



**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Stormwater Monitoring Report Form**
General Requirements and Sector G Transportation Facilities Only
 (Do not submit if you have other sector specific requirements)

Facility Information

Permittee Name: Town Of Fairfield Site Name: DPW-01
 Mailing Address: 725 Old Post Road, Fairfield
 Contact Person: William Hurley Title: Engineering Manager
 Business Phone: 203-256-3015 ext.: _____ Email: whurley@town.fairfield.ct.us
 Site Address: _____
 Receiving Water (name/basin): Pine Creek
 Permit #: GSI 001448 Primary SIC: _____
 Discharges into an Impaired Waterbody: Yes No (If yes, complete the table on page 3 of this form)

Sample Information

Sample Location: DPW-01 Person Collecting Sample: Chris Rogers
 Date/Time Collected: 10/19/2011 11:40am Date of Previous Storm Event: 9/23/2011
 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	Semi-annual	4.0 mg/L	5.0 mg/L	<input type="checkbox"/>	1664A	Premier Laboratory
Rainfall pH	Semi-annual	4.74 units	n/a		WPCF Data	"
Sample pH	Semi-annual	7.2 SU	5-9 SU	<input type="checkbox"/>	150.0	"
COD	Semi-annual	110 mg/L	75 mg/L	<input type="checkbox"/>	SM5220D	"
TSS	Semi-annual	130 mg/L	90 mg/L	<input type="checkbox"/>	SM2540D	"
TP	Semi-annual	0.29 mg/L	0.40 mg/L	<input type="checkbox"/>	365.1	"
TKN	Semi-annual	0.98 mg/L	2.30 mg/L	<input type="checkbox"/>	351.1	"
NO ₃ -N	Semi-annual	0.11 mg/L	1.10 mg/L	<input type="checkbox"/>	SM4500-NO3 F	"
Total Copper	Semi-annual	0.028 mg/L	0.059 mg/L	<input type="checkbox"/>	200.7	"
Total Zinc	Semi-annual	0.072 mg/L	0.160 mg/L	<input type="checkbox"/>	200.7	"
Total Lead	Semi-annual	0.017 mg/L	0.076 mg/L	<input type="checkbox"/>	200.7	"
24 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02012	NEB
48 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02012	NEB

Exemptions

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

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: DPW-01	
Date/Time Begin: 10/20/11 @ 1350	Date/Time End: 10/22/11 @ 1350
Sample Hardness: (mg/L): 38	Sample Conductivity: (µS): 1009
Test Species: <i>Daphnia pulex</i> < 24 hrs old	Dilution Water Hardness: (mg/L): 46

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		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 2		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 3		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 4		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
6.25% A		5	5	5	8.8	9.0	8.8	21	20	19	7.0	7.2	7.3
6.25% B		5	5	5	8.8	9.0	8.8	21	20	19	7.0	7.2	7.3
6.25% C		5	5	5	8.8	9.0	8.8	21	20	19	7.0	7.2	7.3
6.25% D		5	5	5	8.8	9.0	8.8	21	20	19	7.0	7.2	7.3
12.5% A		5	5	5	8.8	9.2	8.9	21	20	19	7.1	7.3	7.4
12.5% B		5	5	5	8.8	9.2	8.9	21	20	19	7.1	7.3	7.4
12.5% C		5	5	5	8.8	9.2	8.9	21	20	19	7.1	7.3	7.4
12.5% D		5	5	5	8.8	9.2	8.9	21	20	19	7.1	7.3	7.4
25% A		5	5	5	9.0	9.2	8.9	21	20	19	7.1	7.3	7.4
25% B		5	5	5	9.0	9.2	8.9	21	20	19	7.1	7.3	7.4
25% C		5	5	5	9.0	9.2	8.9	21	20	19	7.1	7.3	7.4
25% D		5	5	5	9.0	9.2	8.9	21	20	19	7.1	7.3	7.4
50% A		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.4
50% B		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.4
50% C		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.4
50% D		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.4
100% A		5	5	5	8.7	8.9	8.4	21	20	19	7.2	7.4	7.4
100% B		5	5	5	8.7	8.9	8.4	21	20	19	7.2	7.4	7.4
100% C		5	5	5	8.7	8.9	8.4	21	20	19	7.2	7.4	7.4
100% D		5	5	5	8.7	8.9	8.4	1	20	19	7.2	7.4	7.4

REFERENCE TOXICANT RESULTS

Test Species	Date	Reference Toxicant	Source	LC ₅₀
<i>Daphnia pulex</i>	10/5/11	CuNO3# 10-1103-024	NEB	2.201 µg/L

