



**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 site is frozen and no rainfall events

Storm Magnitude (inches): \_\_\_\_\_ Storm Duration (hours): \_\_\_\_\_

Size of Disturbed Area at any time: 3.5 Acres

**MONITORING RESULTS**

Sample #	Parameter	Method	Results (units)	Laboratory (if applicable)
1	Turbidity		No Runoff FEB 2015	
2	Turbidity		No Runoff FEB 2015	
3	Turbidity		No Runoff	
4	Turbidity		No Runoff	

(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