>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>See above.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>60° V-Notch Weir</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Performed bi-annually.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: <u>Performed monthly.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: <u>Not flowing at the time of inspection.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Analytical</u>	
b. LAB ADDRESS: <u>11701 I-30, Bldg. 1, Suite 115, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>TSS, Oil and Grease</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Biomonitoring results reviewed by ADEQ Water Division-Planning Branch</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY

S M U NA NE

DETAILS: **No flow observed at the time of the inspection.**

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	N/A	N/A	N/A	N/A	
01A	N/A	N/A	N/A	N/A	N/A	N/A	
01B	N/A	N/A	N/A	N/A	N/A	N/A	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

- 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
- 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
- 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

- 1. SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
- 2. TYPE OF SAMPLE: GRAB:__ COMPOSITE:__ METHOD:__ FREQUENCY:
- 3. SAMPLES PRESERVED: Y N NA NE
- 4. FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
- 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
- 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
- 7. SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
- 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
- 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

- 1. SWPPP UPDATED AS NEEDED: Yes DATE OF LAST UPDATE: April 7, 2011 Y N NA NE
- 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: Y N NA NE
- 3. POLLUTION PREVENTION TEAM IDENTIFIED: Y N NA NE
- 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: Y N NA NE
- 5. LIST OF POTENTIAL POLLUTANT SOURCES: Y N NA NE
- 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: Y N NA NE
- 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: Y N NA NE
- 8. LIST OF STRUCTURAL BMPS: Y N NA NE
- 9. LIST OF NON-STRUCTURAL BMPS: Y N NA NE
- 10. BMPS PROPERLY OPERATED AND MAINTAINED: Y N NA NE
- 11. INSPECTIONS CONDUCTED AS REQUIRED: Discharge point/location inspections not being documented. Y N NA NE

FLOW CALCULATION SHEET

Date: **12/15/11** Time: **9:50 am**

Head in Inches: **N/A** Feet: **N/A**

Type & Size of Primary Flow Measurement Device: **60° V-Notch Weir**

Name & Model of Secondary Flow Measurement Device: **American Sigman 980**

Date of last Calibration of Secondary Flow Device: **October 30, 2011**

Recorded Flow at Date & Time Listed Above: **No flow** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **No flow**
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
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% Error =	$\frac{\quad - \quad}{\quad}$	X 100	
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% Error =	$\frac{\quad}{\quad}$	X 100	
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% Error =	$\frac{\quad}{\quad}$	X 100	
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% Error =	$\frac{\quad}{\quad} \%$		
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Comments: **Within +/- 10 % error : The facility was not discharging at the time of Inspection.**

DMR Calculation Check

Reporting Period: From 2011 10 01 To 2011 10 31
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>0.4 lbs/day</u>	<u>< 1.2 mg/l</u>	<u>N/A</u>
Calculated Value:	<u>0.4 lbs/day</u>	<u>1.72 mg/l</u>	<u>N/A</u>
Permit Value:	<u>288 lbs/day</u>	<u>30 mg/l</u>	<u>N/A</u>

If calculated value does not equal reported value, explain:

The operator is calculating monthly average weighted by flow; however, the permit specifies the monthly average be calculated as the sum of all daily discharges measured during a calendar month divided by the number of daily discharges measured during that month.

DMR Calculation Check

Reporting Period: From 2011 10 01 2011 10 31
Year Month Day Year Month Day

Parameter Checked: Oil & Grease

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>0.9 lbs/day</u>	<u>< 2.73 mg/l</u>	<u>N/A</u>
Calculated Value:	<u>0.9 lbs/day</u>	<u>2.8 mg/l</u>	<u>N/A</u>
Permit Value:	<u>96 lbs/day</u>	<u>10 mg/l</u>	<u>N/A</u>

If calculated value does not equal reported value, explain:

The operator is calculating monthly average weighted by flow; however, the permit specifies the monthly average be calculated as the sum of all daily discharges measured during a calendar month divided by the number of daily discharges measured during that month.

Submitted via: Water-Enforcement-Report@adeq.state.ar.us

January 9, 2012

Arkansas Department of Environmental Quality
NPDES Enforcement Section
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: Routine Compliance Inspection - - December 15, 2011
Hot Spring Power Company, LLC
Permit Number AR0049611

To Whom It May Concern:

Hot Spring Power Company (HSPC), LLC would like to submit the following responses to the issues identified by Ms. Risa Parker, ADEQ District 9 Field Inspector during a routine compliance inspection conducted at our facility on December 15, 2011.

1. The Discharge Monitoring Reports (DMR) for the past 36 months have been recalculated utilizing the appropriate monthly average determination methodology delineated in permit AR0049611, for Outfall 001 (cooling tower blowdown and low volume wastewater), Internal Outfall 01A (cooling tower blowdown) and Internal outfall 01B (low volume wastewater). After recalculating the averages, it was determined that the numbers submitted for December 2008, September 2010 and June 2011 were unchanged. The corrected DMR's for the other months are attached, including November 2011. Corrected DMR's indicate no permit limit violations.
2. The Storm Water Pollution Prevention Plan's (SWPPP) annual comprehensive site compliance evaluation form was modified to include the best management practices identified in the SWPPP. To be specific, the annual inspection of the discharge location of Outfall 001 to see whether BMP's are effective in preventing significant impacts to the receiving water. See attached form.

The discharge location of Outfall 001 has been inspected periodically, but has not been documented as required by the SWPPP. These inspections indicated that the BMP's have been effective in preventing significant impacts to the receiving water.

Thank you for this opportunity to respond to these issues. I hope that this will serve to ensure the ADEQ that HSPC is committed to environmental compliance at its Malvern facility. If you have any questions, please feel free to contact me at 501-467-3232 ext 102, or John Morgan at 501-467-3232 ext 104.

Sincerely,

A handwritten signature in black ink, appearing to be 'RS', with a horizontal line extending to the left.

Robert Smith
Plant Manager

RS: jmm

Cc: File 8.5.9 – 2011

Enclosures

Direct Line: 501-467-3232 ext 102
Direct Fax: 501-467-3233
Email: rob.smith@gdfsuezna.com

SWPPP - Annual Comprehensive Site Compliance Evaluation

Task No. ENV-026	Request Date 11/1/2011
Assigned By	Originator
Assigned To	
Scheduled Start Date 11/1/2011	WO Type ENVIRO
Priority 3.00	Completion Date <u>12-20-11</u>

<u>Craft</u>	<u>Estimated Crew Size</u>	<u>Estimated Labor Hours</u>
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Equipment No.	Equipment Description	Location	Sub-location 1	Sub-location 2	Sub-location 3
ENVIRONMENTAL L2	ENVIRONMENTAL ADMINISTRATIVE ACTION				

Item No.	Equipment No.	Description	Qty Required	Date Used	Qty Used

List extra parts and comments here

Employee Code	Equipment No.	Work Date	First Name	Last Name	Regular Hours	Overtime Hours

Safety Note

Equipment No. ENVIRONMENTAL 2

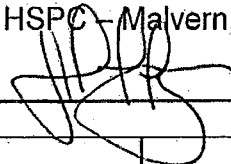
Task Instructions

AS PER THE SWPPP, PERFORM AN ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION. THE FORM IS FOUND IN APPENDIX E OF THE SWPPP.

