REPORT OF NON COMPLIANCE

NAME OF FACILITY	CORNING, CITY OF							
PERMIT NUMBER	AR0033979 001-A							
PERIOD ENDING	July 2018							
PARAMETER VIOLATED	DO CONC MO AVG MIN							
REPORTED VIOLATIONS	1.93							
PARAMETER VIOLATED	2.0							
WEEK OF								

Please fill out the following information								
CAUSE OF VIOLATION	Lack of add	equate oxyg	gen at pum	9				
, -								
DURATION OF VIOLATION						***		
CORRECTIVE ACTION	The City Of	Corning is	now applyi	ng for grant	t money to p	ourchase ar	n arriation s	system to
be installed at the WWTP								
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EXPECTED COMPLIANCE DATE Sept. 2018								
LAI LOTED COMPLIANCE DATE	<u> </u>		v	1 11			According to the second	

Tracy Robinson, 8/25/2018

SIGNATURE / DATE