



General Permit for the Discharge of Stormwater Associated with Industrial Activity

Stormwater Monitoring Report

Sector AF – Federal, State, or Municipal Government Fleet

Facility Information

Permittee Name: _____	Site Name: _____
Mailing Address: _____	
Contact Person: _____	Title: _____
Business Phone: _____ EXT: _____	Email: _____
Site Address: _____	
Receiving Water Body: _____	Permit #: _____
Primary SIC: _____	NAICS: _____
Discharges into an Impaired Waterbody: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, complete the table on page 3)	

Sample Information

Sample Location: _____	Person Collecting Sample: _____
Date/Time Collected: _____	Date of Previous Storm Event: _____
This report is for samples required: Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Other <input type="checkbox"/>	
Check here if the sample contains snow or ice melt: <input type="checkbox"/>	
Check here if a benchmark exceedance is solely due to background or off-site sources: <input type="checkbox"/>	

Sector Specific

Does the facility store solid de-icing materials, even in small quantities? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the facility used exclusively for solid de-icing material storage (e.g., a satellite station)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are vehicle repair or maintenance activities conducted on-site at the facility? Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Reminder: Paper Discharge Monitoring Reports (DMRs) may be used to submit monitoring results only until the Commissioner issues a Notice of Coverage to the permittee. After the Notice of Coverage is issued, all monitoring results must be submitted electronically through NetDMR, EPA’s online DMR reporting system. The tables below are formatted to closely match the layout used in NetDMR to help facilitate the transition to electronic reporting.



Sector AF – Monitoring Table

PARAMETER		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE	UNITS			
Chemical Oxygen Demand 81017	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	75	mg/L		Semiannual	Grab
Total Oil and Grease 00556	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	5.0	mg/L		Semiannual	Grab
pH 00400	SAMPLE MEASUREMENT		*****					
	PERMIT REQUIREMENT	5.0 INST MIN	*****	9.0 INST MAX	mg/L		Semiannual	Grab
Solids, total suspended 00530	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	90	mg/L		Semiannual	Grab
Total Phosphorus (TP) 00665	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	0.40	mg/L		Semiannual	Grab
Total Kjeldahl Nitrogen (TKN) 00625	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	2.30	mg/L		Semiannual	Grab
Nitrate as Nitrogen (NO3-N) 00620	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	1.10	mg/L		Semiannual	Grab
Total Copper (Cu) 01042	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	0.059	mg/L		Semiannual	Grab
Total Lead (Pb) 01051	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	0.076	mg/L		Semiannual	Grab
Total Zinc (Zn) 01092	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	0.160	mg/L		Semiannual	Grab



Sector AF – Additional Monitoring

PARAMETER		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE	UNITS			
Total Chloride 00940	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	Req Mon	mg/L		Annually	Grab
Total Cyanide 00720	SAMPLE MEASUREMENT	*****	*****					
	PERMIT REQUIREMENT	*****	*****	Req Mon	mg/L		Annually	Grab

Sector AF – Impaired Water Monitoring

Parameter	Frequency	Results (Units)	Test Method	Laboratory Name



Statement of Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

"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 Conn. Gen. Stat., pursuant to Section 53a-157b of the Conn. Gen. Stat., and in accordance with any other applicable statute."

Signature of Permittee

Date

Name of Permittee

Date

Signature of Preparer

Date

Name of Preparer

Date

Please email all completed forms to:

Deep.StormwaterIndustrial@ct.gov