

ARKANSAS DEPARTMENT OF ENERGY & ENVIRONMENT
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.		
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.adeg.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