ARKANSAS DEPARTMENT OF ENERGY & ENVIRONMENT SWAR APPENDIX

NOTE: THIS FORM CAN ONLY BE USED AS AN ATTACHMENT TO THE SWAR FORM, NOT AS THE SOLE REPORTING FORM

PERMIT NUMBER: ARR00 AFIN:			INDUSTRIAL SECTOR: REP			REPOR	TING YEAR:
BENCHMARK		QUALITY OR		OUTFALL	BENCHMARK		
PARAMETER	VALUE	CONCENTRATION	UNITS	NUMBER	EXCEED	ED?	**If a benchmark is exceeded, a
					YES**	□NO	corrective action plan summary
					YES**	NO	is required
					YES**	NO	
					YES**	NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
					YES**	□NO	
STORM EVENT DETAILS				COM	COMMENTS:		
DATE OF SAMPLED STORM EVENT				COMIN	VIEN 15:		
ESTIMATE OF RAINFALL		INCH	TC -			_	
TIME SINCE LAST MEASURABLE EVENT							
TIME SINCE LAST MEA	SURABLE EVENT		DAYS	5			
SIGNIFICANT FINDINGS FR	ROM EVALUATIO	N OR INSPECTIONS:					
CORRECTIVE ACTION PLA	N SUMMARY, INC	CLUDING STATUS OF A	ANY CORI	RECTIVE ACT	TONS NOT Y	ET COM	PLETED: