



May 16, 2013

Richard Penn, Utilities Director
City of Hot Springs
P.O. Box 700
Hot Springs, AR 71901

Re: Compliance Evaluation Inspection (Garland County)
AFIN: 26-00145 NPDES Permit No.: AR0033880

Dear Mr. Penn:

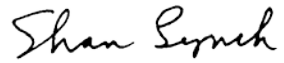
On May 9, 2013, District 9 Field Inspector Clark Baker and I performed a Compliance Evaluation Inspection (CEI) of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violations:

1. Currently the pH and fecal coliform analyses are being performed twice per day as opposed to the permit required once per day. This additional monitoring needs to be reflected on the DMR in the "frequency of analyses" column. **This is a violation of Part III, Section C.6. of the permit.**
2. Both primary and secondary clarifier units were observed to be in need of additional or more frequent maintenance. The clarifier weirs had excessive algae growth, the clarifier arms were not always maintaining contact with the sides; cattails and other vegetation was observed growing in the laundry areas; solids (paper products) were observed downstream of the weirs in the secondary clarifiers; and, some weirs were completely clogged with algae to the point that no water could flow through these areas. **This is a violation of Part III, Section B.1.A. of the permit.**
3. A minor leak was observed at the chlorine solution dosing tank. **This is a violation of Part III, Section B.1.A. of the permit.**

The above item requires your immediate attention. Please submit a written response to this finding to the Water Division Inspection Branch of this Department. This response should be mailed to the address below or e-mailed to Water-Inspection-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 documentations (i.e. photos) is due by **May 30, 2013**.

If I can be of any assistance, please contact me at 870 389-6970.

Sincerely,

A handwritten signature in black ink that reads "Shan Lynch". The script is cursive and fluid, with the first name "Shan" and last name "Lynch" clearly distinguishable.

Shan Lynch
District 7 Field Inspector
Water Division



Form Approved
OMB No. 2040-0003

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

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code				NPDES								Yr/Mo/Day						Inspec. Type		Inspector		Fac. Type												
1	N	2	5	3	A	R	0	0	3	3	8	8	0	11	12	1	3	0	5	0	9	17	18	C	19	S	20	1						
Remarks																																		
Inspection Work Days				Facility Evaluation Rating								BI		QA		-----Reserved-----																		
67				69										71	N	72	N	73								74	75							80

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>)		Entry Time/Date 0930 / 5-9-2013	Permit Effective Date February 1, 2013
<u>City of Hot Springs Regional Plant</u> ~ 1 mile off of Shady Grove Rd. at the end of Davidson Drive		Exit Time/Date 1500 / 5-9-2013	Permit Expiration Date January 31, 2018
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Gordon Yates / Plant Supervisor & Bill Reiss / Chief Operator Harold Mauldin / Lab Manager / 501 262-1881			Other Facility Data <p style="text-align: center;">Major mun.</p>
Name, Address of Responsible Official/Title/Phone and Fax Number Richard Penn / Utilities Director / 501 321-6884 PO Box 700 Hot Springs, AR 71901		Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection

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

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

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

Sec. B – Currently the pH and fecal coliform analyses is being performed twice per day as opposed to the permit required once per day. This additional monitoring needs to be reflected on the DMR in the “frequency of analyses” column.

Sec. C, 2 – Both primary and secondary clarifier units were observed to be in need of additional or more frequent maintenance. The clarifier weirs had excessive algae growth, the clarifier arms were not always maintaining contact with the sides, cattails and other vegetation was observed growing in the laundry areas, solids (paper products) were observed downstream of the weirs in the secondary clarifiers, and some weirs were completely clogged with algae to the point that no water could flow through these areas.

Sec. C, 2 – A minor leak was observed at the chlorine solution dosing tank.

Name(s) and Signature(s) of Inspector(s) Shan Lynch <i>Shan Lynch</i>	Agency/Office/Telephone ADEQ / Dist. 7 / (870) 389-6970	Date May 14, 2013
Signature of Reviewer Kerri McCabe <i>Kerri McCabe</i>	Agency/Office/Phone and Fax Numbers ADEQ / NLR / 501-682-0642	Date May 15, 2013

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: ☒Y ☐N ☐NA ☐NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: ☐Y ☐N ☒NA ☐NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: ☒Y ☐N ☐NA ☐NE
4. ALL DISCHARGES ARE PERMITTED: ☒Y ☐N ☐NA ☐NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

☐S ☒M ☐U ☐NA ☐NE

DETAILS:

