General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities, issued 8/21/13, effective 10/1/13
Stormwater Monitoring Report

SITE INFORMATION

Permittee: ____________________________________________________________
Mailing Address: ______________________________________________________
Business Phone: ___________________________ ext.: _______________ Fax: ______
Contact Person: ___________________________ Title: _______________________
Site Name: __________________________________________________________
Site Address: _________________________________________________________
Receiving Water (name, basin): _________________________________________
Stormwater Permit No. GSN ____________________________________________

SAMPLING INFORMATION (Submit a separate form for each outfall)

Outfall Designation: _______________________________ Date/Time Collected: ____________
Outfall Location(s) (lat/lon or map link): ___________________________________________
Person Collecting Sample: _______________________________________________________
Storm Magnitude (inches): ________________________ Storm Duration (hours): __________
Size of Disturbed Area at any time: ________________________________

MONITORING RESULTS

<table>
<thead>
<tr>
<th>Sample #</th>
<th>Parameter</th>
<th>Method</th>
<th>Results (units)</th>
<th>Laboratory (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Turbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Turbidity</td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Turbidity</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>Turbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Avg = ____________________)

STATEMENT OF ACKNOWLEDGMENT
I certify that the data reported on this document were prepared under my direction or supervision in accordance with the General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Authorized Official: _______________________________________________________
Signature: __________________________________ Date: _______________________

Please send completed form to: DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
79 ELM STREET
HARTFORD, CT 06106-5127
ATTN: NEAL WILLIAMS