

## **Appendix G**

### **Corrective Action Measure Requirements & Waiver Request**

**Purpose:**

A qualified professional, as defined in the general permit, trained and designated by the permittee, will complete this form as soon as they are made aware of a condition triggering a Corrective Action Measure (CAM). The permittee must keep this form and any related documentation in the Stormwater Pollution Prevention Plan.

**Violation of an Effluent Limitations Guideline:**

Violation of an Effluent Limit Guideline (ELG) requires immediate reporting in accordance with the permit terms and conditions. The permittee may attach this form when completing the online notification of noncompliance. See Sections 4.6 and 4.7 of the general permit for further reporting requirements. The Noncompliance Reporting portal is located at:

<https://portal.ct.gov/deep/water-regulating-and-discharges/industrial-wastewater/compliance-assistance/notification-requirements>

**Request for an Extension or Waiver:**

The permittee may also use this form to request an extension to timelines for implementing Corrective Action Measure Level 1, 2, or 3 as needed, or to request a Waiver from further Corrective Action Measures and/or monitoring. A request, and copy of the this form along with supporting documentation may be submitted to DEEP at Stormwater Staff [DEEP.Stormwaterindustrial@ct.gov](mailto:DEEP.Stormwaterindustrial@ct.gov). Retain a copy of all requests and communication in the SWPPP.

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<b>Section 1. Corrective Action Measure Documentation Submission Type</b>	
General Corrective Action Measure Documentation	<input type="checkbox"/>
Violation of an Effluent Limitations Guideline	<input type="checkbox"/>
Unauthorized spill, leak, release, or discharge	<input type="checkbox"/>
Request for an Extension to CAM Timelines	<input type="checkbox"/>
Request for a Waiver from Further Corrective Action Measures and/or Monitoring <sup>2</sup>	<input type="checkbox"/>

<b>Section 2. Corrective Action Measure General Information</b>		
<b>Permittee Information</b>	<b>Permittee Name</b>	
	<b>Site Name</b>	
	<b>Site Address</b>	
	<b>Site City/State/Zip</b>	
	<b>Permit Number (CTR05)</b>	
<b>Site Contact (Person Filling out this Form)</b>	<b>Name (first &amp; last)</b>	
	<b>Title</b>	
	<b>Email Address</b>	
	<b>Phone Number</b>	
<b>Date/ Time/ Location</b>	<b>Location of Incident on Site</b>	
	<b>Time of Condition Started</b>	
	<b>Date of Condition Started</b>	

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<b>Section 3. Corrective Action Triggering Condition Information</b>		
<b>Triggering Condition</b>	<b>Description</b>	<b>Condition Occurring? (Check Box)</b>
<b>4 Event Average Exceeds the Benchmark Threshold (or Mathematical Equivalent)</b>	A discharge exceeds an applicable benchmark threshold after 4 consecutive semi-annual measurements	<input type="checkbox"/>
<b>Effluent Limit Exceedance</b>	A discharge exceeds a numeric effluent limitation guideline	<input type="checkbox"/>
<b>Unauthorized release or discharge</b>	Spill, leak, release, or discharge of non-stormwater not authorized by this permit or another permit	<input type="checkbox"/>
<b>Inconsistency with an Applicable Total Maximum Daily Load and Wasteload Allocation</b>	A discharge is inconsistent with the assumptions and requirements of an Applicable Total Maximum Daily Load and its Wasteload Allocation	<input type="checkbox"/>
<b>Control Measure Not Stringent Enough to Meet Water Quality Standards</b>	A required control measure is not stringent enough for a stormwater discharge to be controlled as necessary such that the receiving water will meet applicable water quality standards	<input type="checkbox"/>
<b>Control Measure Never Designed, Installed, Implemented, or Maintained</b>	A required control measure was never designed, installed, or implemented	<input type="checkbox"/>
<b>Change in Design, Operation, or Maintenance at a Facility</b>	Construction or a change in the design, operation, or maintenance at a facility that significantly changes the nature or increases the quantity of pollutants discharged	<input type="checkbox"/>
<b>Visual Assessment Shows Evidence of Pollution</b>	Color, odor, floating solids, settled solids, suspended solids, or foam observed in discharge water	<input type="checkbox"/>
<b>Other Corrective Actions (as Required by the Commissioner)</b>	The Commissioner may utilize enforcement discretion to require additional corrective actions in response to permit violations	<input type="checkbox"/>

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**Please provide a description of the event or the request being made to the Commissioner:**

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<b>Section 4. Corrective Action Measure</b>		
<b>Select the appropriate level and describe the actions taken</b>		
<input type="checkbox"/> <b>Corrective Action Level 1</b>	Immediate Actions (Within 1-2 Days)	
	Subsequent Actions (Within 14-60 Days)	
	Extension (Greater than 60 Days)	
	Follow-up sample, if applicable (include date, discharge location, and parameter)	
<input type="checkbox"/> <b>Corrective Action Level 2</b>	Immediate Actions (Within 1-2 Days)	
	Subsequent Actions (Within 14-60 Days)	
	Extension (Greater than 60 Days)	
	Follow-up sample, if applicable (include date, discharge location, and parameter)	
<input type="checkbox"/> <b>Corrective Action Level 3</b>	Immediate Actions (Within 1-2 Days)	
	Subsequent Actions (Within 14-60 Days)	
	Extension (Greater than 60 Days)	
	Follow-up sample, if applicable (include date, discharge location, and parameter)	

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#### Section 5. Additional Information (check all that apply)

<input type="checkbox"/>  <b>Follow-up photographs</b>	Please describe any photographs taken and attach them to the end of this document.														
<input type="checkbox"/>  <b>Request for an extension</b>	Please describe the request for an extension for CAM implementation. Please see the permit for criteria applicable to exemptions.														
<input type="checkbox"/>  <b>Request for a waiver</b>	Please describe the request for a waiver from further corrective action measures and/ or monitoring. Please see the permit for criteria applicable to waivers.														
<b>Certification</b>	<p>I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the Regs. Conn. State Agencies, pursuant to section 53a-157b of the Regs. Conn. State Agencies, and in accordance with any other applicable statute.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Certifier Name:</td> <td style="width: 30%;"><a href="#">Click or tap here to enter text.</a></td> <td style="width: 25%;">Certifier Title:</td> <td style="width: 20%;"><a href="#">Click or tap here to enter text.</a></td> </tr> <tr> <td>Certifier Signature:</td> <td></td> <td>Date:</td> <td><a href="#">Click or tap here to enter text.</a></td> </tr> <tr> <td>Site/Facility Name and Address:</td> <td><a href="#">Click or tap here to enter text.</a></td> <td>General Permit No.:</td> <td><a href="#">Click or tap here to enter text.</a></td> </tr> </table>			Certifier Name:	<a href="#">Click or tap here to enter text.</a>	Certifier Title:	<a href="#">Click or tap here to enter text.</a>	Certifier Signature:		Date:	<a href="#">Click or tap here to enter text.</a>	Site/Facility Name and Address:	<a href="#">Click or tap here to enter text.</a>	General Permit No.:	<a href="#">Click or tap here to enter text.</a>
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