General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities, issued 8/21/13, effective 10/1/13

Stormwater Monitoring Report

SITE INFORMATION

Permittee: ____________________________________________________________
Mailing Address: ______________________________________________________
Business Phone: __________________________________ ext.: ___________ Fax: ______________
Contact Person: __________________________________ Title: ____________________
Site Name: ____________________________________________________________
Site Address: __________________________________________________________
Receiving Water (name, basin): ____________________________________________
Stormwater Permit No. GSN _____________________________________________

SAMPLING INFORMATION (Submit a separate form for each outfall)

Outfall Designation: __________________________ Date/Time Collected: ____________
Outfall Location(s) (lat/lon or map link): ______________________________________
Person Collecting Sample: ___________________________________________________
Storm Magnitude (inches): _________________ Storm Duration (hours): ___________
Size of Disturbed Area at any time: _________________________________________

MONITORING RESULTS

<table>
<thead>
<tr>
<th>Sample #</th>
<th>Parameter</th>
<th>Method</th>
<th>Results (units)</th>
<th>Laboratory (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Turbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Turbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Turbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Turbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(provide an attachment if more than 4 samples were taken for this outfall)  Avg = __________

STATEMENT OF ACKNOWLEDGMENT

I certify that the data reported on this document were prepared under my direction or supervision in accordance with the General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Authorized Official: ______________________________________________________
Signature: __________________________ Date: __________________________

Please send completed form to: DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
                                   BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
                                   79 ELM STREET
                                   HARTFORD, CT 06106-5127
                                   ATTN: NEAL WILLIAMS