



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

Sector G – CTDOT Repair and Maintenance 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"/>	

Monitoring Results

*Parameter	Required Frequency	Results (units)	Benchmark**	Check if benchmark exceeded	Test Method	Laboratory Name
Oil & Grease	Once per permit term		5.0 mg/L	<input type="checkbox"/>		
Rainfall pH	Once per permit term		n/a			
Sample pH	Once per permit term		5-9 SU	<input type="checkbox"/>		
COD	Once per permit term		75 mg/L	<input type="checkbox"/>		
TSS	Once per permit term		90 mg/L	<input type="checkbox"/>		
TP	Once per permit term		0.40 mg/L	<input type="checkbox"/>		
TKN	Once per permit term		2.30 mg/L	<input type="checkbox"/>		
NO ₃ -N	Once per permit term		1.10 mg/L	<input type="checkbox"/>		
Total Copper	Once per permit term		0.059 mg/L	<input type="checkbox"/>		
Total Zinc	Once per permit term		0.160 mg/L	<input type="checkbox"/>		
Total Lead	Once per permit term		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 for CTDOT facilities with incidental solid de-icing material storage.**

****If the single sample is equal to or greater than the benchmark listed, check the appropriate box on this page. In that case, you have exceeded the benchmark and must comply with Section 5(e)(1)(B) of the General permit for requirements. However, you do not need to continue to sample.**

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

For CTDOT facilities with incidental solid de-icing material storage:

Parameter	Required Frequency	Results (units)	Benchmark	Test Method	Laboratory Name
Chloride	Once per permit term		n/a		
Cyanide	Once per permit term		n/a		

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