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>	
<p>_____ Signature of Permittee</p>	<p>_____ Date</p>
<p>_____ Name of Permittee (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Preparer (print or type)</p>	<p>_____ Title (if applicable)</p>

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

**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Data Tracking Sheet**

**General and Sector G Transportation Facilities Only
Monitoring Requirements**

Permittee Name: <u>Town Of Fairfield</u>	Permit #: GSI <u>001448</u>
Site Name: <u>DPW-01</u>	
Site Address: _____	
Sample Location: _____	

Enter the sample dates and the data reported for the four (4) most recent semi-annual sample results at this discharge location into 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.

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

Parameter	Sample Result				Average	Benchmark*	Qualify for exemption?
	1	2	3	4			
Sample Date	10/19/11						
O&G	4.0					5.0 mg/L	
Sample pH	7.2					5-9 S.U.	
COD	110					75 mg/L	
TSS	130					90 mg/L	
TP	0.29					0.40 mg/L	
TKN	0.98					2.30 mg/L	
NO ₃ -N	0.11					1.10 mg/L	
Total Copper	0.028					0.059 mg/L	
Total Zinc	0.072					0.160 mg/L	
Total Lead	0.017					0.076 mg/L	

*If the average of the four (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 result reported by the testing laboratory was 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) of the General Permit for a more detailed explanation.



**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Stormwater Monitoring Report Form**
General Requirements and Sector G Transportation Facilities Only
(Do not submit if you have other sector specific requirements)

Facility Information

Permittee Name: <u>Town Of Fairfield</u>	Site Name: <u>DPW-02</u>
Mailing Address: <u>725 Old Post Road, Fairfield</u>	
Contact Person: <u>William Hurley</u>	Title: <u>Engineering Manager</u>
Business Phone: <u>203-256-3015</u>	ext.: _____ Email: <u>whurley@town.fairfield.ct.us</u>
Site Address: _____	
Receiving Water (name/basin): <u>Pine Creek</u>	
Permit #: <u>GSI 001448</u>	Primary SIC: _____
Discharges into an Impaired Waterbody: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, complete the table on page 3 of this form)	

Sample Information

Sample Location: <u>DPW-02</u>	Person Collecting Sample: <u>Chris Rogers</u>
Date/Time Collected: <u>10/19/2011 11:30am</u>	Date of Previous Storm Event: <u>9/23/2011</u>
This report is for samples required: Semi-annually <input checked="" 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	ND mg/L	5.0 mg/L	<input type="checkbox"/>	1664A	Premier Laboratory
Rainfall pH	Semi-annual	4.74	n/a		WPCF Data	"
Sample pH	Semi-annual	6.5 SU	5-9 SU	<input type="checkbox"/>	150.0	"
COD	Semi-annual	180 mg/L	75 mg/L	<input type="checkbox"/>	SM5220D	"
TSS	Semi-annual	22 mg/L	90 mg/L	<input type="checkbox"/>	SM2540D	"
TP	Semi-annual	0.73 mg/L	0.40 mg/L	<input type="checkbox"/>	365.1	"
TKN	Semi-annual	4.2 mg/L	2.30 mg/L	<input type="checkbox"/>	351.1	"
NO ₃ -N	Semi-annual	1.1 mg/L	1.10 mg/L	<input type="checkbox"/>	SM4500-NO3 F	"
Total Copper	Semi-annual	0.014 mg/L	0.059 mg/L	<input type="checkbox"/>	200.7	"
Total Zinc	Semi-annual	0.043 mg/L	0.160 mg/L	<input type="checkbox"/>	200.7	"
Total Lead	Semi-annual	0.0036 mg/L	0.076 mg/L	<input type="checkbox"/>	200.7	"
24 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02012	NEB
48 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02012	NEB

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: DPW-02	
Date/Time Begin: 10/20/11 @ 1355	Date/Time End: 10/22/11 @ 1355
Sample Hardness (mg/L): 40	Sample Conductivity (µS): 7
Test Species: <i>Daphnia pulex</i> < 24 hrs old	Dilution Water Hardness (mg/L): 46

