

ADEQ

ARKANSAS
Department of Environmental Quality

December 3, 2018

Rob Young, Mayor
City of Corning
P.O. Box 443
Corning, AR 72370

RE: City of Corning WWTP Inspection
AFIN: 11-00061 Permit No.: AR0033979

Dear Mayor Young:

On September 5, 2018, I performed a Compliance Evaluation Inspection and SSO/Collection System Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection reports are enclosed for your records.

Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter 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 documentation (i.e. photos) is due by **December 20, 2018**.

If I can be of any assistance, please contact me at 870-935-7221 ext.-15 or frasher@adeq.state.ar.us.

Sincerely,



Sarah Frasher
District 3 Field Inspector
Water Division

CC: Zakary Galligan/ ADEQ Water Permits Engineer



AR K A N S A S
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 11-00061	PERMIT #: AR0033979	DATE: 9/5/2018
COUNTY: 11 Clay	PDS #: 105633	MEDIA: WN
GPS LAT: 36.38941 LONG: -90.597149 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Corning WWTP LOCATION: ~1.65 miles south from Hwy. 62 to Cr. 128 CITY: Corning	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation
	DATE(S): 9/5/2018 ENTRY TIME: 12:30 EXIT TIME: 17:00 PERMIT EFFECTIVE DATE: 10/1/2016 PERMIT EXPIRATION DATE: 9/30/2021
RESPONSIBLE OFFICIAL	
NAME / TITLE: Rob Young / Mayor COMPANY: City of Corning MAILING ADDRESS: P.O. Box 443 CITY, STATE, ZIP: Corning AR 72370 PHONE & EXT. / FAX: / EMAIL:	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
CONTACTED DURING INSPECTION: Yes	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Tracy Robinson/ Water Superintendent Robert VanNadd/ Water Assistant

AREA EVALUATIONS

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

S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	M	SELF-MONITORING PROGRAM
M	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS



The following violations were noted at the time of the inspection:

1. Samples are collected by composite sampling for 3 effluent portions in violation of Part I, Section A and Part IV, Definition No. 8 of the permit. Composite sampling is defined as a mixture of grab samples collected at the same sampling point at different times, formed either by continuous sampling or by mixing a minimum of 4 effluent portions collected at equal time intervals.
2. Vegetation was observed in the Rock Filter Bed (Photos 5-6) in violation of Part III, Section B.1.a of the permit. Vegetation can hinder the filtration of the rock filter bed and should be removed.
3. The facility reported an Average Monthly Flow of 0.133 MGD instead of 0.018 MGD. This was due to the facility not calculating the Monthly Average Flow with the zero measurements included. Any measurements taken including zero measurements should be included in the calculation for the Monthly Average.

GENERAL COMMENTS

The City of Corning is currently under a CAP with the Enforcement Branch of ADEQ for DO violations. In an effort to remedy these violations, the Operator is planning on adding aeration to the effluent in the Outfall Structure of the WWTP.

A SSO/Collection System Inspection was performed in conjunction with this inspection. Please view attached letter for further details.

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 11/26/2018
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 11/29/2018

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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input 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 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: <u>Vegetation in Rock Filter Beds</u>	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: 3 composite samples collected per 24-hour period	
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 type="checkbox"/> Y <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>Magmeter</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 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>Arkansas Testing</u>	
b. LAB ADDRESS: <u>Searcy, AR</u>	
c. PARAMETERS PERFORMED: <u>BOD, TSS, DO, pH, FCB</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>No Discharge</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	N/A	N/A	N/A	N/A	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge stays in lagoon.</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2018 01 01 To 2018 01 31
 Year Month Day Year Month Day

Parameter Checked: Flow

	Loading Mass Mo. Avg. - lbs/day	Monthly Flow Mo. Avg. - MGD	Daily Max. - MGD
Reported Value:	<u>N/A</u>	<u>0.133</u>	<u>0.216</u>
Calculated Value:	<u>N/A</u>	<u>0.018</u>	<u>0.216</u>
Permit Value:	<u>N/A</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain: Differences due to not calculating zero measurements.

DMR Calculation Check

Reporting Period: From 2017 06 01 To 2017 06 30
 Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>85.4</u>	<u>22.8</u>	<u>30</u>
Calculated Value:	<u>13.22</u>	<u>22.8</u>	<u>30</u>
Permit Value:	<u>222.7</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain: Flow miscalculated.

