

#### **General Permit for the Discharge of Stormwater Associated with Industrial Activity, effective 10/1/2011** Stormwater Monitoring Report Form

**General Requirements and Sector G Transportation Facilities Only** (Do not submit if you have other sector specific requirements)

-acility Information											
Permittee Na	Permittee Name:Site Name:										
	on: Title:										
	Business Phone:ext.:Email:										
	Site Address:										
Receiving Water (name/basin):											
Permit #: GS	Permit #: GSI Primary SIC:										
Discharges i	nto an Impaired V	Vaterbody: Yes	No 🗌	(If yes, complete	the table on page	3 of this form)					
Sample Info	rmation										
Sample Loca	ation:		Person (	Collecting Sam	ple:						
	Collected:										
	s for samples requ					<u>.</u>					
-	if the sample cont			, —	_						
	if a benchmark ex			ackaround or o	ff site sources	see note below					
Chicon hore											
Monitoring F	Results										
Parameter	Required Frequency	Results (units)	Benchmark	Benchmark Exceedance (see pg 4)	Test Method	Laboratory Name					
Oil & Grease	Semi-annual		5.0 mg/L								
Rainfall pH	Semi-annual		n/a								
Sample pH	Semi-annual		5-9 SU								
COD	Semi-annual		75 mg/L								
TSS	Semi-annual		90 mg/L								
TP	Semi-annual		0.40 mg/L								
TKN	Semi-annual		2.30 mg/L								
NO <sub>3</sub> -N	Semi-annual		1.10 mg/L								
Total Copper	Semi-annual		0.059 mg/L								
Total Zinc	Semi-annual		0.160 mg/L								
Total Lead	Semi-annual		0.076 mg/L								
24 Hr. LC <sub>50</sub> 48 Hr. LC <sub>50</sub>	Annual-Year 1&2 Annual-Year 1&2		n/a n/a								
Exemptions											
List here any parameter(s) that will not be sampled for the remainder of the permit term: see note below											

**NOTE:** Complete the "Data Tracking Table" (page 4 on this form) to show the parameter is eligible for the monitoring exemption in Section 5(e)(1)(B)(iii) of the general permit. If you are discontinuing monitoring for impaired water parameters (per Section 5(e)(1)(D)), or parameters that are present due to natural or background levels or off site run-on (per Section 5(e)(1)(B)(V)), attach additional supporting information to this form.

#### STORMWATER ACUTE TOXICITY TEST DATA SHEET

(required annually only during Year 1 and Year 2 of the permit)

Site Name:	
Date/Time Begin:	Date/Time End:
Sample Hardness:	Sample Conductivity:
Test Species: Daphnia pulex < 24 hrs old	Dilution Water Hardness:

Effluent Dilution		er of Org		Dissolved Oxygen (mg/L)		Temperature (°C)		pH (su)				
Hour	00	24	48	00	24	48	00	24	48	00	24	48
CONTROL 1												
CONTROL 2												
CONTROL 3												
CONTROL 4												
6.25% A												
6.25% B												
6.25% C												
6.25% D												
12.5% A												
12.5% B												
12.5% C												
12.5% D												
25% A												
25% B												
25% C												
25% D												
50% A												
50% B												
50% C												
50% D												
100% A												
100% B												
100% C												
100% D												

#### **REFERENCE TOXICANT RESULTS**

Test Species	Date	Reference Toxicant	Source	LC <sub>50</sub>
Daphnia pulex				

### Additional Monitoring for Discharges to Impaired Waters (if applicable):

Parameter	Frequency	Results (units)	Test Method	Laboratory Name	

#### **Statement of Certification**

"I have personally examined and am familiar with the informati attachments thereto, and I certify that based on reasonable invindividuals responsible for obtaining the information, the submicomplete to the best of my knowledge and belief. I understand information may be punishable as a criminal offense, in accord Statutes, pursuant to section 53a-157b of the General Statutes applicable statute."	vestigation, including my inquiry of the itted information is true, accurate and that a false statement in the submitted dance with section 22a-6 of the General
Signature of Permittee	Date
Name of Permittee (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Please send all completed forms to:

WATER TOXICS PROGRAM COORDINATOR BUREAU OF WATER PROTECTION AND LAND REUSE CT DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

# General Permit for the Discharge of Stormwater Associated with Industrial Activity, effective 10/1/2011 Data Tracking Sheet

## General and Sector G Transportation Facilities Only Monitoring Requirements

Permittee Name:	Permit #: GSI
Site Name:	
Site Address:	
Sample Location:	

Enter the sample dates and the data reported for the four (4) most recent semi-annual sample results at this discharge location into the chart below. To determine the average for the four samples add up each of the four results and then divide that number by 4. *Only monitoring collected under the current permit (effective 10/1/11,) can be used to earn the monitoring exemption.* 

Average = (Sample 1+ Sample 2 + Sample 3 + Sample 4)

	Sample Result						
Parameter	1	2	3	4	Average	Benchmark*	Qualify for
Sample Date					Average		exemption?
O&G						5.0 mg/L	
Sample pH						5-9 S.U.	
COD						75 mg/L	
TSS						90 mg/L	
TP						0.40 mg/L	
TKN						2.30 mg/L	
NO <sub>3</sub> -N						1.10 mg/L	
Total Copper						0.059 mg/L	
Total Zinc						0.160 mg/L	
Total Lead						0.076 mg/L	

\*If the average of the four (4) most recent samples is less than the benchmark listed, your facility is no longer required to sample semi-annually for that parameter for the rest of the permit (current permit expires 9/30/2016). If your facility qualifies for an exemption from monitoring for sample pH, your facility is also exempt from monitoring rainfall pH for the remainder of the permit.

If the average of the four (4) most resent samples is equal to or greater than the benchmark listed, check the appropriate box on page 1. If so, you have exceeded the benchmark and must continue to sample this parameter semiannually until the average is below the benchmark. See Section 5(e)(1)(B) of the General permit for requirements when exceeding a benchmark.

If the sample result reported by the testing laboratory was below detection limit, for the purpose of averaging, use a value that is ½ the detection limit for that parameter in the formula above. For example, if the result for Oil & Grease was <2.0 mg/L, use a value of 1.0 mg/L for determining the average. Please refer to Section 5 e(1)B(iii) of the General Permit for a more detailed explanation.