File Location: 8.8.(X)

**APPENDIX E
Annual Comprehensive Site Compliance Report Form**

HSPC - Malvern, Arkansas

Inspector: J MORGAN  Date: 12-20-11

Items for Evaluation	Observations	Comments and/or Actions Required
1. Note any changes in site operations which occurred since last inspection that have the potential to affect storm water quality.	No	
CT1 Oil Storage Tank	NO CHANGE	N/A
CT2 Oil Storage Tank	NO CHANGE	N/A
ST Oil Storage Tank	NO CHANGE	N/A
Ammonia Storage Tanks and Forwarding System	NO CHANGE	N/A
Thermal Island	NO CHANGE	N/A
Water Treatment Building	NO CHANGE	N/A
Water Treatment Chemical Storage Area	NO CHANGE	N/A
Oil and Water Separator	NO CHANGE	N/A
Specialty Oil Storage	NO CHANGE	N/A
Chemical Transfer Routes	NO CHANGE	N/A
Maintenance Building	NO LONGER USING HYDRAZINE. ADDED PHOSPHATE TEST	NO ACTION REQUIRED
Outside Perimeter of Buildings and Process	NO CHANGE	N/A
Drainage Ditches, retention Pond, Outfalls	NO CHANGE	N/A


Items for Evaluation (continued)	Observations	Comments and/or Actions Required
2. Review inventory of potential pollution sources (Section 4.2 of the Plan) for additions, deletions and/or changes		
Thermal Island	NO CHANGE	N/A
Oil Storage Tanks	NO CHANGE	N/A
Ammonia Storage and Forwarding System	NO CHANGE	N/A
Water Treatment Chemical Storage	NO CHANGE	N/A
Special Oil Storage Area	NO CHANGE	N/A
Fire Pump AST	NO CHANGE	N/A
Maintenance Building	NO CHANGE	N/A
Air Emissions	NO CHANGE	N/A
Oil Leaks from Equipment	NO CHANGE	N/A
3. List non-storm water discharges observed.	NONE OBSERVED	N/A

Items for Evaluation (continued)	Adequate	Inadequate	Comments and/or Actions Required
4. Evaluate effectiveness of the existing Best Management Practices (BMP's) based on the following			
Housekeeping	OK	—	N/A
Preventative Maintenance	OK	—	N/A
Spill Prevention	OK	—	N/A
Quarterly Inspection	OK	—	N/A
Employee Training	OK	—	N/A
Recordkeeping	OK	—	N/A
Non-Storm Water	OK	—	N/A
Sediment and Erosion Control	OK	—	N/A
Runoff Management	OK	—	N/A
Outfall 001 Discharge Point at River	OK	—	N/A
5. Ensure that existing structural storm water control measures are operating properly. Are others needed?	Yes	No	
Storm drains, concrete conveyances, curbing	YES	—	N/A
Vegetative swales/drainage ditches	YES	—	N/A
Vegetative cover	YES	—	N/A
Gravel Drives	YES	—	N/A
Retention Basin	YES	—	N/A

Items for Evaluation (continued)	Date Completed	Action Taken
6. Indicate date(s) when all changes resulting from this inspection were documented (not more than ninety (90) days from date of annual inspection.	N/A	N/A
7. Indicate date(s) when all required changes were implemented	N/A	N/A

Certification of Inspection

I, ROBERT SMITH (duly authorized representative or a responsible corporate official), certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the systems of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official Title: <u>ROBERT SMITH PLANT MANAGER</u>	Telephone No: <u>501-467-3232</u>
Signature: 	Date Signed: <u>12-20-2011</u>

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TRK#
0200 8710 8518 1559
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FedEx US Airbill
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Date
Sender's Name
Company
Address
City

FedEx US Airbill
Express

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FedEx Retrieval Copy

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City ALEXANDRIA State VA ZIP 22304

4a Express Package Service
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2 Your Internal Billing Reference

4b Express Freight Service
 FedEx 1Day Freight
 FedEx 2Day Freight
 FedEx 3Day Freight

3 To Recipient's Name MADES, P...
Company ADECO
Address 5301 NORTHSHORE DRIVE
City NORTH LITTLE ROCK State AR ZIP 72116-5311

5 Packaging
 FedEx Envelope
 FedEx Pak
 FedEx Box
 FedEx Tube
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HOLD Weekday
HOLD Saturday

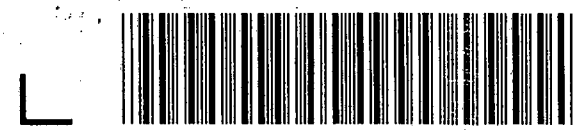
6 Special Handling and Delivery Signature Options
 No Signature Required
 Direct Signature
 Indirect Signature

Address 5301 NORTHSHORE DRIVE
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Does this shipment contain dangerous goods?
 No
 Yes

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 Recipient
 Third Party
 Credit Card
 Cash/Check



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554

fedex.com 1.800.GoFedEx 1.800.463.3339

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Submitted via: Water-Enforcement-Report@adeq.state.ar.us

January 9, 2012

Arkansas Department of Environmental Quality
NPDES Enforcement Section
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: Routine Compliance Inspection - - December 15, 2011
Hot Spring Power Company, LLC
Permit Number AR0049611

To Whom It May Concern:

Hot Spring Power Company (HSPC), LLC would like to submit the following responses to the issues identified by Ms. Risa Parker, ADEQ District 9 Field Inspector during a routine compliance inspection conducted at our facility on December 15, 2011.

1. The Discharge Monitoring Reports (DMR) for the past 36 months have been recalculated utilizing the appropriate monthly average determination methodology delineated in permit AR0049611, for Outfall 001 (cooling tower blowdown and low volume wastewater), Internal Outfall 01A (cooling tower blowdown) and Internal outfall 01B (low volume wastewater). After recalculating the averages, it was determined that the numbers submitted for December 2008, September 2010 and June 2011 were unchanged. The corrected DMR's for the other months are attached, including November 2011. Corrected DMR's indicate no permit limit violations.
2. The Storm Water Pollution Prevention Plan's (SWPPP) annual comprehensive site compliance evaluation form was modified to include the best management practices identified in the SWPPP. To be specific, the annual inspection of the discharge location of Outfall 001 to see whether BMP's are effective in preventing significant impacts to the receiving water. See attached form.

The discharge location of Outfall 001 has been inspected periodically, but has not been documented as required by the SWPPP. These inspections indicated that the BMP's have been effective in preventing significant impacts to the receiving water.

Thank you for this opportunity to respond to these issues. I hope that this will serve to ensure the ADEQ that HSPC is committed to environmental compliance at its Malvern facility. If you have any questions, please feel free to contact me at 501-467-3232 ext 102, or John Morgan at 501-467-3232 ext 104.

Sincerely,



Robert Smith
Plant Manager

RS: jmm

Cc: File 8.5.9 – 2011

Enclosures

Direct Line: 501-467-3232 ext 102
Direct Fax: 501-467-3233
Email: rob.smith@gdfsuezna.com

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HOT SPRING POWER CO., LLC
ADDRESS 10 HENDERSON ROAD
MALVERN AR 72104

AR0049511
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
07 02 01 07 04 16

FACILITY HOT SPRING POWER CO., LLC
LOCATION MALVERN AR 72104
ATTN: STEVEN BATES, PLANT MGR.

MAJOR F - FINAL
001-MONTHLY-COOLING/LOW VOLUME

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7.95	*****	*****	*****	*****	(12)	8.83	0	01/07	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	WEEKLY	GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	3.7	8.5	*****	*****	*****	(19)	*****	0	01/07	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	WEEKLY	GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	< 1.8	4.2	*****	*****	*****	(19)	1.0	0	01/07	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	WEEKLY	GRAB	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.136	0.509	*****	*****	*****	*****	*****	0	01/01	TOTAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY	TOTAL	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
TELEPHONE		5014673232		DATE		2012 01 06		AREA CODE		NUMBER	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		*****		YEAR		2012		MO		DAY	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
S. Bates R. SAMA
PLANT MGR
TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MSD (MILLION GALLONS/DAY). FORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MSD (MILLION GALLONS/DAY).

