

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER ANNUAL REPORT (SWAR) FORM**

**SWAR APPENDIX ATTACHED?\***

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		<input type="checkbox"/> YES** <input type="checkbox"/> NO
pH	6.0-9.0		S.U.		<input type="checkbox"/> YES** <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, complete Storm Event Details below.		
<b>STORM EVENT DETAILS</b>		<b>COMMENTS:</b>
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](http://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