



WATER  
PROTECTION  
BUREAU

Agency Use
Permit No.:
Date Rec'd
Amount Rec'd
Check No.
Rec'd By

FORM  
**AR-SWI**

**Annual Report Form**  
**Multi-Sector General Permit for Storm Water Discharges**  
**Associated with Industrial Activity (MSGP)**  
**MTR000000**

An Annual Report Form must be completed and submitted to the Department for each calendar year of active coverage under this permit. This Annual Report must be completed using this standard form. The Annual Report for a given calendar year must be submitted by February 1 of the year following that respective calendar year. The permittee is waived from Annual Report requirements for a given calendar year if authorization to discharge was obtained less than three months before the end of that respective calendar year. The Annual Report must be certified and signed in accordance with Part 4.18 of the MSGP.

**Section A - Facility or Operation Information**

Permit Authorization Number: **MTR00** \_\_\_\_\_

Facility or Operation Name \_\_\_\_\_

Physical Location, Mailing address, or directions to location

Nearest City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Township/Range /Section (optional) \_\_\_\_\_

**Facility or Operation Contact Person/Position**

Name and Title, or Position Title \_\_\_\_\_

Company Name (if different than the facility or operation) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

SWPPP Administrator  Same as facility contact

Name and Title \_\_\_\_\_

Company Name (if different than the applicant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## Section B – Summary of Findings

**Provide a summary of the past year's routine facility inspections documentation.**

**Provide a summary of the past year's significant storm event inspection documentation.**

**Provide a summary of the past year's corrective actions performed - be sure to provide a tracking or follow-up process for any currently ongoing and unresolved actions.**

**Provide a summary of any incidents of noncompliance observed – be sure to provide a tracking or follow-up process for any currently ongoing and unresolved incidents. Enter “NA” if not applicable.**

**Provide a summary of the past year's benchmark monitoring results (if applicable). Enter “NA” if not applicable.**

Provide a summary of the past year's required revisions to the SWPPP. If the SWPPP is maintained on an internet page, provide the web address URL: \_\_\_\_\_.

### Section C - Certification

I certify that the facility or operation identified in Section A of this AR-SWI form:

- Modifies and updates the SWPPP as required by Part 3.2;
- Maintains a complete copy of the current SWPPP at the facility in an accessible format; and
- Confirms that the current SWPPP or certain information from the current SWPPP must also be made available to the public upon request.

**Authorized Signatories:** This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

### All Applicants Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of a fine and imprisonment for knowing violations.

**Name (Type or Print)**

**Title (Type or Print)**

**Phone Number**

**Signature**

**Date Signed**