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
03/01/2009 TO 03/31/2009

001-MONTHLY-COOLING/FLOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	6.02	*****	*****	01/07	GRAB	
	PERMIT REQUIREMENT	*****	*****	MINIMUM 6	*****	MAXIMUM 9	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	3.6	lb/d	*****	*****	2.4	01/07	GRAB	
	PERMIT REQUIREMENT	288 MO AVG	lb/d	*****	*****	100 DAILY MX	Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	< 1.6	lb/d	*****	*****	< 1.0	01/07	GRAB	
	PERMIT REQUIREMENT	96 MO AVG	lb/d	*****	*****	15 DAILY MX	Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.229	Mgal/d	*****	*****	*****	01/01	TOTAL	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Mgal/d	*****	*****	*****	Daily	TOTAL	

R. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
S. BATES, Plant Mgr	501 467 3232	04/27/2009
TYPED OR PRINTED	AREA Code	NUMBER
	501	467 3232
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
<i>[Signature]</i>		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

AR0049611
PERMIT NUMBER

001A
DISCHARGE NUMBER

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
04/01/2009 TO 04/30/2009

DMR Mailing ZIP CODE: 72104
MAJOR

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	00400 1 0 Effluent Gross	.....	.....	.....	.....	8.62	SU	0	01/07	GRAB
Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	.....	.....	6.85	MINIMUM	.....	SU	0	Weekly	GRAB
	SAMPLE PERMIT REQUIREMENT	.....	.....	.....	MAXIMUM	.....	SU			
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	< 2.0	lb/d	.....	.....	2.0	MS/L	0	Weekly	GRAB
	SAMPLE PERMIT REQUIREMENT	288 MO AVG	lb/d	.....	.....	.....	mg/L			
Oil & grease	SAMPLE MEASUREMENT REQUIREMENT	< 4.9	lb/d	.....	.....	.....	MS/L	0	Weekly	GRAB
	SAMPLE PERMIT REQUIREMENT	96 MO AVG	lb/d	.....	.....	.....	mg/L			
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	< 7.7	lb/d	.....	.....	.....	MS/L	0	Weekly	GRAB
	SAMPLE PERMIT REQUIREMENT	144 DAILY MX	lb/d	.....	.....	.....	mg/L			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	0.126	Mgd/d	.....	.....	.....	.....	0	Daily	TOTAL
	SAMPLE PERMIT REQUIREMENT	Reg. Mon. MO AVG	Mgd/d	.....	.....	.....	.....
5050 1 0 Effluent Gross	SAMPLE PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	.....	.....	.....

R. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER S. BATES Plant Mgr	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE 501 467 3232	DATE 05/26/09
TYPED OR PRINTED		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

AR0049611 PERMIT NUMBER
001A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
05/01/2009 TO 05/31/2009

001-MONTHLY-COOLINGFLOW VOLUME
External Outfall

No Discharge

ATTN: STEVEN BATES, PLANT MGR.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0/07	GRAB	
	PERMIT REQUIREMENT	*****	*****	6.87	6	MINIMUM	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	1.5	lb/d	*****	*****	*****	0/07	GRAB	
	PERMIT REQUIREMENT	288 MO AVG	lb/d	2.6	959	DAILY MX	Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	< 3.5	lb/d	*****	*****	*****	0/07	GRAB	
	PERMIT REQUIREMENT	96 MO AVG	lb/d	< 6.5	144	DAILY MX	Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.097	Mgal/d	*****	*****	*****	0/01	TOTALZ	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Mgal/d	0.872	Req. Mon. DAILY MX	*****	Daily	TOTALZ	

R. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
S. BATES Plant Mgr TYPED OR PRINTED	SD 4673232 AREA Code NUMBER	06/17/2009 MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

PERMIT NUMBER: AR0049611
DISCHARGE NUMBER: 001A

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2009 TO 06/30/2009

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

ATTN: STEVEN BATES, PLANT MGR.

No Discharge

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS				
pH	MEASUREMENT	*****	*****	*****	*****	7.13	*****	*****	8.41	SU	01/07	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MINIMUM 6	*****	*****	MAXIMUM 9	SU	Weekly	GRAB
Solids, total suspended	MEASUREMENT	< 3.0	lb/d	6.7	lb/d	*****	*****	*****	4.4	MS/L	01/07	GRAB
	PERMIT REQUIREMENT	288 MO AVG	lb/d	959 DAILY MX	lb/d	*****	*****	*****	100 DAILY MX	mg/L	Weekly	GRAB
Oil & grease	MEASUREMENT	< 8.7	lb/d	< 18.2	lb/d	*****	*****	*****	< 6.0	MS/L	01/07	GRAB
	PERMIT REQUIREMENT	96 MO AVG	lb/d	144 DAILY MX	lb/d	*****	*****	*****	15 DAILY MX	mg/L	Weekly	GRAB
Flow, in conduit thru treatment plant	MEASUREMENT	0.152	Mgal/d	0.588	Mgal/d	*****	*****	*****	*****	*****	01/01	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Mgal/d	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****	*****	Daily	TOTALZ

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>R. Smith</i> <i>S. Bates</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Steven Bates</i>	TELEPHONE 501-467-5252	DATE 07-17-2009
TYPED OR PRINTED Plant Mgr	AREA Code 501	NUMBER 4675252	MM/DD/YYYY MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

AR0049611 PERMIT NUMBER
001A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO.,LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2009 TO 07/31/2009

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

ATTN: STEVEN BATES, PLANT MGR. No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE				UNITS
pH		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended		< 1.4	lb/d	2.5	lb/d	7.25	lb/d	8.13	SU	01/07	GRAB	GRAB
00530 1 0 Effluent Gross		288 MO AVG	lb/d	959 DAILY MX	lb/d	MINIMUM	30 MO AVG	MAXIMUM	SU	Weekly	GRAB	GRAB
Oil & grease		< 6.9	lb/d	< 11.3	lb/d	*****	< 5.0	DAILY MX	mg/L	01/07	GRAB	GRAB
00556 1 0 Effluent Gross		96 MO AVG	lb/d	144 DAILY MX	lb/d	*****	10 MO AVG	DAILY MX	mg/L	Weekly	GRAB	GRAB
Flow, in conduit or thru treatment plant		0.173	Mgal/d	0.811	Mgal/d	*****	*****	*****	*****	01/01	TOTAL	TOTAL
50050 1 0 Effluent Gross		Req. Mon. MO AVG	Mgal/d	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****	Daily	TOTAL	TOTAL

R. SMITH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
S. BATES Plant Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel prepare all information submitted. Based on my inquiry of the persons or persons who manage the system, I am aware of no other persons who manage the system who are not included on the list of persons responsible for gathering the information, the information submitted is true and correct, and I am aware of no other persons who are not included on the list of persons responsible for submitting false information, including the possibility of false and misleading information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
501 467 3232

DATE
8/24/09
MM/DD/YYYY

01/06/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

AR0049611 PERMIT NUMBER
001A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2009 TO 08/31/2009

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

ATTN: STEVEN BATES, PLANT MGR.

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****	*****	7.40	*****	8.71	SU	01/07	GRAB	
00400 1 0 Effluent Gross	*****	*****	MINIMUM	*****	MAXIMUM	SU	Weekly	GRAB	
Solids, total suspended	< 2.4	lb/d	*****	*****	1.2	mg/L	01/07	GRAB	
00530 1 0 Effluent Gross	288 MO AVG	lb/d	*****	30 MO AVG	100 DAILY MX	mg/L	Weekly	GRAB	
Oil & grease	< 11.3	lb/d	*****	*****	< 5.0	mg/L	01/07	GRAB	
00556 1 0 Effluent Gross	96 MO AVG	lb/d	*****	10 MO AVG	15 DAILY MX	mg/L	Weekly	GRAB	
Flow, in conduit or thru treatment plant	0.211	Mgd/d	*****	*****	*****	*****	01/01	TOTAL	
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Mgd/d	*****	*****	*****	*****	Daily	TOTAL	

Z.S.H.W.

