

Progress Report Form

Permit No: _____ AFIN: _____

Reporting Period End Date: _____

Facility: _____

Approved Final Compliance Date: _____

Corrective Actions Completed This Quarter: _____

Anticipated Corrective Actions to Complete Next Quarter: _____

Is the Facility on Schedule with the Approved Milestone Schedule: _____

If no, please explain: _____

Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Revised March 2016)

Submitted By:

Engineering Firm:

Email Address:

Phone Number:

Date Submitted:

Please send completed form to water-enforcement-report@adeq.state.ar.us