_			MOIN-COMPL	JANCE REPORT	•
Permit Number: AR0038466			Facility Name: Hope, City of - Bois Darde WWTF		
Month/Year: May / 2015			Facility Name: Hope City of Bois Darde WWTF  Authorized Signature/Date: Calhaire Cresk		
Type of Violation (Avg/Max,,Bypass Overflow, Etc.)	Permit Limit	Date of Violation	Duration of Viol.	Cause of Violation	Corrective Action or Other Narrative
Colitorm, tecal (7day GEO	2000	5/19/15	24-48 hrs	Poor UV operation	Cleaned UV system
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	INDIVIDUALS BELIEVE THE AWARE THA INFORMATIC U.S.C 1001	IFORMATION SUBM S IMMEDIATELY RE E SUBMITTED INFO T THERE ARE SIGN DN, INCLUDING THE AND 33 U.S.C. 1319	MITTED HEREIN; AND I SPONSIBLE FOR OBT DRMATION IS TRUE, A VIFICANT PENALTIES E POSSIBILITY OF FIN	ERSONALLY EXAMINED AND AM BASED ON MY INQUIRY OF THOSE AINING THE INFORMATION, I CCURATE, AND COMPLETE. I AM FOR SUBMITTING FALSE E AND IMPRISONMENT. SEE 18 a statutes may includes fines up to nths and 5 years.)	

**CITY OF HOPE** PO BOX 667 HOPE AR 71802-0667 WATER DIVISION NADES ENFORMENT 5301 North store Dane North Little Rock, AR 72218