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
S. BATES PLANT MGR.
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
501 467 3232 09/23/09
AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

PERMIT NUMBER: AR0049611
DISCHARGE NUMBER: 01BA

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
FROM: 08/01/2009 TO: 08/31/2009

OIB-INTERNAL-LOW VOLUME WASTE
Internal Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	0.4	0.5	1.6	1.6	7.11	SU	01/07	GRAB		
00400 J U Intermediate Treatment, Process Complete	7.5 MO AVG	25 DAILY MX	lb/d	30 MO AVG	9 MINIMUM	SU	Weekly	GRAB		
Solids, total suspended	< 1.7	2.3	1.6	1.6	100 DAILY MX	mg/L	01/30	GRAB		
00500 J U Intermediate Treatment, Process Complete	3.7 MO AVG	5 DAILY MX	lb/d	15 MO AVG	20 DAILY MX	mg/L	Monthly	GRAB		
Oil & grease	0.023	0.073	Mgal/d	Req. Mon. DAILY MX	*****	*****	01/01	CALCD		
Flow, in conduit or thru treatment plant							Daily	CALCD		
00600 J U Intermediate Treatment, Process Complete								CALCD		

R. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
S. BATES Plant Mgr	501 467 3232	09/23/2009
TYPED OR PRINTED	AREA Code	NUMBER
	501	467 3232
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). SEE CONDITION NO. 7 OF PART III. REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). 30-00537

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104
FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104
ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2009 TO 09/30/2009

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	01/07	GRAB	
	PERMIT REQUIREMENT	*****	*****	7.05	MINIMUM	*****	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	< 3.4	lb/d	< 3.0	*****	*****	01/07	GRAB	
	PERMIT REQUIREMENT	288 MO AVG	lb/d	< 4.9	*****	*****	Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	< 8.9	lb/d	< 5.0	*****	*****	01/07	GRAB	
	PERMIT REQUIREMENT	96 MO AVG	lb/d	< 5.0	*****	*****	Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.112	Mgd/d	0.747	*****	*****	01/01	TOTALZ	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Mgd/d	Req. Mon. DAILY MX	*****	*****	Daily	TOTALZ	

Z. SHIRAZ

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
S. Bates Plant Mgr	501-467-3232	10/20/2009
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY); PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0064

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2009 TO 10/31/2009

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	00400 1 0 Effluent Gross	*****	*****	6.75	*****	7.96	SU	0	01/07	GRAB
Solids, total suspended	00530 1 0 Effluent Gross	< 0.5	lb/d	*****	*****	3.6	mg/L	0	01/07	GRAB
Oil & grease	00556 1 0 Effluent Gross	< 2.1	lb/d	*****	*****	7.1	mg/L	0	01/07	GRAB
Flow, in conduit or thru treatment plant	50050 1 0 Effluent Gross	0.029	Mgal/d	*****	*****	*****	*****	0	01/01	TOTALZ

Z. Smith

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>S. Bates Plant Mgr</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE 501 467 3252	DATE <i>11-19-2009</i>
TYPED OR PRINTED	AREA Code	NUMBER	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY); PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104
FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104
ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER
01BA
DISCHARGE NUMBER
MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2009 TO 10/31/2009

DMR Mailing ZIP CODE: 72104
MAJOR

OIB-INTERNAL-LOW VOLUME WASTE
Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH W5400 J U Intermediate Treatment, Process Complete	*****	*****	*****	*****	*****	SU	01/07	GRAB	
	*****	*****	6.76	MINIMUM	*****	SU	Weekly	GRAB	
Solids, total suspended W5500 J U Intermediate Treatment, Process Complete	< 0.1	lb/d	*****	*****	1.6	MS/L	01/30	GRAB	
	7.5 MO AVG	lb/d	0.2	25 DAILY MX	*****	mg/L	Monthly	GRAB	
Oil & grease W5500 J U Intermediate Treatment, Process Complete	< 0.4	lb/d	*****	*****	< 5.0	MS/L	01/30	GRAB	
	3.7 MO AVG	lb/d	0.5	5 DAILY MX	*****	mg/L	Monthly	GRAB	
Flow, in conduit or thru treatment plant W5500 J U Intermediate Treatment, Process Complete	0.011	Mgal/d	*****	*****	*****	*****	01/01	CALCD	
	Reg. Mon. MO AVG	Mgal/d	0.060	Reg. Mon. DAILY MX	*****	*****	Daily	CALCD	

R. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>S. Bates Plant Mgr</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE NUMBER 501 467-3232	DATE 11-19-2009
TYPED OR PRINTED		AREA CODE	NUMBER
			MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). SEE CONDITION NO. 7 OF PART III REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). 30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2009 TO 11/30/2009

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	00400 1 0		8.04	SU			01/07	GRAB	
Solids, total suspended Effluent Gross	SAMPLE MEASUREMENT		MAXIMUM	SU			Weekly	GRAB	
	PERMIT REQUIREMENT		MINIMUM					GRAB	
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.8	2.4	ms/L			01/07	GRAB	
	PERMIT REQUIREMENT	288 MO AVG	30 MO AVG				Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	3.2	6.2	ms/L			01/07	GRAB	
	PERMIT REQUIREMENT	95 MO AVG	10 MO AVG				Weekly	GRAB	
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.474					01/01	TOTALZ	
	PERMIT REQUIREMENT	Req. Mon. DAILY MX					Daily	TOTALZ	

Z. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
S. BATES PLANT MGR
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
501 467-5252
AREA Code NUMBER

DATE
12/21/2009
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

EPA Form 3200-1 (Rev. 01/06) Previous editions may be used.

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104
FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104
ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

01BA
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2009 TO 11/30/2009

01B-INTERNAL-LOW VOLUME WASTE
Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH US00 J U Intermediate Treatment, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	01/07	GRAB	
	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM	Weekly	GRAB	
Solids, total suspended US00 J U Intermediate Treatment, Process Complete	SAMPLE MEASUREMENT	< 0.1	lb/d	*****	*****	2.0	01/30	GRAB	
	PERMIT REQUIREMENT	7.5 MO AVG	lb/d	*****	*****	100 DAILY MX	Monthly	GRAB	
Oil & grease US00 J U Intermediate Treatment, Process Complete	SAMPLE MEASUREMENT	< 0.5	lb/d	*****	*****	< 5.0	01/30	GRAB	
	PERMIT REQUIREMENT	3.7 MO AVG	lb/d	*****	*****	20 DAILY MX	Monthly	GRAB	
Flow, in conduit or thru treatment plant US00 J U Intermediate Treatment, Process Complete	SAMPLE MEASUREMENT	0.009	Mgal/d	*****	*****	*****	01/01	CALCTD	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Mgal/d	*****	*****	*****	Daily	CALCTD	

R. SMITH

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by someone who is not an officer or employee of the permittee, and that I am a duly licensed professional engineer or geologist in the State of Arkansas, and that the information submitted herein is true and correct to the best of my knowledge and belief, and that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
S. BATES PLANT MGR
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE DATE
501 467 3232 01/06/2012
AREA Code NUMBER

MM/DD/YYYY
12/21/2009

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), SEE CONDITION NO. 7 OF PART III REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). 30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2009 TO 12/31/2009

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	*****	*****	6.72	*****	*****	*****	01/07	GRAB	
	*****	*****	MINIMUM	*****	MAXIMUM	SU	Weekly	GRAB	
Solids, total suspended 00530 1 0 Effluent Gross	< 1.6	lb/d	< 1.2	*****	3.2	mg/L	01/07	GRAB	
	288 MO AVG	959 DAILY MX	30 MO AVG	100 DAILY MX	100 DAILY MX	mg/L	Weekly	GRAB	
Oil & grease 00556 1 0 Effluent Gross	< 6.6	lb/d	< 6.0	*****	< 5.0	mg/L	01/07	GRAB	
	96 MO AVG	144 DAILY MX	10 MO AVG	15 DAILY MX	15 DAILY MX	mg/L	Weekly	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	0.043	Mgal/d	0.595	*****	*****	*****	01/01	TOTAL	
	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	*****	*****	*****	*****	Daily	TOTALZ	

R. SMITH, PLANT MANAGER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
~~STEVEN BATES~~
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
501 467-3232

DATE
01/26/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

PERMIT NUMBER: AR0049611
DISCHARGE NUMBER: 001A

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2010 TO 01/31/2010

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

ATTN: STEVEN BATES, PLANT MGR.

