

SAMPLE NON-COMPLIANCE REPORT

Permit Number: AR0034347

Facility Name: City of Sheridan (Sheridan Water Works)

Month/Year: 7-15 to 9-15

Authorized Signature/Date: *D. J. [Signature]* 10-22-15

Type of Violation (Avg/Max, Bypass Overflow, Etc.)	Permit Limit	Date of Violation	Duration of Viol.	Cause of Violation	Corrective Action or Other Narrative
<i>No Toxicity Test</i>	<i>For</i>	<i>7-15 to</i>	<i>9-15</i>	<i>only one day of Discharge this Quarter cannot complete sample with one day of discharge</i>	
<p>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.)</p>				<p align="right"><i>D. J. [Signature]</i> <i>10-22-2015</i></p>	

City of Sheridan

WATER AND SEWER WORKS

101 WEST HIGH STREET
P.O. BOX 486
SHERIDAN, ARKANSAS 72150

RETURN RECEIPT
REQUESTED

CERTIFIED MAIL™



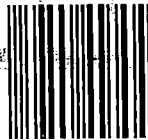
7012 2920 0000 8597 3513

ADEQ
NPDES Enforcement Branch
5301 Northshore Drive
North Little Rock, AR 72118-5317

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72150
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