

REPORT OF NON COMPLIANCE

NAME OF FACILITY CORNING, CITY OF

PERMIT NUMBER AR0033979 001-A

PERIOD ENDING April 2017

PARAMETER VIOLATED	DO CONC MO AVG MIN						
REPORTED VIOLATIONS	1.92						
PARAMETER VIOLATED	2.0						

WEEK OF

Please fill out the following information

CAUSE OF VIOLATION _____

DURATION OF VIOLATION _____

CORRECTIVE ACTION _____

EXPECTED COMPLIANCE DATE _____

SIGNATURE / DATE