[ ]  YES [ ]  NO

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERMIT NUMBER: | **ARR00**      | AFIN: |       | INDUSTRIAL SECTOR: |       | REPORTING YEAR: |       |
|  |  |  |  |
| PERMITTEE NAME: |       | FACILITY NAME: |       |
|  |  |  |  |
| PHYSICAL ADDRESS: |       | CITY: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARAMETER** | **BENCHMARK VALUE** | **QUALITY OR CONCENTRATION** | **UNITS** | **OUTFALL NUMBER** | **BENCHMARK EXCEEDED?** |
| Total Suspended Solids (TSS) | 100 |       | mg/L |       |  [ ]  YES\*\* [ ]  NO |
| pH | 6.0-9.0 |       | S.U. |       |  [ ]  YES\*\* [ ]  NO |

**\*\*If a benchmark is exceeded, a corrective action plan summary is required**

|  |
| --- |
| was sample taken from the outfall of a holding pond or basin? [ ]  YES [ ]  NO If NO, complete Storm Event Details below. |
| **STORM EVENT DETAILS** | **COMMENTS:** |
| Date of Sampled Storm Event |        |       |
| Estimate of Rainfall |       inches |       |
| Time Since Last Measurable Event |       days |       |

|  |  |
| --- | --- |
| Significant findings from evaluations or inspections: |       |
|       |
| **Corrective Action Plan (CAP) summary**, including the status of any Corrective Actions not yet completed: |       |
|       |

**\*If additional room is needed, or additional parameters were monitored, attach SWAR Appendix, which may be found at the following web address:**

**www.adeq.state.ar.us**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

|  |  |  |
| --- | --- | --- |
|  |  |       |
| SIGNATURE & DATE |  | PRINTED NAME & TITLE OF OFFICIAL |