

REPORT OF NON COMPLIANCE

NAME OF FACILITY CAVE CITY, CITY OF
PERMIT NUMBER AR0022110 001-A
PERIOD ENDING August 2017

PARAMETER VIOLATED	DO CONC INST MIN	DO CONC INST MIN						
REPORTED VIOLATIONS	5.1	5.7						
PARAMETER VIOLATED	6	6.0						

WEEK OF Aug 16 17 Aug 30 17

Please fill out the following information

CAUSE OF VIOLATION _____

DURATION OF VIOLATION _____

CORRECTIVE ACTION _____

EXPECTED COMPLIANCE DATE _____

SIGNATURE / DATE