|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERMIT NUMBER: | **ARR00** | AFIN: |  | INDUSTRIAL SECTOR: |  | REPORTING YEAR: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARAMETER** | **BENCHMARK VALUE** | **QUALITY OR CONCENTRATION** | **UNITS** | **OUTFALL NUMBER** | **BENCHMARK EXCEEDED?** |
|  |  |  |  |  | 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 |
|  |  |  |  |  | YES\*\*  NO |
|  |  |  |  |  | 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 additional copies of the SWAR Appendix**