 A R 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 #: 105634		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: N	INSPECTION TYPE: SSO/Collection System		
			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			FAYETTEVILLE SHALE RELATED: N			
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 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	N	FLOW MEASUREMENT	N	STORMWATER	
M	RECORDS/REPORTS	N	LABORATORY	N	FACILITY SITE REVIEW	
U	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM	
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT	
N	OTHER:					
SUMMARY OF FINDINGS						
<p>The following violations were noted at the time of the inspection:</p> <ol style="list-style-type: none"> 1. A possible combined sewer was investigated behind Corning City Hall in violation of Reg. 6.202.B. The combined sewer needs to be examined closely and should be separated. 2. The Bryan Street and Swimming Pool Pump Station were undersized for the amount of wastewater of Part III, Section B.1.a of the permit. 3. The Swimming Pool Pump Station does not have adequate access to the wet well as well as a high accumulation of grease and solids (Photo 9) in violation of Part III, Section B.1.a of the permit as well as 10 States Standards Item 42.22. 						

GENERAL COMMENTS

Smoke testing on the collection system has been conducted in the past for I&I problems. The majority of I&I is from the older lift stations. The City is applying for grants to assist with funding to replace these lift stations.

Griggs Lane Pump Station recently was installed with the area still under construction (Photo 12). The area requires stabilization when construction is finished according to Construction Stormwater permit, ARR1500000.

The pumps stations were observed with adequate visual/audio alarms. It is advised that the operator install emergency contact information signs to be visible to the public.

A Compliance Evaluation Inspection was performed in conjunction with this inspection.

INSPECTOR'S SIGNATURE:



Sarah Frasher

DATE: **11/26/2018**

SUPERVISOR'S SIGNATURE:



Jason Bolenbaugh

DATE: **11/29/2018**

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Gravity flow and force main		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>~3,300 population</u>		
FEET OF SEWER SYSTEM: <u>~40 miles</u>		
AGE OF SYSTEM: <u>1950s and newer</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>High I&I</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): Operator reports to ADEQ	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
PUMP STATIONS		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <u>14</u>	NUMBER WITH BACKUP POWER: <u>0</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Daily 7/week</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>No</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>N/A</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Access to a portable generator</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>3</u>		
SATELLITE SYSTEMS		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS:		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Bryan Street	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Pumps are undersized for the amount of wastewater going through system</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING: <u>Wet well unlocked</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED: <u>Wet well lid is broken</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED: <u>Wasps nests in electrical equipment</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>No emergency contact information posted.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Swimming Pool	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Pumps are undersized for the amount of wastewater going through system</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>No emergency contact information posted.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Griggs Lane	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT: Recently installed with stabilization still needed.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: No emergency contact information posted.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:15
		Photo #:	1
Description:	Overview of the Bryan Street Pump Station.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:19
		Photo #:	2
Description:	View of the inside of the Bryan Street Pump Station.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:19
		Photo #:	3
Description:	View of the electrical equipment. Note the wasps nest near the equipment.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:16
		Photo #:	4
Description:	View of the Bryan Street Pump Station wet well.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:23
		Photo #:	5
Description:	View of the old equipment from the previous wastewater treatment plant.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:44
		Photo #:	6
Description:	Overview of the Swimming Pool Pump Station.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:38
		Photo #:	7
Description:	View of the pumps at the Swimming Pool Pump Station.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:37
		Photo #:	8
Description:	View of the electrical equipment.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:39
		Photo #:	9
Description:	View of the wet well. Note the accumulation of solids and grease.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:53
		Photo #:	10
Description:	Overview of the Griggs Lane Pump Station.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:53
		Photo #:	11
Description:	View of the new installed Griggs Lane Pump Station.		



Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	15:05
		Photo #:	12
Description:	View of the Griggs Lane Pump Station. Note the unstabilized area.		



