

REPORT OF NON COMPLIANCE

NAME OF FACILITY CORNING, CITY OF

PERMIT NUMBER AR0033979 001-A

PERIOD ENDING August 2017

PARAMETER VIOLATED	DO CONC INST MIN	DO CONC INST MIN						
REPORTED VIOLATIONS	2.0	1.9						
PARAMETER VIOLATED	2	2.0						

WEEK OF Aug 01 17 Aug 23 17

Please fill out the following information

CAUSE OF VIOLATION Lack of Airation

DURATION OF VIOLATION 3 Weeks

CORRECTIVE ACTION Extensive bushhogging and possibly the purchase of a bushhog

EXPECTED COMPLIANCE DATE September 1st

Tracy Robinson 9/21/17

SIGNATURE / DATE