



**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011 (modified 12/3/2013)
Stormwater Monitoring Report Form
Sector G – Bulk De-icing Material Storage Facilities**

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 <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> 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"/> <small>see note below</small>	

Monitoring Results

Parameter	Required Frequency	Results (units)	Benchmark	Benchmark Exceedance (see pg 4)	Test Method	Laboratory Name
Oil & Grease	Semi-annual		5.0 mg/L	<input type="checkbox"/>		
Rainfall pH	Semi-annual		n/a			
Sample pH	Semi-annual		5-9 SU	<input type="checkbox"/>		
COD	Semi-annual		75 mg/L	<input type="checkbox"/>		
TSS	Semi-annual		90 mg/L	<input type="checkbox"/>		
TP	Semi-annual		0.40 mg/L	<input type="checkbox"/>		
TKN	Semi-annual		2.30 mg/L	<input type="checkbox"/>		
NO ₃ -N	Semi-annual		1.10 mg/L	<input type="checkbox"/>		
Total Copper	Semi-annual		0.059 mg/L	<input type="checkbox"/>		
Total Zinc	Semi-annual		0.160 mg/L	<input type="checkbox"/>		
Total Lead	Semi-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: <small>see note below</small>

NOTE: 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 – Bulk De-icing Material Storage Facilities

Parameter	Required Frequency	Results (units)	Benchmark	Test Method	Laboratory Name
Chloride	Semi-annual		n/a		
Cyanide	Semi-annual		n/a		

Additional Monitoring for Discharges to Impaired Waters (if applicable):

Parameter	Frequency	Results (units)	Test Method	Laboratory Name

Statement of Certification

“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.”

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 & ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

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Data Tracking Sheet

Sector G- Bulk De-icing material Storage Facilities

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

Enter the sample dates and the data reported for the 4 most recent semi-annual sample results at this discharge location in the chart below. To determine the average for the four samples add up each of the four results and then divide that number by 4. **Only monitoring collected under the current permit (effective 10/1/11, modified 12/3/13) can be used to earn the monitoring exemption.**

$$\text{Average} = \frac{(\text{Sample 1} + \text{Sample 2} + \text{Sample 3} + \text{Sample 4})}{4}$$

Parameter	Sample Result				Average	Benchmark*	Qualify for exemption?
	1	2	3	4			
Sample Date							
O&G						5.0 mg/L	
Sample pH						5-9 S.U.	
COD						75 mg/L	
TSS						90 mg/L	
TP						0.40 mg/L	
TKN						2.30 mg/L	
NO ₃ -N						1.10 mg/L	
Total Copper						0.059 mg/L	
Total Zinc						0.160 mg/L	
Total Lead						0.076 mg/L	

*If the average of the 4 most recent samples is less than the benchmark listed, your facility is no longer required to sample semi-annually for that parameter for the rest of the permit (current permit expires 9/30/2016). 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 average of the four (4) most recent samples is equal to or greater than the benchmark listed, check the appropriate box on page 1. If so, you have exceeded the benchmark and must continue to sample this parameter semiannually until the average is below the benchmark. See Section 5(e)(1)(B) of the General permit for requirements when exceeding a benchmark.

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