

# REPORT OF NON COMPLIANCE

**NAME OF FACILITY** CITY OF MELBOURNE  
**PERMIT NUMBER** AR0020036 001-A  
**PERIOD ENDING** July 2019

PARAMETER VIOLATED	Chlorine, total residual	FECAL 7 DAY GEO					
REPORTED VIOLATIONS	0.27	613					
PARAMETER VIOLATED	0.011	400					
<b>WEEK OF</b>	7/24/19	7/24/19					

*Please fill out the following information*

**CAUSE OF VIOLATION** We are continuing to experience problems at our wastewater plant. We had a regulator go out again.

**DURATION OF VIOLATION** we found and fixed the problem promptly, however the ~~time~~ permanent fix will occur alongside our plant redesign

**CORRECTIVE ACTION** as soon as we begin with our plant redesign these reoccurring problems will be taken care of

**EXPECTED COMPLIANCE DATE** unknown at this time

  
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 SIGNATURE / DATE