

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
STORMWATER ANNUAL REPORT (SWAR) FORM

SWAR APPENDIX ATTACHED?*

☐ 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		<input type="checkbox"/> YES** <input type="checkbox"/> NO
pH	6.0-9.0		S.U.		<input type="checkbox"/> YES** <input type="checkbox"/> NO

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

STORM EVENT DETAILS	
DATE OF SAMPLED STORM EVENT	
ESTIMATE OF RAINFALL	INCHES
TIME SINCE LAST MEASURABLE EVENT	DAYS

COMMENTS:

SIGNIFICANT FINDINGS FROM EVALUATION OR INSPECTIONS: _____

CORRECTIVE ACTION PLAN SUMMARY, INCLUDING STATUS OF ANY CORRECTIVE ACTIONS NOT YET COMPLETED: _____

*If additional room is needed or additional parameters were monitored, attach **SWAR Appendix**, found on ADEQ website: 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