

# REPORT OF NON COMPLIANCE

**NAME OF FACILITY** WALNUT RIDGE WW TREATMENT PLANT

**PERMIT NUMBER** AR0046566 001-A

**PERIOD ENDING** October 2017

PARAMETER VIOLATED	C12 DAILY MAX	C12 DAILY MAX						
	REPORTED VIOLATIONS	0.08	0.06					
PARAMETER VIOLATED	0.011	0.011						

**WEEK OF** Oct 25 17 Oct 23 17

*Please fill out the following information*

**CAUSE OF VIOLATION** Operational Error

**DURATION OF VIOLATION** Month of October

**CORRECTIVE ACTION** Adjust Dechlorination

**EXPECTED COMPLIANCE DATE** First of November

*Jon Kopp*

11/22/17

SIGNATURE / DATE