

REPORT OF NON COMPLIANCE

NAME OF FACILITY CORNING, CITY OF

PERMIT NUMBER AR0033979 001-A

PERIOD ENDING May 2017

PARAMETER VIOLATED	C/BOD LDG MO AVG	C/BOD CONC DAILY MAX	DO CONC MO AVG MIN					
REPORTED VIOLATIONS	30.9	64.9	1.7					
PARAMETER VIOLATED	30.0	45.0	2.0					

WEEK OF May 17 17

Please fill out the following information

CAUSE OF VIOLATION _____

DURATION OF VIOLATION _____

CORRECTIVE ACTION _____

EXPECTED COMPLIANCE DATE _____

SIGNATURE / DATE