

REPORT OF NON COMPLIANCE

NAME OF FACILITY CAVE CITY, CITY OF

PERMIT NUMBER AR0022110 001-A

PERIOD ENDING August 2016

PARAMETER VIOLATED	DO CONC INST MIN						
REPORTED VIOLATIONS	3.2						
PARAMETER VIOLATED	6.0						

WEEK OF Aug 24 16

Please fill out the following information

CAUSE OF VIOLATION Lightning Storm that morning
threw breakers, turned on breaker problem
taken care of.

DURATION OF VIOLATION 6 hrs.

CORRECTIVE ACTION turned on breakers

EXPECTED COMPLIANCE DATE Same day

Jim Smit 9/21/2016
SIGNATURE / DATE

Cave City Water

Po Box 69

Cave City AR, 72521

LITTLE ROCK AR 722

21 SEP 2016 PM 4 1



ADEQ
NPDES ENFORCEMENT

5301 Northshore Drive
North Little Rock, AR 72118

72118-562801

