

# REPORT OF NON COMPLIANCE

**NAME OF FACILITY** CORNING, CITY OF

**PERMIT NUMBER** AR0033979 001-A

**PERIOD ENDING** June 2017

	DO CONC MO AVG MIN	DO CONC INST MIN	DO CONC INST MIN	DO CONC INST MIN			
<b>PARAMETER VIOLATED</b>							
<b>REPORTED VIOLATIONS</b>	1.610	1.44	1.49	1.90			
<b>PARAMETER VIOLATED</b>	2.000	2.0	2.0	2.0			
<b>WEEK OF</b>	<i>Jun 06 17</i>	<i>Jun 13 17</i>	<i>Jun 21 17</i>				

*Please fill out the following information*

**CAUSE OF VIOLATION** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DURATION OF VIOLATION** \_\_\_\_\_  
 \_\_\_\_\_

**CORRECTIVE ACTION** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPECTED COMPLIANCE DATE** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE / DATE