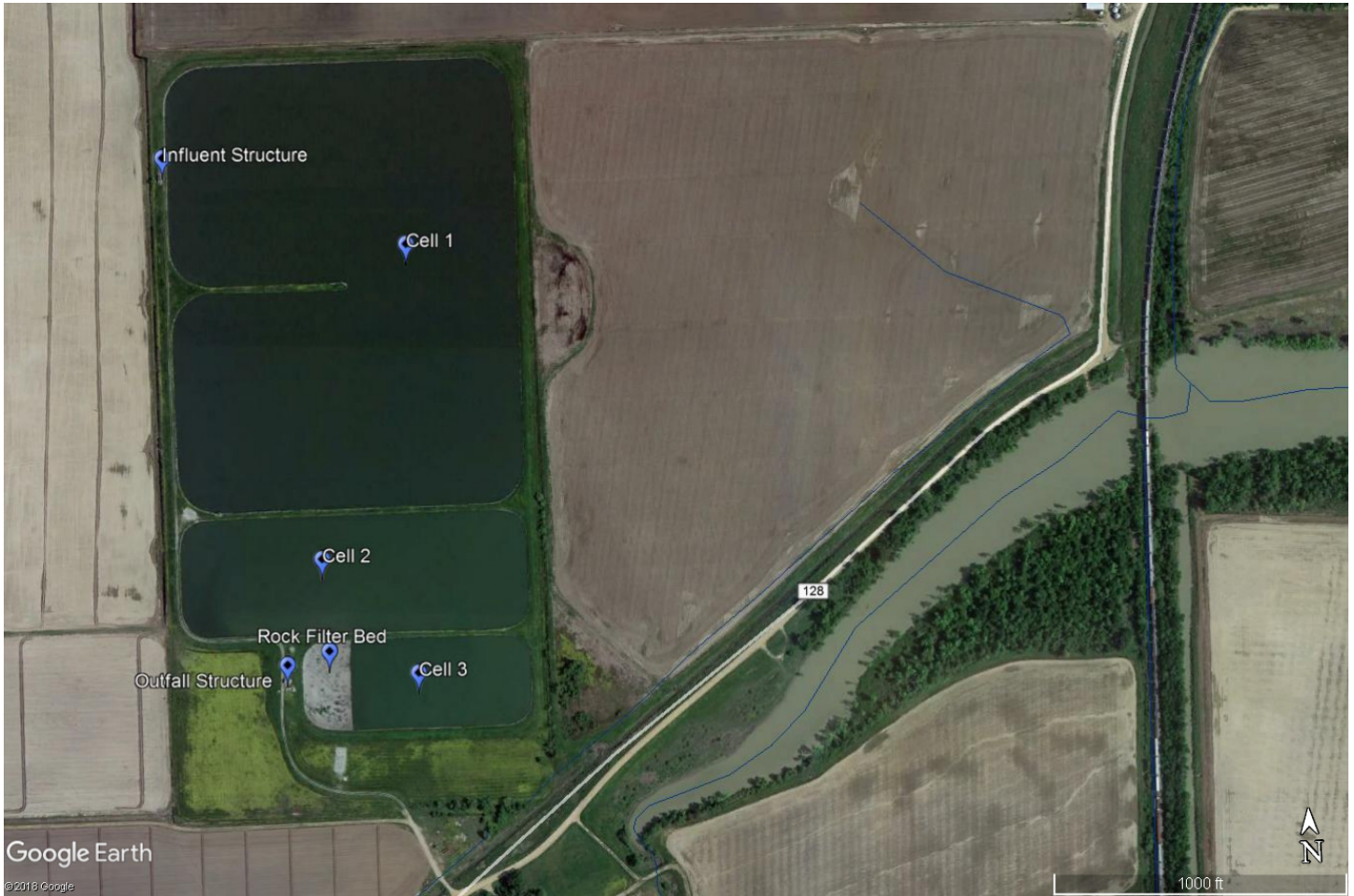


Figure 1. Google Earth image of the City of Corning WWTP with labels for different parts of treatment.

Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:51
		Photo #:	1
Description:	View of the inside of the Influent Structure with the bar screen. Note the vegetation.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:47
		Photo #:	2
Description:	View of the flume of the Influent Structure.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:52
		Photo #:	3
Description:	View of Cell 1 of the WWTP.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:39
		Photo #:	4
Description:	View of Cell 2 of the WWTP.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:32
		Photo #:	5
Description:	View of the Rock Filter Bed. Note the vegetation.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:31
		Photo #:	6
Description:	Close-up view of the Rock Filter Bed. Note the vegetation.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:38
		Photo #:	7
Description:	Overview of the Outfall Structure.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:19
		Photo #:	8
Description:	Close-up view of the wet well for effluent.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	13:33
		Photo #:	9
Description:	View of the flowmeter. Note the zero reading for No Discharge.		



