FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

		nental Quality	
	SION Air Division	n' 1 d a . '	
	SON COMPLETING THIS STATEMENT E		
IELE	EPHONE NO. (501) 682-0/19 FAX NO. (50.) 682-0753 EMAIL:Sartain@adeq.state.ar.us	
	imply with Act 1104 of 1995, please complete to with the questionnaire and proposed rules.	he following Financial Impact Statement and file tw	
	RT TITLE OF THIS RULE lation Number 18		
1.	Does this proposed, amended, or repealed rules NoX	le have a financial impact?	
2.	Does this proposed, amended, or repealed rules X No	le affect small businesses?	
	If yes, please attach a copy of the economic is Arkansas Economic Development Commission See exhibit "E"		
3.	If you believe that the development of a final prohibited, please explain. Not Applicable	ncial impact statement is so speculative as to be cost	
4.	If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.		
	Current Fiscal Year	Next Fiscal Year	
	General Revenue \$0	General Revenue \$0	
	Federal Funds \$0	Federal Funds \$0	
	Cash Funds\$0	Cash Funds \$0	
	Special Revenue \$0	Special Revenue \$0	
	Other (Identify) \$0	Other (Identify) \$0	
	Total\$0	Total\$0	

5.	What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.		
	Current Fiscal Year	Next Fiscal Year	
	<u>\$0</u>	<u>\$0</u>	
6.	What is the total estimated cost by fiscal cost of the program or grant? Please exp	l year to the agency to implement this rule? Is this the plain.	
	Current Fiscal Year	Next Fiscal Year	
	<u>Current Fiscal Year</u> \$0	<u>Next Fiscal Year</u> \$0	