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		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 2		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 3		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 4		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
6.25% A		5	5	5	8.9	9.2	8.9	21	20	19	7.1	7.3	7.3
6.25% B		5	5	5	8.9	9.2	8.9	21	20	19	7.1	7.3	7.3
6.25% C		5	5	5	8.9	9.2	8.9	21	20	19	7.1	7.3	7.3
6.25% D		5	5	5	8.9	9.2	8.9	21	20	19	7.1	7.3	7.3
12.5% A		5	5	5	8.8	9.1	9.0	21	20	19	7.1	7.3	7.3
12.5% B		5	5	5	8.8	9.1	9.0	21	20	19	7.1	7.3	7.3
12.5% C		5	5	5	8.8	9.1	9.0	21	20	19	7.1	7.3	7.3
12.5% D		5	5	5	8.8	9.1	9.0	21	20	19	7.1	7.3	7.3
25% A		5	5	5	8.5	8.8	8.8	21	20	19	7.1	7.4	7.4
25% B		5	5	5	8.5	8.8	8.8	21	20	19	7.1	7.4	7.4
25% C		5	5	5	8.5	8.8	8.8	21	20	19	7.1	7.4	7.4
25% D		5	5	5	8.5	8.8	8.8	21	20	19	7.1	7.4	7.4
50% A		5	5	5	8.4	8.4	8.6	21	20	19	7.2	7.4	7.4
50% B		5	5	5	8.4	8.4	8.6	21	20	19	7.2	7.4	7.4
50% C		5	5	5	8.4	8.4	8.6	21	20	19	7.2	7.4	7.4
50% D		5	5	5	8.4	8.4	8.6	21	20	19	7.2	7.4	7.4
100% A		5	5	5	6.4	7.7	8.1	21	20	19	7.1	7.3	7.4
100% B		5	5	5	6.4	7.7	8.1	21	20	19	7.1	7.3	7.4
100% C		5	5	5	6.4	7.7	8.1	21	20	19	7.1	7.3	7.4
100% D		5	5	5	6.4	7.7	8.1	21	20	19	7.1	7.3	7.4

REFERENCE TOXICANT RESULTS

Test Species	Date	Reference Toxicant	Source	LC ₅₀
<i>Daphnia pulex</i>	10/5/11	CuNO3# 10-1103-024	NEB	2.201 µg/L

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>	
<p>_____ Signature of Permittee</p>	<p>_____ Date</p>
<p>_____ Name of Permittee (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Preparer (print or type)</p>	<p>_____ Title (if applicable)</p>

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

**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Data Tracking Sheet**

**General and Sector G Transportation Facilities Only
Monitoring Requirements**

Permittee Name: <u>Town Of Fairfield</u>	Permit #: GSI <u>001448</u>
Site Name: <u>DPW-02</u>	
Site Address: _____	
Sample Location: _____	

Enter the sample dates and the data reported for the four (4) most recent semi-annual sample results at this discharge location into 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.

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

Parameter	Sample Result				Average	Benchmark*	Qualify for exemption?
	1	2	3	4			
Sample Date	10/19/11						
O&G	ND					5.0 mg/L	
Sample pH	6.5					5-9 S.U.	
COD	180					75 mg/L	
TSS	22					90 mg/L	
TP	0.73					0.40 mg/L	
TKN	4.2					2.30 mg/L	
NO ₃ -N	1.1					1.10 mg/L	
Total Copper	0.014					0.059 mg/L	
Total Zinc	0.043					0.160 mg/L	
Total Lead	0.0036					0.076 mg/L	

*If the average of the four (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 result reported by the testing laboratory was 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) of the General Permit for a more detailed explanation.



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Industrial Activity, effective 10/1/2011
Stormwater Monitoring Report Form**
General Requirements and Sector G Transportation Facilities Only
(Do not submit if you have other sector specific requirements)

Facility Information

Permittee Name: <u>Town Of Fairfield</u>	Site Name: <u>DPW-03</u>
Mailing Address: <u>725 Old Post Road, Fairfield</u>	
Contact Person: <u>William Hurley</u>	Title: <u>Engineering Manager</u>
Business Phone: <u>203-256-3015</u>	ext.: _____ Email: <u>whurley@town.fairfield.ct.us</u>
Site Address: _____	
Receiving Water (name/basin): <u>Site regraded-no outfall</u>	
Permit #: <u>GSI 001448</u>	Primary SIC: _____
Discharges into an Impaired Waterbody: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, complete the table on page 3 of this form)	