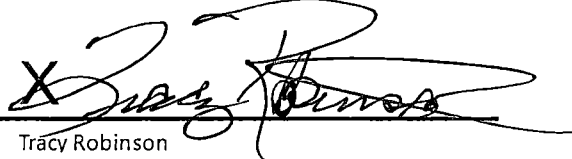
Water Division Photographic Evidence Sheet			
Location:	City of Corning WWTP		
Photographer:		Date:	
Witness:		Time:	
Description:			
Photographer:		Date:	
Witness:		Time:	
Description:			

To Whom It May Concern:

RE: ADEQ Compliance Evaluation Inspection Response

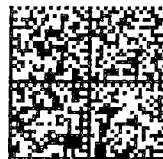
The City of Corning has spoken with the Lab on the number of samples and the Lab has agreed on receiving 4 samples per sample period.

The vegetation on the rock filter has since been treated and is dying. Removal of said vegetation has begun and will continue as weather permits. The City of Corning is now doing flow sheets themselves and use the zero as a flow. Now, the monthly average should be within permit requirements.


Tracy Robinson
Water Superintendent

CITY OF CORNING
P.O. Box 538
Corning, AR 72422

MEMPHIS
TN 380
21 DEC '18
PM 3:11



02 1P \$ 000.470
0004727187 DEC 21 2018
MAILED FROM ZIP CODE 72422

*Attn: Water Division Inspection Branch
Arkansas Department Of Enviromental Quality
5301 Northshore Drive
North Little Rock, AR. 72118*

From: [Frasher, Sarah](#)
To: [Water Inspection Report](#)
Subject: FW: Wood removal
Date: Thursday, May 16, 2019 11:51:36 AM

Please attach the following email to the City of Corning, ARO033979, WID# 105633. Thank you.

Sarah Frasher
District 3 Field Inspector
Water Division - Jonesboro Field Office
Arkansas Department of Environmental Quality
870-935-7221 ext-15
frasher@adeq.state.ar.us

From: Tracy Robinson [mailto:waterbear@yahoo.com]
Sent: Thursday, April 25, 2019 12:10 PM
To: Frasher, Sarah
Subject: Wood removal

Please let me know if I need to do anything else. Thank you. Tracy





[Sent from Yahoo Mail on Android](#)

From: [Frasher, Sarah](#)
To: [Water-Inspection-Report](#)
Subject: FW: Combined sewer
Date: Thursday, May 16, 2019 11:52:30 AM

Please attach the following to the City of Corning, AR0033979, WID#105633 Inspection Response.
Thank you.

Sarah Frasher

District 3 Field Inspector
Water Division - Jonesboro Field Office
Arkansas Department of Environmental Quality
870-935-7221 ext.-15
frasher@adeq.state.ar.us

From: Tracy Robinson [mailto:waterbeau@yahoo.com]
Sent: Thursday, April 25, 2019 12:22 PM
To: Frasher, Sarah
Subject: Combined sewer

The City of Corning has addressed the complaint of a combined sewer and have found what we believe to be the issue. The brick manhole, located at 308 W Main, over the years has had it's mortar to deteriorate. The City are now in the process of getting bids to fix this manhole. The City intends on completing this project no later than June 30th.

Thank you,
Tracy Robinson
Water Superintendent

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Mr. Fricker, please let me know if I need to do anything further. And please advise that the pictures are up to date. You will see that I accomplished that.

Thank you.

[Send this message to Mr. Fricker](#)

On Wed, May 11, 2022 at 10:52 PM, Fricker, Sarah <sarah.fricker@state.gov> wrote:

Hi, Rebecca

Please send me some pictures of the rock. I would like to see a more prominent view (standing on one place and looking the camera to the right, middle, and left). I appreciate your assistance with this matter.

Sarah Fricker

Senior Field Support

Special Source Operations Division

Special Operations of the National Security

Agency

Washington, DC

[View my profile](#)

ADEQ

ARKANSAS
Department of Environmental Quality

May 21, 2020

Greg Ahrent, Mayor
City of Corning
P.O. Box 443
Corning, AR 72422

RE: City of Corning WWTP Inspection Response

Permit No.: AR0033979 AFIN: 11-00061

Dear Mayor Ahrent:

I have reviewed the response pertaining to my September 5, 2018, inspection of the City of Corning WWTP. 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 870-935-7221 ext.-15 or you may e-mail me at frasher@adeq.state.ar.us.

Sincerely,



Sarah Frasher
District 3 Field Inspector
Office of Water Quality