



City of Arlington, Texas  
Department of Public Works  
Stormwater Management – Environmental Management  
1011 W. Main Street, MS 13-0150, Arlington, TX 76013

## BENCHMARK EXCEEDANCE QUARTERLY REVIEW

COA RECEIVED DATE:

____ QUARTER CORRECTIVE ACTIONS		
Start Date:	End Date:	Inspection Date:

____ QUARTER FACILITY INSPECTION		
Date:	Inspector:	Facility Representative:
Has facility completed all second quarter corrective actions?		
Has facility provided sampling analysis showing benchmark compliance?		
Has representative provided third quarter corrective actions?		

OFFICE USE ONLY:

Enforcement: ☐ NOV ☐ Citation ☐ TCEQ Notification

Repeat Exceedance: ☐ YES ☐ NO

Historical Exceedance: ☐ YES ☐ NO

Date Incident Found: \_\_\_\_\_

Level: \_\_\_\_\_

COA #: \_\_\_\_\_

Comments:

## VERIFICATION AND 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 person or 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 fine and imprisonment for knowing violations.*

### Facility Representative:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Inspector:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_