Sample Information

Sample Location: <u>DPW-03</u>	Person Collecting Sample: <u>C. Rogers/ J. Chizmadia</u>
Date/Time Collected: <u>10/19/2011 1:00PM</u>	Date of Previous Storm Event: <u>9/23/11</u>
This report is for samples required: Semi-annually <input checked="" 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	ND mg/L	5.0 mg/L	<input type="checkbox"/>	166A	Premier Laboratory
Rainfall pH	Semi-annual	4.74	n/a		WPCF	"
Sample pH	Semi-annual	7.3 mg/L	5-9 SU	<input type="checkbox"/>	150.1	"
COD	Semi-annual	130 mg/L	75 mg/L	<input type="checkbox"/>	SM5220D	"
TSS	Semi-annual	34 mg/L	90 mg/L	<input type="checkbox"/>	SM2540D	"
TP	Semi-annual	0.25 mg/L	0.40 mg/L	<input type="checkbox"/>	365.1	"
TKN	Semi-annual	1.8 mg/L	2.30 mg/L	<input type="checkbox"/>	351.1	"
NO ₃ -N	Semi-annual	1.3 mg/L	1.10 mg/L	<input type="checkbox"/>	SM450-NO3 F	"
Total Copper	Semi-annual	0.021 mg/L	0.059 mg/L	<input type="checkbox"/>	200.7	"
Total Zinc	Semi-annual	0.034 mg/L	0.160 mg/L	<input type="checkbox"/>	200.7	"
Total Lead	Semi-annual	0.011mg/L	0.076 mg/L	<input type="checkbox"/>	200.7	"
24 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA 821-R-02	NEB
48 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA 821-R-02	NEB

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: DPW-03	
Date/Time Begin: 10/20/11 @ 1400	Date/Time End: 10/22/11 @ 1400
Sample Hardness (mg/L): 166	Sample Conductivity (µS): 711
Test Species: <i>Daphnia pulex</i> < 24 hrs old	Dilution Water Hardness (mg/L): 46

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		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 2		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 3		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 4		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
6.25% A		5	5	5	8.8	9.2	8.9	21	20	19	7.2	7.3	7.4
6.25% B		5	5	5	8.8	9.2	8.9	21	20	19	7.2	7.3	7.4
6.25% C		5	5	5	8.8	9.2	8.9	21	20	19	7.2	7.3	7.4
6.25% D		5	5	5	8.8	9.2	8.9	21	20	19	7.2	7.3	7.4
12.5% A		5	5	5	8.9	9.2	9.0	21	20	19	7.2	7.3	7.4
12.5% B		5	5	5	8.9	9.2	9.0	21	20	19	7.2	7.3	7.4
12.5% C		5	5	5	8.9	9.2	9.0	21	20	19	7.2	7.3	7.4
12.5% D		5	5	5	8.9	9.2	9.0	21	20	19	7.2	7.3	7.4
25% A		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.5
25% B		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.5
25% C		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.5
25% D		5	5	5	8.9	9.2	8.9	21	20	19	7.2	7.4	7.5
50% A		5	5	5	8.8	9.2	9.0	21	20	19	7.2	7.4	7.6
50% B		5	5	5	8.8	9.2	9.0	21	20	19	7.2	7.4	7.6
50% C		5	5	5	8.8	9.2	9.0	21	20	19	7.2	7.4	7.6
50% D		5	5	5	8.8	9.2	9.0	21	20	19	7.2	7.4	7.6
100% A		5	5	5	8.9	9.1	8.8	21	20	19	7.2	7.5	7.8
100% B		5	5	5	8.9	9.1	8.8	21	20	19	7.2	7.5	7.8
100% C		5	5	5	8.9	9.1	8.8	21	20	19	7.2	7.5	7.8
100% D		5	5	5	8.9	9.1	8.8	21	20	19	7.2	7.5	7.8

REFERENCE TOXICANT RESULTS

Test Species	Date	Reference Toxicant	Source	LC ₅₀
<i>Daphnia pulex</i>	10/5/11	CuNO3# 10-1103-024	NEB	2.201 µg/L

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>	
<p>_____ Signature of Permittee</p>	<p>_____ Date</p>
<p>_____ Name of Permittee (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Preparer (print or type)</p>	<p>_____ Title (if applicable)</p>

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

**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Data Tracking Sheet**

**General and Sector G Transportation Facilities Only
Monitoring Requirements**

Permittee Name: <u>Town Of Fairfield</u>	Permit #: GSI <u>001448</u>
Site Name: <u>DPW-03</u>	
Site Address: _____	
Sample Location: _____	

Enter the sample dates and the data reported for the four (4) most recent semi-annual sample results at this discharge location into 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.