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: ☒Y ☐N ☐NA ☐NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: ☒S ☐M ☐U ☐NA ☐NE
- a. DATES AND TIME(S) OF SAMPLING: ☒Y ☐N ☐NA ☐NE
- b. EXACT LOCATION(S) OF SAMPLING: ☒Y ☐N ☐NA ☐NE
- c. NAME OF INDIVIDUAL PERFORMING SAMPLING: ☒Y ☐N ☐NA ☐NE
- d. ANALYTICAL METHODS AND TECHNIQUES: ☒Y ☐N ☐NA ☐NE
- e. RESULTS OF CALIBRATIONS: ☒Y ☐N ☐NA ☐NE
- f. RESULTS OF ANALYSES: ☒Y ☐N ☐NA ☐NE
- g. DATES AND TIMES OF ANALYSES: ☒Y ☐N ☐NA ☐NE
- h. NAME OF PERSON(S) PERFORMING ANALYSES: ☒Y ☐N ☐NA ☐NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: ☒S ☐M ☐U ☐NA ☐NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: ☒S ☐M ☐U ☐NA ☐NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: ☒Y ☐N ☐NA ☐NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

☐S ☒M ☐U ☐NA ☐NE

DETAILS:

1. TREATMENT UNITS PROPERLY OPERATED: ☒S ☐M ☐U ☐NA ☐NE
2. TREATMENT UNITS PROPERLY MAINTAINED: ☐S ☒M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: ☒S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: ☒S ☐M ☐U ☐NA ☐NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE: ☒S ☐M ☐U ☐NA ☐NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: ☒S ☐M ☐U ☐NA ☐NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: ☐S ☐M ☐U ☐NA ☒NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: ☐Y ☐N ☐NA ☒NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: ☒Y ☐N ☐NA ☐NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: ☒Y ☐N ☐NA ☐NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: ☒Y ☐N ☐NA ☐NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: ☒Y ☐N ☐NA ☐NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: ☒Y ☐N ☐NA ☐NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: ☒Y ☐N ☐NA ☐NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: ☐Y ☒N ☐NA ☐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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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:___ TYPE OF DEVICE: <u>Parshall flume</u>	<input checked="" 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:	<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:	<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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 <u>100%</u> 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 <u>weekly</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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>American Interplex</u>	
b. LAB ADDRESS: <u>8600 Kanis Rd.; Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>biomonitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	clear	NA

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:___ DATE OF LAST UPDATE:___ ☐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: ☐Y ☐N ☒NA ☐NE

FLOW CALCULATION SHEET

Date: 5-9-2013

Time: 11:52

Head in Inches: 1.02

Feet: 1.02

Type & Size of Primary Flow Measurement Device: 4 ft. Parshall flume

Name & Model of Secondary Flow Measurement Device: Siemens Milltronics OCM III

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: 10.85

(Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: 10.67

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	10.85	-	10.67	X 100
	10.67			

% Error =	0.18	X 100
	10.67	

% Error =	0.0168	X 100
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% Error =	1.68	%
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Comments:

DMR Calculation Check

Reporting Period: From 13 02 01 To 13 02 28
Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>354</u>	<u>3.17</u>	<u>3.70</u>
Calculated Value:	<u>354</u>	<u>3.17</u>	<u>3.70</u>
Permit Value:	<u>1000</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain: same



City of Hot Springs
Municipal Utilities
Waste Water Treatment Plant

320 Davidson Drive
Hot Springs, Arkansas 71901
(501) 262-1881
(501) 262-0339 Fax

Date: May 24, 2013

To: Mr. Shan Lynch
Arkansas Department of Environmental Quality
Enforcement Section
5301 Northshore Dr.
NLR AR 72118

From: James Sorrells, Facilities Operations Manager – Wastewater

Re: Compliance Evaluation Inspection (Garland County)

AFIN: 26-00145 NPDES Permit No.: AR0033880

Dear Mr. Lynch:

Concerning the on-site inspection of the Regional Wastewater Treatment Plant on May 09, 2013,

1. The pH and fecal coli-form will be counted in total and reflected on the DMR's.
2. The secondary clarifiers are on a monthly scheduled cleaning rotation. We have been in the process of training new operators in this area and should be back on schedule very soon. The primary clarifiers are on a semi-annual cleaning schedule. This will be watched and increased if needed.
3. The leak at the effluent contact chamber has been addressed. We have a plan in place to repair it immediately.

Please contact me at any time if you have further questions. My office phone is 1-501-262-1125, ext. 10.

Thank you,

James Sorrells
Hot Springs Wastewater Treatment



June 7, 2013

Richard Penn, Utilities Director
City of Hot Springs
P.O. Box 700
Hot Springs, AR 71901

Re: Compliance Inspection (Garland County)
AFIN: 26-00145 NPDES Permit No.: AR0033880

Dear Mr. Penn:

I have reviewed the response pertaining to my May 9, 2013 inspection of the Hot Springs Regional wastewater treatment facility. The information provided sufficiently addresses the violations referenced in my inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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 870 389-6970 or you may e-mail me at lynch@adeq.state.ar.us.

Sincerely,

A handwritten signature in cursive script that reads "Shan Lynch".

Shan Lynch
District 7 Field Inspector
Water Division