



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

**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: BNE Energy

Mailing Address: 29 South Main Street, Town Center, Suite 200, West Hartford, CT 06107

Business Phone: (800) 450-0503 ext.: _____ Fax: _____

Contact Person: _____ Title: _____

Site Name: Wind Colebrook South

Site Address: 17 & 29 Flagg Hill Rd, Colebrook, CT

Receiving Water (name, basin): Farmington 4302

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: No sample collected No runoff during any storm events in March 2014

Storm Magnitude (inches): 0.56 Storm Duration (hours): 4 hrs 3/31/2014

Size of Disturbed Area at any time: 3.5 Acres

MONITORING RESULTS

| Sample # | Parameter | Method | Results (units) | Laboratory (if applicable) |
|----------|-----------|--------|------------------|----------------------------|
| 1 | Turbidity | | No Runoff 3-2014 | |
| 2 | Turbidity | | No Runoff 3-2014 | |
| 3 | Turbidity | | No Runoff 3-2014 | |
| 4 | Turbidity | | No Runoff 3-2014 | |

(provide an attachment if more than 4 samples were taken for this outfall)

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