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

Parameter	Sample Result				Average	Benchmark*	Qualify for exemption?
	1	2	3	4			
Sample Date	10/19/11						
O&G	ND					5.0 mg/L	
Sample pH	7.3					5-9 S.U.	
COD	130					75 mg/L	
TSS	34					90 mg/L	
TP	0.25					0.40 mg/L	
TKN	1.8					2.30 mg/L	
NO ₃ -N	1.3					1.10 mg/L	
Total Copper	0.0211					0.059 mg/L	
Total Zinc	0.034					0.160 mg/L	
Total Lead	0.0111					0.076 mg/L	

*If the average of the four (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 result reported by the testing laboratory was 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) of the General Permit for a more detailed explanation.



**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Stormwater Monitoring Report Form**
General Requirements and Sector G Transportation Facilities Only
(Do not submit if you have other sector specific requirements)

Facility Information

Permittee Name: <u>Town Of Fairfield</u>	Site Name: <u>Ground Products 1</u>
Mailing Address: <u>725 Old Post Road, Fairfield</u>	
Contact Person: <u>William Hurley</u>	Title: <u>Engineering Manager</u>
Business Phone: <u>203-256-3015</u>	ext.: _____ Email: <u>whurley@town.fairfield.ct.us</u>
Site Address: _____	
Receiving Water (name/basin): <u>Pine Creek</u>	
Permit #: <u>GSI 001871</u>	Primary SIC: _____
Discharges into an Impaired Waterbody: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, complete the table on page 3 of this form)	

Sample Information

Sample Location: <u>Ground Products 1</u>	Person Collecting Sample: <u>Chris Rogers</u>
Date/Time Collected: <u>10/19/2011 12:10pm</u>	Date of Previous Storm Event: <u>9/23/2011</u>
This report is for samples required: Semi-annually <input checked="" 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	8.8 mg/L	5.0 mg/L	<input type="checkbox"/>	1664A	Premier Laboratory
Rainfall pH	Semi-annual	4.74	n/a		WPCF Data	"
Sample pH	Semi-annual	6.2 S.U.	5-9 SU	<input type="checkbox"/>	150.0	"
COD	Semi-annual	450 mg/L	75 mg/L	<input type="checkbox"/>	SM5220D	"
TSS	Semi-annual	270 mg/L	90 mg/L	<input type="checkbox"/>	SM2540D	"
TP	Semi-annual	3.5 mg/L	0.40 mg/L	<input type="checkbox"/>	365.1	"
TKN	Semi-annual	13 mg/L	2.30 mg/L	<input type="checkbox"/>	351.1	"
NO ₃ -N	Semi-annual	ND mg/L	1.10 mg/L	<input type="checkbox"/>	SM4500-NO3 F	"
Total Copper	Semi-annual	0.068 mg/L	0.059 mg/L	<input type="checkbox"/>	200.7	"
Total Zinc	Semi-annual	0.56 mg/L	0.160 mg/L	<input type="checkbox"/>	200.7	"
Total Lead	Semi-annual	0.0050 mg/L	0.076 mg/L	<input type="checkbox"/>	200.7	"
24 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02012	NEB
48 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02012	NEB

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: GP-01	
Date/Time Begin: 10/20/11 @1335	Date/Time End: 10/22/11 @ 1335
Sample Hardness (mg/L): 80	Sample Conductivity (µS) : 377
Test Species: <i>Daphnia pulex</i> < 24 hrs old	Dilution Water Hardness (mg/L) : 46

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		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 2		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 3		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 4		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
6.25% A		5	5	5	8.8	9.1	8.7	21	20	19	7.3	7.1	7.2
6.25% B		5	5	5	8.8	9.1	8.7	21	20	19	7.3	7.1	7.2
6.25% C		5	5	5	8.8	9.1	8.7	21	20	19	7.3	7.1	7.2
6.25% D		5	5	5	8.8	9.1	8.7	21	20	19	7.3	7.1	7.2
12.5% A		5	5	5	8.6	9.0	8.8	21	20	19	7.2	7.2	7.3
12.5% B		5	5	5	8.6	9.0	8.8	21	20	19	7.2	7.2	7.3
12.5% C		5	5	5	8.6	9.0	8.8	21	20	19	7.2	7.2	7.3
12.5% D		5	5	5	8.6	9.0	8.8	21	20	19	7.2	7.2	7.3
25% A		5	5	5	8.1	8.7	8.5	21	20	19	7.2	7.3	7.3
25% B		5	5	5	8.1	8.7	8.5	21	20	19	7.2	7.3	7.3
25% C		5	5	5	8.1	8.7	8.5	21	20	19	7.2	7.3	7.3
25% D		5	5	5	8.1	8.7	8.5	21	20	19	7.2	7.3	7.3
50% A		5	5	5	7.0	8.4	8.3	21	20	19	7.1	7.3	7.4
50% B		5	5	5	7.0	8.4	8.3	21	20	19	7.1	7.3	7.4
50% C		5	5	5	7.0	8.4	8.3	21	20	19	7.1	7.3	7.4
50% D		5	5	5	7.0	8.4	8.3	21	20	19	7.1	7.3	7.4
100% A		5	5	5	5.1	7.6	7.5	21	20	19	6.9	7.4	7.5
100% B		5	5	5	5.1	7.6	7.5	21	20	19	6.9	7.4	7.5
100% C		5	5	5	5.1	7.6	7.5	21	20	19	6.9	7.4	7.5
100% D		5	5	5	5.1	7.6	7.5	21	20	19	6.9	7.4	7.5