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
pH	*****	*****	*****	*****	SU	0	01/01	GRAB
00400 1 0 Effluent Gross	*****	*****	6.04	MINIMUM	SU	0	Weekly	GRAB
Solids, total suspended	< 0.7	1.4	*****	*****	MS/L	0	01/07	GRAB
00530 1 0 Effluent Gross	288 MO AVG	959 DAILY MIX	*****	*****	mg/L	0	Weekly	GRAB
Oil & grease	< 2.1	3.4	*****	*****	mg/L	0	01/07	GRAB
00556 1 0 Effluent Gross	96 MO AVG	144 DAILY MIX	*****	*****	mg/L	0	Weekly	GRAB
Flow, in conduit or thru treatment plant	0.031	0.435	*****	*****	*****	0	01/01	TOTAL
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MIX	*****	*****	*****	0	Daily	TOTAL

R. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER S. BATES - PLANT MGR	TELEPHONE NUMBER 501 467-3232	DATE 02/19/2010
TYPED OR PRINTED	AREA Code NUMBER 501 467-3232	MM/DD/YYYY MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

PERMIT NUMBER: AR0049611
DISCHARGE NUMBER: 001A

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
02/01/2010 TO 02/28/2010

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

ATTN: STEVEN BATES, PLANT MGR.

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****	*****	6.44	*****	7.63	SU	0	01/07	GRAB
00400 1 0 Effluent Gross	*****	*****	MINIMUM	*****	MAXIMUM	SU	0	Weekly	GRAB
Solids, total suspended	1.1	lb/d	*****	*****	5.2	mg/L	0	01/07	GRAB
00530 1 0 Effluent Gross	288 MO AVG	lb/d	*****	*****	100 DAILY MX	mg/L	0	Weekly	GRAB
Oil & grease	< 1.5	lb/d	*****	*****	4.6	mg/L	0	01/07	GRAB
00555 1 0 Effluent Gross	96 MO AVG	lb/d	*****	*****	15 DAILY MX	mg/L	0	Weekly	GRAB
Flow, in conduit or thru treatment plant	0.048	Mgal/d	*****	*****	*****	*****	0	01/01	TOTALZ
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Mgal/d	*****	*****	*****	*****	0	Daily	TOTALZ

R. SMITH

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
S. BATES - PLANT MGR	501467332	03/18/2010
TYPED OR PRINTED	AREA Code	NUMBER
	50146	7332
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MMDDYYYY
		MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

AR0049611 PERMIT NUMBER
001A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
03/01/2010 TO 03/31/2010

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

ATTN: STEVEN BATES, PLANT MGR.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	6.55	8.22	SU	01/07	GRAB	
	PERMIT REQUIREMENT	*****	*****	MINIMUM 6	MAXIMUM 9	SU	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	< 1.3	15/lb	*****	2.4	mg/L	01/07	GRAB	
	PERMIT REQUIREMENT	285 MO AVG	lb/d	*****	100 DAILY MX	mg/L	Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	< 3.2	10.6	*****	< 2.5	mg/L	01/07	GRAB	
	PERMIT REQUIREMENT	96 MO AVG	lb/d	*****	15 DAILY MX	mg/L	Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.066	Mgal/d	*****	*****	*****	01/01	TOTALZ	
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Mgal/d	*****	*****	*****	Daily	TOTALZ	

01/06/2012

IZ. SMITH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
STEVE BATES PLANT MGR TYPED OR PRINTED	<i>Steve Bates</i>	501 467 3232	04/18/2010
		AREA Code NUMBER	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00537

CORRECTED COPY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
 OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
 ADDRESS: 410 HENDERSON ROAD
 MALVERN, AR 72104
 FACILITY: HOT SPRING POWER CO., LLC
 LOCATION: 410 HENDERSON ROAD
 MALVERN, AR 72104
 ATTN: STEVEN BATES, PLANT MGR.

AR0049611
 PERMIT NUMBER

001-A
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
 MAJOR

001-MONTHLY-COOLING/LOW VOLUME
 External Outfall
 No Discharge

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 04/10/2010 TO 04/30/2010

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	01/07	GRAB	
	PERMIT REQUIREMENT	*****	*****	6.51	*****	7.09	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	< 0.3	lb/d	*****	*****	3.6	01/07	GRAB	
	PERMIT REQUIREMENT	288 MO AVG	lb/d	*****	*****	100 DAILY MX	Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	< 0.3	lb/d	*****	*****	< 2.5	01/07	GRAB	
	PERMIT REQUIREMENT	96 MO AVG	lb/d	*****	*****	15 DAILY MX	Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.052	Mgd/d	*****	*****	*****	01/01	TOTAL	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Mgd/d	*****	*****	*****	Daily	TOTAL	

01/06/2012

[Signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R. Smith PLANT MGR
 TYPED OR PRINTED

TELEPHONE
 501 467 3232

DATE
 05-15-10

AREA Code NUMBER

PERIOD
 MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD

FROM 05/01/2010 TO 05/31/2010
MM/DD/YYYY TO MM/DD/YYYY

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	6.50	*****	*****	SU	01/07	GRAB	
00400 1 0 Effluent Gross	*****	*****	MINIMUM	*****	MAXIMUM	SU	Weekly	GRAB	
Solids, total suspended	< 1.4	lb/d	*****	*****	4.4	mg/L	01/07	GRAB	
00530 1 0 Effluent Gross	268 MO AVG	lb/d	30 MO AVG	*****	100 DAILY MX	mg/L	Weekly	GRAB	
Oil & grease	< 2.0	lb/d	10 MO AVG	*****	3.0	mg/L	01/07	GRAB	
00556 1 0 Effluent Gross	96 MO AVG	lb/d	144 DAILY MX	*****	15 DAILY MX	mg/L	Weekly	GRAB	
Flow, in conduit or thru treatment plant	0.063	Req. Mon. DAILY MX	0.389	Req. Mon. DAILY MX	*****	*****	01/01	TOTAL	
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	Daily	TOTAL	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R. SMITH Plant Mgr
TYPED OR PRINTED

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
501 467 3232
AREA Code NUMBER
DATE
01/06/2012
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
06/01/2010 TO 06/30/2010

001-MONTHLY-COOLINGLOWVOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****	01/07	GRAB	
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	Weekly	GRAB	
Solids, total suspended	< 3.5	lb/d	*****	*****	8.75	SU	01/07	GRAB	
00530 1 0 Effluent Gross	288 MO AVG	lb/d	*****	*****	MAXIMUM	SU	Weekly	GRAB	
Oil & grease	< 5.0	lb/d	*****	*****	2.4	MS/L	01/07	GRAB	
00556 1 0 Effluent Gross	96 MO AVG	lb/d	*****	*****	100 DAILY MX	mg/L	Weekly	GRAB	
Flow, in conduit or thru treatment plant	0.122	Mgd/d	*****	*****	< 2.5	MS/L	01/07	GRAB	
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Mgd/d	*****	*****	15 DAILY MX	mg/L	Weekly	GRAB	
					*****	*****	01/01	TOTAL	
					*****	*****	Daily	TOTALZ	

01/26/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rob Smith Plant Mgr	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		501 467 3232	7-23-2010
		AREA Code NUMBER	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

EPA Form 322b-1 (Rev. 01/06) Previous editions may be used.

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2010 TO 07/31/2010

001-MONTHLY-COOLINGFLOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	01/07	GRAB	
	PERMIT REQUIREMENT	*****	*****	7.62	6	MINIMUM	*****		
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	3.5	lb/d	1.9	9	MAXIMUM	01/07	GRAB	
	PERMIT REQUIREMENT	288 MO AVG	lb/d	1.7	30	MO AVG	Weekly		
00530 1 0 Effluent Gross Oil & grease	SAMPLE MEASUREMENT	< 5.5	lb/d	< 2.7	15	DAILY MX	01/07	GRAB	
	PERMIT REQUIREMENT	96 MO AVG	lb/d	2.6	10	MO AVG	Weekly		
00556 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.146	Mgd/d	0.510	15	DAILY MX	01/07	GRAB	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Mgd/d	*****	*****	*****	Weekly		
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	01/01	TOTAL	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Daily	TOTAL	

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Rob Smith Plant Mgr.	5014673232	08/19/2010
TYPED OR PRINTED	AREA Code	NUMBER
	5014673232	MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2010 TO 08/31/2010