Water Division Photographic Evidence Sheet

Location:	City of Corning WWTP		
Photographer:	Sarah Frasher	Date:	9/5/2018
Witness:	None	Time:	14:54
		Photo #:	13
Description:	View of the wet well at the Griggs Lane Pump Station.		

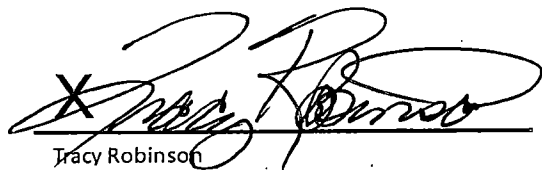


To Whom It May Concern:

Re: SSO Collection System Inspection Response

The possible combined sewer issue has presumably been found and will be separated as quickly as possible.

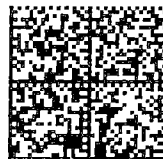
The City of Corning understands the low capacity of the Bryan St. pump station and swimming pool pump station. We have applied a grant that will double the capacity and pump size. The swimming pool pump station is included in the grant that the City of Corning has applied for. With this grant, the swimming pool pump station should and will have adequate access.

A handwritten signature in black ink, appearing to read 'Tracy Robinson', written over a horizontal line.

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 Environmental Quality
5301 Northshore Drive
North Little Rock, AR. 72118*

From: [Frasher, Sarah](#)
To: [McConnell, Melissa](#)
Subject: FW: Corning Inspection Response for Combined sewer
Date: Wednesday, November 27, 2019 11:07:32 AM
Attachments: [image001.png](#)

Melissa,
Please attach the following response to the City of Corning, AR0033979, Inspection, WID:105634. Thank you.

Sarah Frasher
District 3 Water Inspector
Office of Water Quality - Jonesboro Regional Office
Arkansas Energy and Environment
870-935-7221 ext.-15
frasher@adeq.state.ar.us

From: Tracy Robinson [mailto:waterbeau@yahoo.com]
Sent: Wednesday, November 27, 2019 10:54 AM
To: Frasher, Sarah
Subject: RE: Combined sewer

Ms. Frasher,
We have had a type of spray on sealant applied since first of October. And since that time we have found not leakage,nor have we had any complaints. I am attaching 2 pictures. If there is any problems, please contact me.
Thank you
Tracy Robinson





[Sent from Yahoo Mail on Android](#)

On Thu, Nov 14, 2019 at 4:31 PM, Frasher, Sarah
<frasher@adeq.state.ar.us> wrote:

Mr. Robinson,

I am requesting an update of the repair for the manhole at 308 West 2nd Street. In your last correspondence, this project would be completed by mid-October. Please send an update with any pictures to demonstrate that the repair has been completed. I appreciate your assistance with this matter. Please contact me if you have any questions or concerns.

Sarah Frasher | District 3 Water Inspector

Office of Water Quality | Compliance Branch
Arkansas Energy and Environment | [Environmental Quality](#)
Jonesboro Regional Office
t: 870.935.7221 ext.-15 | f: 870.935.4715

c: 501.837.2072 | e: frasher@adeq.state.ar.us

ARKANSAS **DEQ**
ENERGY & ENVIRONMENT

From: Tracy Robinson [<mailto:waterbeau@yahoo.com>]
Sent: Monday, September 2, 2019 6:28 AM
To: Frasher, Sarah
Subject: Re: Combined sewer

The City of Corning, had a mortarr repair done on the manhole at 308 West 2nd. But as it is a force main manhole this repair was inadequate and is having the same effect. The City of Corning is now in the process of purchasing a manhole insert. Which we have been assured will resolve our problem permanently. We intend to have this completed by mid October.

Thank you

Tracy Robinson

City of Corning

Water Superintendent

[Sent from Yahoo Mail on Android](#)

On Thu, Apr 25, 2019 at 12:22 PM, Tracy Robinson

<waterbeau@yahoo.com> wrote:

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