REFERENCE TOXICANT RESULTS

Test Species	Date	Reference Toxicant	Source	LC ₅₀
<i>Daphnia pulex</i>	10/5/11	CuNO3# 10-1103-024	NEB	2.201 µg/L

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

**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Data Tracking Sheet**

**General and Sector G Transportation Facilities Only
Monitoring Requirements**

Permittee Name: Town Of Fairfield	Permit #: GSI 001871
Site Name: Ground Products 1	
Site Address: _____	
Sample Location: _____	

Enter the sample dates and the data reported for the four (4) most recent semi-annual sample results at this discharge location into 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.

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

Parameter	Sample Result				Average	Benchmark*	Qualify for exemption?
	1	2	3	4			
Sample Date	10/19/11						
O&G	8.8					5.0 mg/L	
Sample pH	6.2					5-9 S.U.	
COD	450					75 mg/L	
TSS	270					90 mg/L	
TP	3.5					0.40 mg/L	
TKN	13					2.30 mg/L	
NO ₃ -N	ND					1.10 mg/L	
Total Copper	0.068					0.059 mg/L	
Total Zinc	0.56					0.160 mg/L	
Total Lead	0.050					0.076 mg/L	

*If the average of the four (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 result reported by the testing laboratory was 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) of the General Permit for a more detailed explanation.



**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Stormwater Monitoring Report Form**
General Requirements and Sector G Transportation Facilities Only
(Do not submit if you have other sector specific requirements)

Facility Information

Permittee Name: <u>Town Of Fairfield</u>	Site Name: <u>Ground Products 2</u>
Mailing Address: <u>725 Old Post Road, Fairfield</u>	
Contact Person: <u>William Hurley</u>	Title: <u>Engineering Manager</u>
Business Phone: <u>203-256-3015</u>	ext.: _____ Email: <u>whurley@town.fairfield.ct.us</u>
Site Address: _____	
Receiving Water (name/basin): <u>Pine Creek</u>	
Permit #: <u>GSI 001871</u>	Primary SIC: _____
Discharges into an Impaired Waterbody: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, complete the table on page 3 of this form)	

Sample Information

Sample Location: <u>Ground Products 2</u>	Person Collecting Sample: <u>Chris Rogers</u>
Date/Time Collected: <u>10/19/2011 12:00pm</u>	Date of Previous Storm Event: <u>9/23/2011</u>
This report is for samples required: Semi-annually <input checked="" 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	3.0 mg/L	5.0 mg/L	<input type="checkbox"/>	1664A	Premier Laboratory
Rainfall pH	Semi-annual	4.74	n/a		WPCF Data	"
Sample pH	Semi-annual	7.4 units	5-9 SU	<input type="checkbox"/>	150.0	"
COD	Semi-annual	1600 mg/L	75 mg/L	<input type="checkbox"/>	SM5220D	"
TSS	Semi-annual	390 mg/L	90 mg/L	<input type="checkbox"/>	SM2540D	"
TP	Semi-annual	10 mg/L	0.40 mg/L	<input type="checkbox"/>	365.1	"
TKN	Semi-annual	54 mg/L	2.30 mg/L	<input type="checkbox"/>	351.1	"
NO ₃ -N	Semi-annual	1.8 mg/L	1.10 mg/L	<input type="checkbox"/>	SM4500-NO3 F	"
Total Copper	Semi-annual	0.59 mg/L	0.059 mg/L	<input type="checkbox"/>	200.7	"
Total Zinc	Semi-annual	0.74 mg/L	0.160 mg/L	<input type="checkbox"/>	200.7	"
Total Lead	Semi-annual	0.22 mg/L	0.076 mg/L	<input type="checkbox"/>	200.7	"
24 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02	NEB
48 Hr. LC ₅₀	Annual-Year 1&2	>100%	n/a		EPA-821-R-02	NEB