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	SAMPLE PERMIT REQUIREMENT	*****	*****	7.28	*****	*****	SU	0/07	GRAB	
	REQUIREMENT	*****	*****	MINIMUM 6	*****	MAXIMUM 9	SU	Weekly	GRAB	
Solids, total suspended	SAMPLE PERMIT REQUIREMENT	8.2	11.9	1b/d	7.0	5.6	mg/L	0/07	GRAB	
	REQUIREMENT	288 MO AVG	559 DAILY MX	lb/d	30 MO AVG	100 DAILY MX	mg/L	Weekly	GRAB	
Oil & grease	SAMPLE PERMIT REQUIREMENT	< 3.2	< 5.7	1b/d	< 2.6	< 2.6	mg/L	0/07	GRAB	
	REQUIREMENT	96 MO AVG	144 DAILY MX	lb/d	10 MO AVG	15 DAILY MX	mg/L	Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE PERMIT REQUIREMENT	0.188	0.765	Mgal/d	*****	*****	*****	0/01	TOTAL	
	REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	Daily	TOTAL	

01/06/2012

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

501467322
TELEPHONE

501467322
AREA Code NUMBER

01/06/2012
DATE

MINDDDDYY
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2010 TO 10/31/2010

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH									
00400 1 0 Effluent Gross									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	12.2	lb/d	21.6	lb/d	6.85	SU	8.38	01/07	GRAB
PERMIT REQUIREMENT	288 MO AVG	lb/d	959 DAILY MIX	lb/d	MINIMUM 6	SU	MAXIMUM 9	Weekly	GRAB
00530 1 0 Effluent Gross									
SAMPLE MEASUREMENT	< 4.4	lb/d	< 5.9	lb/d	7.2	MS/L	10.0	01/07	GRAB
PERMIT REQUIREMENT	96 MO AVG	lb/d	144 DAILY MIX	lb/d	30 MO AVG	mg/L	100 DAILY MIX	Weekly	GRAB
Oil & grease									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00556 1 0 Effluent Gross									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
Flow, in conduit or thru treatment plant									
SAMPLE MEASUREMENT	0.199	Mgal/d	0.668	Mgal/d				01/01	TOTAL
PERMIT REQUIREMENT	Reg. Mon. MO AVG	Mgal/d	Reg. Mon. DAILY MIX	Mgal/d				Daily	TOTAL
50050 1 0 Effluent Gross									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Rob Smith Plant Mgr	5014673232	11/22/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

PERMIT NUMBER
AR0049611

DISCHARGE NUMBER
001-A

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 11/01/2010 TO 11/30/2010

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	6.22	*****	7.26	SU	0	01/07	GRAB
00400 1 0 Effluent Gross	*****	*****	MINIMUM	*****	MAXIMUM	SU	0	Weekly	GRAB
Solids, total suspended	4.9	17.7	16/d	16/d	73.0	ms/L	0	01/07	GRAB
00530 1 0 Effluent Gross	288 MO AVG	959 DAILY MX	lb/d	lb/d	100 DAILY MX	mg/L	0	Weekly	GRAB
Oil & grease	< 4.3	< 16.4	lb/d	lb/d	< 2.8	ms/L	0	01/07	GRAB
00556 1 0 Effluent Gross	96 MO AVG	144 DAILY MX	lb/d	lb/d	15 DAILY MX	mg/L	0	Weekly	GRAB
Flow, in conduit or thru treatment plant	0.101	0.919	Mgal/d	Mgal/d	*****	*****	0	01/01	TOTALZ
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	*****	*****	*****	0	Daily	TOTALZ

01/06/2012

[Signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 501 467-3232

DATE: 12/21/2010

AREA Code: 501 NUMBER: 467-3232

NUMBER: 001

MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

01A-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 11/01/2010 TO 11/30/2010

01A-INTERNAL-COOLING TOWER BD
Internal Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	6.37	*****	8.77	SU	∅	0/07	GRAB
	PERMIT REQUIREMENT	*****	*****	MINIMUM	*****	MAXIMUM	SU		Weekly	GRAB
00400 J 0 Intermediate Treatment, Process Comp Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.087	M ³ /d	*****	*****	*****	*****	∅	0/01	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. MO AVG	DAILY MX	*****	*****	*****	*****		Daily	TOTALZ
50050 J 0 Intermediate Treatment, Process Comp Chlorine, free available	SAMPLE MEASUREMENT	0.00	lb/d	0.00	*****	0.00	MS/L	∅	0/07	GRAB
	PERMIT REQUIREMENT	MO AVG	DAILY MX	*****	*****	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R Smith Plant Mgr

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE
501 4673232

DATE
01/06/2012

AREA Code
501

NUMBER
4673232

DATE
12/21/2010

MM/DD/YYYY
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). SEE CONDITION NO. 6 OF PART III. FAC MAY ONLY BE DISCHARGED A MAX. OF 2 HOURS PER DAY.

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

ATTN: STEVEN BATES, PLANT MGR.

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2010 TO 12/31/2010

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	7.42	SU	0	0/07	GRAB
00400 1 0 Effluent Gross	*****	*****	*****	*****	MAXIMUM	SU	0	Weekly	GRAB
Solids, total suspended	0.5	lb/d	*****	*****	4.4	mg/L	0	0/07	GRAB
00530 1 0 Effluent Gross	288 MO AVG	lb/d	*****	*****	100 DAILY MX	mg/L	0	Weekly	GRAB
Oil & grease	<0.7	lb/d	*****	*****	3.0	mg/L	0	0/07	GRAB
00556 1 0 Effluent Gross	96 MO AVG	lb/d	*****	*****	15 DAILY MX	mg/L	0	Weekly	GRAB
Flow, in conduit or thru treatment plant	0.077	Mgal/d	*****	*****	*****	*****	0	0/01	TOTAL
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Mgal/d	*****	*****	*****	*****	0	Daily	TOTAL

(Handwritten signature)

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
ROBERT SMITH Plant Mgr	5014673232	01/20/2011
TYPED OR PRINTED	AREA Code	NUMBER
		MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2011 TO 01/31/2011

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

ATTN: STEVEN BATES, PLANT MGR.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****	*****	6.60	*****	8.08	SU	01/07	GRAB	
00400 1 0 Effluent Gross	*****	*****	MINIMUM 6	*****	MAXIMUM 9	SU	Weekly	GRAB	
Solids, total suspended	< 0.6	lb/d	*****	< 1.2	2.0	MS/L	01/07	GRAB	
00530 1 0 Effluent Gross	288 MO AVG	lb/d	*****	< 1.2	100 DAILY MX	mg/L	Weekly	GRAB	
Oil & grease	< 1.6	lb/d	*****	< 2.6	15 DAILY MX	mg/L	01/07	GRAB	
00556 1 0 Effluent Gross	96 MO AVG	lb/d	*****	< 2.6	10 MO AVG	mg/L	Weekly	GRAB	
Flow, in conduit or thru treatment plant	0.033	Req. Mon. DAILY MX	*****	*****	*****	*****	01/01	TOTALZ	
50050 1 0 Effluent Gross	0.230	Req. Mon. DAILY MX	*****	*****	*****	*****	Daily	TOTALZ	

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 501-673-232
AREA Code: 501 NUMBER: 673-232

DATE: 01/06/2012
MM/DD/YYYY: 01/01/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

FROM 02/01/2011 TO 02/28/2011
MONITORING PERIOD
MM/DD/YYYY

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Oil & grease									
00556 1 0 Effluent Gross									
Flow, in conduit or thru treatment plant									
50050 1 0 Effluent Gross									

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01/06/2012
DATE

SD1 467523Z
AREA Code NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
Rob Smith Plant Mgr

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER COMPANY, LLC
ADDRESS: 410 HENDERSON ROAD
MALVERN, AR 72104

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: STEVEN BATES, PLANT MGR.

