



General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems

Stormwater Monitoring Report Form

Please send completed form to: STORMWATER GROUP
BUREAU OF MATERIALS MANAGEMENT & COMPLIANCE ASSURANCE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

PERMITTEE INFORMATION

Town:	_____
Mailing Address:	_____
Contact Person:	_____ Title: _____
Phone:	_____ Permit Registration #GSM: _____

SAMPLING INFORMATION

Discharge Location (Lat/Long or other description):	_____		
Please check the appropriate area description:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
Receiving Water (name, basin):	_____		
Time of Start of Discharge:	_____		
Date/Time Collected:	_____	Water Temperature:	_____
Person Collecting Sample:	_____		
Storm Magnitude (inches):	_____	Storm Duration (hours):	_____
Date of Previous Storm Event:	_____		

MONITORING RESULTS

Parameter	Method	Results (units)	Laboratory
Sample pH			
Rain pH			
Hardness			
Conductivity			
Oil & Grease			
COD			
Turbidity			
TSS			
TP			
Ammonia			
TKN			
NO ₃ +NO ₂			
E. coli			

STATEMENT OF ACKNOWLEDGMENT

I certify that the data reported on this document were prepared under my direction or supervision in accordance with the MS4 General Permit. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.	
Authorized Official:	_____
	(Print Name)
Signature:	_____ Date: _____