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: Ground Products 2	
Date/Time Begin: 10/20/11 @ 1340	Date/Time End: 10/20/11 @ 1340
Sample Hardness: (mg/L): 140	Sample Conductivity: (µS): 865
Test Species: <i>Daphnia pulex</i> < 24 hrs old	Dilution Water Hardness: (mg/L): 46

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		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 2		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 3		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 4		5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
6.25% A		5	5	5	8.6	8.7	8.3	21	20	19	7.1	7.4	7.4
6.25% B		5	5	5	8.6	8.7	8.3	21	20	19	7.1	7.4	7.4
6.25% C		5	5	5	8.6	8.7	8.3	21	20	19	7.1	7.4	7.4
6.25% D		5	5	5	8.6	8.7	8.3	21	20	19	7.1	7.4	7.4
12.5% A		5	5	5	8.3	8.5	8.3	21	20	19	7.1	7.4	7.4
12.5% B		5	5	5	8.3	8.5	8.3	21	20	19	7.1	7.4	7.4
12.5% C		5	5	5	8.3	8.5	8.3	21	20	19	7.1	7.4	7.4
12.5% D		5	5	5	8.3	8.5	8.3	21	20	19	7.1	7.4	7.4
25% A		5	5	5	7.3	7.8	7.6	21	20	19	7.2	7.4	7.4
25% B		5	5	5	7.3	7.8	7.6	21	20	19	7.2	7.4	7.4
25% C		5	5	5	7.3	7.8	7.6	21	20	19	7.2	7.4	7.4
25% D		5	5	5	7.3	7.8	7.6	21	20	19	7.2	7.4	7.4
50% A		5	5	5	5.8	6.4	6.8	21	20	19	7.2	7.4	7.4
50% B		5	5	5	5.8	6.4	6.8	21	20	19	7.2	7.4	7.4
50% C		5	5	5	5.8	6.4	6.8	21	20	19	7.2	7.4	7.4
50% D		5	5	5	5.8	6.4	6.8	21	20	19	7.2	7.4	7.4
100% A		5	5	5	1.3	2.1	3.3	21	20	19	7.3	7.4	7.4
100% B		5	5	3	1.3	2.1	3.3	21	20	19	7.3	7.4	7.4
100% C		5	5	5	1.3	2.1	3.3	21	20	19	7.3	7.4	7.4
100% D		5	5	2	1.3	2.1	3.3	21	20	19	7.3	7.4	7.4

REFERENCE TOXICANT RESULTS

Test Species	Date	Reference Toxicant	Source	LC ₅₀
<i>Daphnia pulex</i>	10/5/11	CuNO3# 10-1103-024	NEB	2.201 mg/L

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>	
<p>_____ Signature of Permittee</p>	<p>_____ Date</p>
<p>_____ Name of Permittee (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Preparer (print or type)</p>	<p>_____ Title (if applicable)</p>

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

**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Data Tracking Sheet**

**General and Sector G Transportation Facilities Only
Monitoring Requirements**

Permittee Name: <u>Town Of Fairfield</u>	Permit #: GSI <u>001871</u>
Site Name: <u>Ground Products 2</u>	
Site Address: _____	
Sample Location: _____	

Enter the sample dates and the data reported for the four (4) most recent semi-annual sample results at this discharge location into 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.

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

Parameter	Sample Result				Average	Benchmark*	Qualify for exemption?
	1	2	3	4			
Sample Date	9/28/11						
O&G	3.0					5.0 mg/L	
Sample pH	7.4					5-9 S.U.	
COD	1600					75 mg/L	
TSS	390					90 mg/L	
TP	10					0.40 mg/L	
TKN	54					2.30 mg/L	
NO ₃ -N	1.8					1.10 mg/L	
Total Copper	0.59					0.059 mg/L	
Total Zinc	0.74					0.160 mg/L	
Total Lead	0.22					0.076 mg/L	

*If the average of the four (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 result reported by the testing laboratory was 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) of the General Permit for a more detailed explanation.