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72104
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
03/01/2011 TO 03/31/2011

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	0.3	lb/d	6.23	*****	7.36	SU	0	0/07	GRAB
00400 1 0 Effluent Gross Solids, total suspended	288 MO AVG	lb/d	MINIMUM 6	*****	MAXIMUM 9	SU	0	Weekly	GRAB
00530 1 0 Effluent Gross	0.2	lb/d	*****	*****	5.2	MS/L	0	0/07	GRAB
Oil & grease	96 MO AVG	lb/d	*****	*****	100 DAILY MX	mg/L	0	Weekly	GRAB
00556 1 0 Effluent Gross	<0.2	lb/d	*****	*****	<2.8	MS/L	0	0/07	GRAB
Flow, in conduit or thru treatment plant	144 DAILY MX	lb/d	*****	*****	15 DAILY MX	mg/L	0	Weekly	GRAB
50050 1 0 Effluent Gross	0.018	Mgal/d	*****	*****	*****	*****	0	0/01	TOTAL
	Req. Mon. MO AVG	Mgal/d	*****	*****	*****	*****	0	Daily	TOTAL

[Handwritten signature]

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ROBERT SMITH PLANT MGR.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE 5014673232	DATE 01/20/2011
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER CO.,LLC
ADDRESS: 1990 POST OAK BLVD., SUITE 1900
HOUSTON, TX 77056

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 77056
MAJOR

FACILITY: HOT SPRING POWER CO.,LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

FROM: 04/01/2011 TO: 04/30/2011
MONITORING PERIOD
MM/DD/YYYY

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

ATTN: ROB SMITH/CHARLES DAVIS

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	0/07	GRAB
	PERMIT REQUIREMENT	*****	*****	6.14	MINIMUM	9	SU	Weekly	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	< 1.1	3.7	15/L	*****	3.2	0	0/07	GRAB
	PERMIT REQUIREMENT	288 MO AVG	959 DAILY MX	lb/d	*****	100 DAILY MX	mg/L	Weekly	GRAB
00530 1 0 Effluent Gross Oil & Grease	SAMPLE MEASUREMENT	< 3.0	< 10.3	15/L	*****	< 7.4	0	0/07	GRAB
	PERMIT REQUIREMENT	96 MO AVG	144 DAILY MX	lb/d	*****	15 DAILY MX	mg/L	Weekly	GRAB
00556 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.058	0.439	MGD	*****	*****	0	0/01	TOTAL
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	Daily	TOTAL

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01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>ROBERT SMITH Plant Mgr.</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 5014673232	DATE 01/06/2012
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HOT SPRING POWER CO., LLC
ADDRESS: 1930 POST OAK BLVD., SUITE 1900
HOUSTON, TX 77056

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: ROB SMITH/CHARLES DAVIS

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 77056
MAJOR


MONITORING PERIOD
FROM 05/01/2011 TO 05/31/2011

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	*****	*****	8.75	SU	0	01/07	GRAB
00400 1 0 Effluent Gross	*****	*****	6.38	MINIMUM	*****	SU	0	Weekly	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	SU	0	Weekly	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	mg/L	0	Weekly	GRAB
Oil & Grease	*****	*****	*****	*****	*****	mg/L	0	Weekly	GRAB
00556 1 0 Effluent Gross	*****	*****	*****	*****	*****	mg/L	0	Weekly	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	01/01	TOTAL
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Daily	TOTAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 ROBERT SMITH Plant Mgr
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
5014673232

DATE
01/06/2012

AREA Code NUMBER
5014673232

DATE
06/20/2011

MM/DD/YYYY
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER CO.,LLC
ADDRESS: 1990 POST OAK BLVD., SUITE 1900
HOUSTON, TX 77056

FACILITY: HOT SPRING POWER CO.,LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

ATTN: ROB SMITH/CHARLES DAVIS

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 77056
MAJOR

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 07/01/2011 TO 07/31/2011

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	SU	0	01/07	GRAB
00400 1 0 Effluent Gross	*****	*****	7.54	7.80	SU	0	01/07	GRAB
Solids, total suspended	*****	*****	MINIMUM	MAXIMUM	SU		Weekly	GRAB
00530 1 0 Effluent Gross	< 1.1	1.5/lb/d	< 1.8	2.4	MS/L	0	01/07	GRAB
Oil & Grease	288 MO AVG	959 DAILY MX	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
00556 1 0 Effluent Gross	< 1.5	1.5/lb/d	< 2.6	< 2.6	MS/L	0	01/07	GRAB
Flow, in conduit or thru treatment plant	96 MO AVG	144 DAILY MX	10 MO AVG	15 DAILY MX	mg/L		Weekly	GRAB
50050 1 0 Effluent Gross	0.109	0.438 Mgsl/d	*****	*****	*****	0	01/01	TOTAL
	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	*****	*****		Daily	TOTALZ

01/06/2011

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
ROBERT SMITH Plant Mgr	501467332	08/18/2011
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

30-00337

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER CO.,LLC
ADDRESS: 1990 POST OAK BLVD., SUITE 1900
HOUSTON, TX 77056

AR0049611
PERMIT NUMBER

DMR Mailing ZIP CODE: 77056
MAJOR

FACILITY: HOT SPRING POWER CO.,LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2011 TO 08/31/2011

001-MONTHLY-COOLINGFLOW VOLUME
External Outfall

ATTN: ROB SMITH/CHARLES DAVIS

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	01/07	GRAB
	PERMIT REQUIREMENT	*****	*****	6.76	7.99	SU	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 0.6	1.2	*****	10.0	0	01/07	GRAB
	PERMIT REQUIREMENT	288 MO AVG	959 DAILY MIX	*****	100 DAILY MX	mg/L	Weekly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	< 0.9	< 2.5	< 2.6	< 2.6	0	01/07	GRAB
	PERMIT REQUIREMENT	96 MO AVG	144 DAILY MIX	*****	15 DAILY MX	mg/L	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.093	0.514	*****	*****	0	01/01	TOTALZ
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MIX	*****	*****	*****	Daily	TOTALZ

[Handwritten Signature]

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>ROBERT SMITH Plant Mgr.</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE 5014673232	DATE 08/20/2011
TYPED OR PRINTED		AREA Code	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER CO.,LLC
ADDRESS: 1990 POST OAK BLVD., SUITE 1900
HOUSTON, TX 77056

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 77056
MAJOR

FACILITY: HOT SPRING POWER CO.,LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/01/2011 TO 09/30/2011

001-MONTHLY-COOLINGFLOW VOLUME
External Outfall

No Discharge

ATTN: ROB SMITH/CHARLES DAVIS

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
pH	MEASUREMENT	*****	*****	*****	0	01/07	GRAB
	PERMIT REQUIREMENT	*****	*****	*****			
00400 1 0 Effluent Gross Solids, total suspended	MEASUREMENT	< 1.0	15 lb/d	7.25	0	01/07	GRAB
	PERMIT REQUIREMENT	288 MO AVG	lb/d	MINIMUM 6 MAXIMUM 9			
00530 1 0 Effluent Gross Oil & Grease	MEASUREMENT	< 2.6	15 lb/d	1.2	0	01/07	GRAB
	PERMIT REQUIREMENT	96 MO AVG	lb/d	100 DAILY MX 30 MO AVG			
00556 1 0 Effluent Gross Flow. in conduit or thru treatment plant	MEASUREMENT	< 2.6	15 lb/d	< 2.6	0	01/07	GRAB
	PERMIT REQUIREMENT	144 DAILY MX	lb/d	15 DAILY MX			
50050 1 0 Effluent Gross	MEASUREMENT	0.079	Mgal/d	*****	0	01/01	TOTALZ
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Mgal/d	*****			

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01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Robert Smith Plant Mgr.</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>
TYPED OR PRINTED	TELEPHONE NUMBER 501-467-3232
	DATE 10/17/2011
	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER CO., LLC
ADDRESS: 1980 POST OAK BLVD., SUITE 1900
HOUSTON, TX 77056

AR0049611
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 77056
MAJOR

FACILITY: HOT SPRING POWER CO., LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2011 TO 10/31/2011

