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 |  | YES\*\*  NO |
| pH | 6.0-9.0 |  | S.U. |  | 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 SWAR Appendix, which may be found at the following web address:**

**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 |