**General Permit for the Discharge of Stormwater Associated with
Industrial Activity, effective 10/1/2011
Stormwater Monitoring Report Form**
General Requirements and Sector G Transportation Facilities Only
(Do not submit if you have other sector specific requirements)

Facility Information

Permittee Name: Town Of Fairfield Site Name: WPCF-03

Mailing Address: 725 Old Post Road, Fairfield

Contact Person: William Hurley Title: Engineering Manager

Business Phone: 203-256-3015 ext.: _____ Email: whurley@town.fairfield.ct.us

Site Address: _____

Receiving Water (name/basin): Pine Creek

Permit #: GSI 001992 Primary SIC: _____

Discharges into an Impaired Waterbody: Yes No (If yes, complete the table on page 3 of this form)

Sample Information

Sample Location: WPCF-03 Person Collecting Sample: Chris Rogers

Date/Time Collected: 10/19/2011 12:20 PM Date of Previous Storm Event: 9/23/2011

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	Semi-annual	ND mg/L	5.0 mg/L	<input type="checkbox"/>	1664A	Premier Laboratory
Rainfall pH	Semi-annual	4.74	n/a		WPCF Data	"
Sample pH	Semi-annual	7.1 SU	5-9 SU	<input type="checkbox"/>	150.0	"
COD	Semi-annual	20 mg/L	75 mg/L	<input type="checkbox"/>	SM5220D	"
TSS	Semi-annual	4.0 mg/L	90 mg/L	<input type="checkbox"/>	SM2540D	"
TP	Semi-annual	0.043 mg/L	0.40 mg/L	<input type="checkbox"/>	365.1	"
TKN	Semi-annual	ND mg/L	2.30 mg/L	<input type="checkbox"/>	351.1	"
NO ₃ -N	Semi-annual	0.18 mg/L	1.10 mg/L	<input type="checkbox"/>	SM4500-NO3 F	"
Total Copper	Semi-annual	0.023 mg/L	0.059 mg/L	<input type="checkbox"/>	200.7	"
Total Zinc	Semi-annual	0.12 mg/L	0.160 mg/L	<input type="checkbox"/>	200.7	"
Total Lead	Semi-annual	0.0042 mg/L	0.076 mg/L	<input type="checkbox"/>	200.7	"
24 Hr. LC ₅₀	Annual-Year 1&2	24.1%	n/a		EPA-821-R-02012	NEB
48 Hr. LC ₅₀	Annual-Year 1&2	17.7%	n/a		EPA-821-R-02012	NEB

Exemptions

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

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: WPCF-03	
Date/Time Begin: 10/20/11 @ 1330	Date/Time End: 10/22/11 @ 1330
Sample Hardness: (mg/L): 4	Sample Conductivity: (µS): 14
Test Species: <i>Daphnia pulex</i> < 24 hrs old	Dilution Water Hardness: (mg/L): 46

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
CONTROL 1	5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 2	5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 3	5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
CONTROL 4	5	5	5	8.8	9.2	8.8	21	20	19	7.5	7.1	7.2
6.25% A	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
6.25% B	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
6.25% C	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
6.25% D	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
12.5% A	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
12.5% B	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
12.5% C	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
12.5% D	5	5	5	8.9	9.3	8.9	21	20	19	7.5	7.2	7.1
25% A	5	1	0	9.0	9.3	8.9	21	20	19	7.6	7.3	7.2
25% B	5	2	0	9.0	9.3	8.9	21	20	19	7.6	7.3	7.2
25% C	5	3	0	9.0	9.3	8.9	21	20	19	7.6	7.3	7.2
25% D	5	3	0	9.0	9.3	8.9	21	20	19	7.6	7.3	7.2
50% A	5	0	0	9.0	9.3	9.0	21	20	19	7.5	7.3	7.2
50% B	5	0	0	9.0	9.3	9.0	21	20	19	7.5	7.3	7.2
50% C	5	0	0	9.0	9.3	9.0	21	20	19	7.5	7.3	7.2
50% D	5	0	0	9.0	9.3	9.0	21	20	19	7.5	7.3	7.2
100% A	5	0	0	9.1	9.0	8.8	21	20	19	7.6	7.3	7.2
100% B	5	0	0	9.1	9.0	8.8	21	20	19	7.6	7.3	7.2
100% C	5	0	0	9.1	9.0	8.8	21	20	19	7.6	7.3	7.2
100% D	5	0	0	9.1	9.0	8.8	21	20	19	7.6	7.3	7.2

REFERENCE TOXICANT RESULTS

Test Species	Date	Reference Toxicant	Source	LC ₅₀
<i>Daphnia pulex</i>	10/5/11	CuNO3# 10-1103-024	NEB	2.201 µg/L

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

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Sample Location: _____	

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