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

No Discharge

ATTN: ROB SMITH/CHARLES DAVIS

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****	*****	6.84	*****	7.51	SU	0	01/07	GRAB
00400 1 0 Effluent Gross	*****	*****	MINIMUM	*****	MAXIMUM	SU	0	Weekly	GRAB
Solids, total suspended	< 0.4	lb/d	*****	*****	4.4	MS/L	0	01/07	GRAB
00530 1 0 Effluent Gross	288 MO AVG	lb/d	*****	*****	100 DAILY MIX	mg/L	0	Weekly	GRAB
Oil & Grease	< 0.9	lb/d	*****	*****	3.6	MS/L	0	01/07	GRAB
00556 1 0 Effluent Gross	96 MO AVG	lb/d	*****	*****	15 DAILY MIX	mg/L	0	Weekly	GRAB
Flow, in conduit or thru treatment plant	0.079	Mgal/d	*****	*****	*****	*****	0	01/01	TOTAL
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Mgal/d	*****	*****	*****	*****	0	Daily	TOTAL

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
ROBERT SMITH Plant Mgr.	501467332	11/18/2011
TYPED OR PRINTED	AREA Code	NUMBER
		NNMMDDYYYY

01/06/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY), PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HOT SPRING POWER CO.,LLC
ADDRESS: 1990 POST OAK BLVD., SUITE 1900
HOUSTON, TX 77056

AR00049611 PERMIT NUMBER
001-A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 77056
MAJOR

FACILITY: HOT SPRING POWER CO.,LLC
LOCATION: 410 HENDERSON ROAD
MALVERN, AR 72104

MONITORING PERIOD
FROM 11/01/2011 TO 11/30/2011

001-MONTHLY-COOLING/LOW VOLUME
External Outfall

ATTN: ROB SMITH/CHARLES DAVIS

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	MEASUREMENT	*****	*****	6.60	*****	*****	7.75	SU	0/07	GRAB
	PERMIT REQUIREMENT	*****	*****	MINIMUM	*****	*****	MAXIMUM	SU	Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	MEASUREMENT	< 0.3	1.1	15 lb/d	*****	*****	4.4	MS/L	0/07	GRAB
	PERMIT REQUIREMENT	288 MO AVG	959 DAILY MX	lb/d	*****	*****	100 DAILY MX	mg/L	Weekly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	MEASUREMENT	< 0.4	1.4	15 lb/d	*****	*****	5.9	MS/L	0/07	GRAB
	PERMIT REQUIREMENT	96 MO AVG	144 DAILY MX	lb/d	*****	*****	15 DAILY MX	mg/L	Weekly	GRAB
Flow, in conduit thru treatment plant 50050 1 0 Effluent Gross	MEASUREMENT	0.037	0.314	Mgal/d	*****	*****	*****	*****	0/01	TOTAL
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****	Daily	TOTAL

[Handwritten Signature]

01/06/2012

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Robert Smith Plant Mgr</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 501-467-5252	DATE 12/19/2011
TYPED OR PRINTED		AREA CODE	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY); PORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

30-00337

SWPPP - Annual Comprehensive Site Compliance Evaluation

<p>Task No. ENV-026</p> <p>Assigned By Assigned To Scheduled Start Date 11/1/2011</p> <p>Priority 3.00</p>	<p>Request Date 11/1/2011</p> <p>Originator</p> <p>WO Type ENVIRO</p> <p>Completion Date <u>12-20-11</u></p>
---	--

<u>Craft</u>	<u>Estimated Crew Size</u>	<u>Estimated Labor Hours</u>
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Equipment No.	Equipment Description	Location	Sub-location 1	Sub-location 2	Sub-location 3
ENVIRONMENTAL L 2	ENVIRONMENTAL ADMINISTRATIVE ACTION	-	-	-	-

Item No.	Equipment No.	Description	Qty Required	Date Used	Qty Used

List extra parts and comments here

Employee Code	Equipment No.	Work Date	First Name	Last Name	Regular Hours	Overtime Hours

Safety Note

Equipment No. ENVIRONMENTAL 2

Task Instructions

AS PER THE SWPPP, PERFORM AN ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION. THE FORM IS FOUND IN APPENDIX E OF THE SWPPP.

File Location: 8.8.(X)

**APPENDIX E
Annual Comprehensive Site Compliance Report Form**

HSPC – Malvern, Arkansas

Inspector: J Morgan Date: 12-20-11

Items for Evaluation	Observations	Comments and/or Actions Required
1. Note any changes in site operations which occurred since last inspection that have the potential to affect storm water quality.	No	
CT1 Oil Storage Tank	NO CHANGE	N/A
CT2 Oil Storage Tank	NO CHANGE	N/A
ST Oil Storage Tank	NO CHANGE	N/A
Ammonia Storage Tanks and Forwarding System	NO CHANGE	N/A
Thermal Island	NO CHANGE	N/A
Water Treatment Building	NO CHANGE	N/A
Water Treatment Chemical Storage Area	NO CHANGE	N/A
Oil and Water Separator	NO CHANGE	N/A
Specialty Oil Storage	NO CHANGE	N/A
Chemical Transfer Routes	NO CHANGE	N/A
Maintenance Building	NO LONGER USING HYDRAZINE. ADDED PHOSPHATE TEST	NO ACTION REQUIRED
Outside Perimeter of Buildings and Process	NO CHANGE	N/A
Drainage Ditches, retention Pond, Outfalls	NO CHANGE	N/A

Items for Evaluation (continued)	Observations	Comments and/or Actions Required
2. Review inventory of potential pollution sources (Section 4.2 of the Plan) for additions, deletions and/or changes		
Thermal Island	NO CHANGE	N/A
Oil Storage Tanks	NO CHANGE	N/A
Ammonia Storage and Forwarding System	NO CHANGE	N/A
Water Treatment Chemical Storage	NO CHANGE	N/A
Special Oil Storage Area	NO CHANGE	N/A
Fire Pump AST	NO CHANGE	N/A
Maintenance Building	NO CHANGE	N/A
Air Emissions	NO CHANGE	N/A
Oil Leaks from Equipment	NO CHANGE	N/A
3. List non-storm water discharges observed.	NONE OBSERVED	N/A

Items for Evaluation (continued)	Adequate	Inadequate	Comments and/or Actions Required
4. Evaluate effectiveness of the existing Best Management Practices (BMP's) based on the following			
Housekeeping	OK	—	N/A
Preventative Maintenance	OK	—	N/A
Spill Prevention	OK	—	N/A
Quarterly Inspection	OK	—	N/A
Employee Training	OK	—	N/A
Recordkeeping	OK	—	N/A
Non-Storm Water	OK	—	N/A
Sediment and Erosion Control	OK	—	N/A
Runoff Management	OK	—	N/A
Outfall 001 Discharge Point at River	OK	—	N/A
5. Ensure that existing structural storm water control measures are operating properly. Are others needed?	Yes	No	
Storm drains, concrete conveyances, curbing	YES	—	N/A
Vegetative swales/drainage ditches	YES	—	N/A
Vegetative cover	YES	—	N/A
Gravel Drives	YES	—	N/A
Retention Basin	YES	—	N/A

Items for Evaluation (continued)	Date Completed	Action Taken
6. Indicate date(s) when all changes resulting from this inspection were documented (not more than ninety (90) days from date of annual inspection.	N/A	N/A
7. Indicate date(s) when all required changes were implemented	N/A	N/A

Certification of Inspection

I, ROBERT SMITH (duly authorized representative or a responsible corporate official), certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the systems of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official Title:	Telephone No:
<u>ROBERT SMITH PLANT MANAGER</u>	<u>501-467-3232</u>

Signature:	Date Signed:
	<u>12-20-2011</u>

ADEQ

ARKANSAS
Department of Environmental Quality

January 19, 2012

Mr. John M. Morgan
Production Support Manager
Hot Springs Power Company, LLC
410 Henderson Road
Malvern, AR 72104

RE: AFIN: 30-00337, NPDES Permit No.: AR0049611
Adequate Response to Inspection #063057

Dear Mr. Morgan:

The Department has received your response to the December 15, 2011 inspection of your facility by our District Field Inspector, Risa Parker. Your letter appears to satisfy the discrepancies identified during the visit. The Department expects that the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of the response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and the response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your site and how expeditiously the violations were addressed in determining any civil penalties that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0632 or you may e-mail me at bolenbaugh@adeq.state.ar.us.

Sincerely,



Jason Bolenbaugh
Enforcement Analyst
Water Division Enforcement Branch