

REPORT OF NON COMPLIANCE

NAME OF FACILITY CORNING, CITY OF

PERMIT NUMBER AR0033979 001-A

PERIOD ENDING September 2017

PARAMETER VIOLATED	DO CONC INST MIN							
REPORTED VIOLATIONS	1.79							
PARAMETER VIOLATED	>=2							

WEEK OF Sep 12 17

Please fill out the following information

CAUSE OF VIOLATION _____

DURATION OF VIOLATION _____

CORRECTIVE ACTION _____

EXPECTED COMPLIANCE DATE _____

SIGNATURE / DATE