

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
STORMWATER ANNUAL REPORT (SWAR) FORM
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: _____ REPORTING YEAR: _____

[illegible]

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

WAS SAMPLE TAKEN FROM THE OUTFALL OF A HOLDING POND OR BASIN? <input type="checkbox"/> YES <input type="checkbox"/> 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**