



**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Stormwater Monitoring Report Form
Sector G Small Airport**

Facility Information

Permittee Name: _____ Site Name: _____
 Mailing Address: _____
 Contact Person: _____ Title: _____
 Business Phone: _____ ext.: _____ Email: _____
 Site Address: _____
 Receiving Water (name/basin): _____
 Permit #: GSI _____ Primary SIC: _____
 Discharges into an Impaired Waterbody: Yes No (If yes, complete the table on page 3 of this form)

Sample Information

Sample Location: _____ Person Collecting Sample: _____
 Date/Time Collected: _____ Date of Previous Storm Event: _____
 This report is for samples required: Semi-annually Annually Other
 Check here if the sample contains **snow or ice melt**:
 Check here if a benchmark exceedance is solely due to background or off site sources see note below

Monitoring Results

Parameter	Required Frequency	Results (units)	Benchmark	Benchmark Exceedance (see pg 4)	Test Method	Laboratory Name
Oil & Grease	Annual		5.0 mg/L	<input type="checkbox"/>		
Rainfall pH	Annual		n/a			
Sample pH	Annual		5-9 SU	<input type="checkbox"/>		
COD	Annual		75 mg/L	<input type="checkbox"/>		
TSS	Annual		90 mg/L	<input type="checkbox"/>		
TP	Annual		0.40 mg/L	<input type="checkbox"/>		
TKN	Annual		2.30 mg/L	<input type="checkbox"/>		
NO ₃ -N	Annual		1.10 mg/L	<input type="checkbox"/>		
Total Copper	Annual		0.059 mg/L	<input type="checkbox"/>		
Total Zinc	Annual		0.160 mg/L	<input type="checkbox"/>		
Total Lead	Annual		0.076 mg/L	<input type="checkbox"/>		
24 Hr. LC ₅₀	Annual-Year 1&2		n/a			
48 Hr. LC ₅₀	Annual-Year 1&2		n/a			

***See Additional Sector G Monitoring Section on page 3 of this form.**

Exemptions

List here any parameter(s) that will not be sampled for the remainder of the permit term: see note below

NOTE 1: Complete the "Data Tracking Table" (page 4 on this form) to show the parameter is eligible for the monitoring exemption in Section 5(e)(1)(B)(iii) of the general permit. If you are discontinuing monitoring for impaired water parameters (per Section 5(e)(1)(D)), or parameters that are present due to natural or background levels or off site run-on (per Section 5(e)(1)(B)(V)), attach additional supporting information to this form.

STORMWATER ACUTE TOXICITY TEST DATA SHEET
 (required annually only during Year 1 and Year 2 of the permit)

Site Name:	
Date/Time Begin:	Date/Time End:
Sample Hardness:	Sample Conductivity:
Test Species: <i>Daphnia pulex</i> < 24 hrs old	Dilution Water Hardness:

Effluent Dilution	Number of Organisms Surviving			Dissolved Oxygen (mg/L)			Temperature (°C)			pH (su)			
	Hour	00	24	48	00	24	48	00	24	48	00	24	48
CONTROL 1													
CONTROL 2													
CONTROL 3													
CONTROL 4													
6.25% A													
6.25% B													
6.25% C													
6.25% D													
12.5% A													
12.5% B													
12.5% C													
12.5% D													
25% A													
25% B													
25% C													
25% D													
50% A													
50% B													
50% C													
50% D													
100% A													
100% B													
100% C													
100% D													

REFERENCE TOXICANT RESULTS

Test Species	Date	Reference Toxicant	Source	LC ₅₀
<i>Daphnia pulex</i>				

Additional Monitoring: Sector G-Small Airports

*Parameter	Required Frequency	Results (units)	Benchmark	Test Method	Laboratory Name
BOD	Annual during deicing season Years 1&2 if in use		n/a		
Urea	Annual during deicing season Years 1&2 if in use		n/a		
Propylene Glycol	Annual during deicing season Years 1&2 if in use		n/a		
Ethylene Glycol	Annual during deicing season Years 1&2 if in use		n/a		

***If deicing materials are used (Glycols or urea) sample for the deicing material(s) used at your facility and BOD annually during deicing season of Year 1 and Year 2 of the permit.**

Additional Monitoring for Discharges to Impaired Waters (if applicable)

Parameter	Frequency	Results (units)	Test Method	Laboratory Name

Statement of Certification

<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 the 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 in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.”</p>	
Signature of Permittee	Date
Name of Permittee (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Please send all completed forms to:

WATER TOXICS PROGRAM COORDINATOR
 BUREAU OF WATER PROTECTION AND LAND REUSE
 CT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

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Data Tracking Sheet

Sector G Small Airports

Permittee Name: _____	Permit #: GSI _____
Site Name: _____	
Site Address: _____	
Sample Location: _____	

Enter the sample date and the data reported by the testing laboratory in the chart below. If the annual monitoring at your facility is below the benchmarks listed, your facility is no longer required to sample for that parameter for the rest of the permit (current permit expires 09/30/2016). If your facility exceeds a benchmark you must continue to sample this parameter annually until the average is below the benchmark. If your facility qualifies for an exemption from monitoring for sample pH, your facility is also exempt from monitoring rainfall pH for the remainder of the permit.

If the sample results reported by the testing laboratory were below detection limit, use a value that is ½ the detection limit for that parameter. For example, if the result for Oil & Grease was <2.0 mg/L, use a value of 1.0 mg/L in the chart. Please refer to section 5e(1)B(iii) for a more detailed explanation.

Parameter	Sample Result	Benchmark	Qualify for exemption?
Sample Date			
O&G		5.0 mg/L	
Sample pH		5-9 S.U.	
COD		75 mg/L	
TSS		90 mg/L	
TP		0.4 mg/L	
TKN		2.30 mg/L	
NO ₃ -N		1.10 mg/L	
Total Copper		0.059 mg/L	
Total Zinc		0.16 mg/L	
Total Lead		0.076 mg/L	