

IMPORTANT - PLEASE READ BEFORE COMPLETING DMR

Completing Discharge Monitoring Reports (DMRs) for Benchmark or Compliance Monitoring required by the SPDES Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity (GP-0-12-001)

General Information

Facilities with benchmark and/or compliance monitoring requirements are required to submit the sampling results for each outfall and sector listed in the Notice of Intent (NOI) form submitted to the Department of Environmental Conservation (the Department) to obtain coverage under the SPDES Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity, GP-0-12-001 (MSGP). **These results must be submitted to the Department's Albany office, on preprinted DMR forms which the Department provides.** The reports for annual sampling are due by February 28th for data collected the previous calendar year. The reports for quarterly sampling are due by April 28th, July 28th, October 28th and January 28th for data collected in the previous quarter.

Preprinted DMRs are prepared by the Department based upon the information provided in the NOI. The DMR form lists the stormwater discharge outfall and applicable benchmark and/or compliance monitoring requirements for the industrial activities at the facility. Permittees are responsible for knowing the facility's monitoring requirements. If the DMR(s) sent by the Department contains errors, contact the Department immediately so the problem can be corrected before the reporting deadline. **DMRs that are altered by the permittee will not be accepted by the Department and will be returned.** Please read the step-by-step enclosed instructions and refer to the list "Tips for Successful DMR Reporting" to avoid return of the DMR for correction.

All DMR pages must be submitted with an original signature even if a waiver is being claimed.

Any DMR that is returned to the permittee will not be considered complete. Failure to submit a complete DMR is a violation of the SPDES permit and may result in penalties.

Questions about the permit requirements may be directed to Ryan Waldron, by email at rpwaldro@gw.dec.state.ny.us or by phone at (518) 402-8244. Questions about entering data on DMRs or other inquiries related to the submission of forms may be directed to Meredith Streeter, by email at mustreet@gw.dec.state.ny.us, or by phone at (518) 402-8213.

Instructions for Completing DMRs for Benchmark and/or Compliance Monitoring required by the MSGP

Complete instructions for reporting results of analysis on DMRs are included in the 2002 *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)*, which is available on the Department website at the following link: http://www.dec.ny.gov/docs/water_pdf/dmrmanual.pdf.

The instructions contained herein highlight the areas of the DMR which typically pertain to facilities covered by the MSGP. Any questions that are not answered by these instructions may be answered by reviewing the DMR Manual or by contacting the Department.

The words and phrases which appear in *italics* refer to specific locations or headings on the DMR form received from the Department.

Check the Pre-printed Information on the DMR

Make sure that the preprinted information is correct. Use the following bulleted list to verify the preprinted information.

A sample DMR has been provided to help locate the parts of the DMR referenced in the following instructions. Match the numbers inserted next to the italicized words below with the numbers on the attached sample DMR.

- The owner *NAME* and *ADDRESS* **1** are correct. If not, please submit a Notice of Modification (NOM) with the necessary changes.
- The *FACILITY* name and *LOCATION* **2** are correct. If not, please submit a Notice of Modification (NOM) with the necessary changes.
- The *PERMIT NUMBER* **3** matches the SPDES ID on the acknowledgment letter received from the Department. If not, please contact the Department immediately.
- The *DISCHARGE NUMBER* **4** corresponds to the outfall number listed on the NOI submitted for the facility. If not, please contact the Department immediately.
- The *MONITORING PERIOD* **5** is correct. If not, please contact the Department immediately.
- The *PARAMETERS* **6** listed in the left-hand column of the DMR match the facility's requirements in Part VIII of the MSGP. If not, please contact the Department immediately.

The Notice of Modification (NOM) form is available on the Department website at the following link: http://www.dec.ny.gov/docs/water_pdf/msgpnom.pdf.

Enter the Sample Values and Units

Enter units legibly in blue or black ink. Make decimals look like decimals. Do not use commas.

Data must be reported in the units preprinted on the DMR. If the results of your lab analysis are reported in different units than those preprinted on your DMR, you must convert the numeric value(s) to the appropriate unit of measurement before entering on the DMR.

Enter the sample value results from the lab into the blank *SAMPLE MEASUREMENT QUALITY OR CONCENTRATION VALUE* boxes **7** on the DMR.

Only enter data in blank boxes, do not write in boxes containing asterisks. Do not enter units or other extraneous information (descriptive words or symbols such as “Trace”, “ND”, “<MDL”, “Not Applicable”, “None”, etc) in the *SAMPLE MEASUREMENT VALUE* boxes. Please note that DMRs may be returned if they are submitted with this extraneous information, including “ND” and “<MDL”.

Enter the units for each parameter in the *UNITS* column **8** of the DMR.

Enter the Frequency of Analysis

Enter the sampling frequency in the *FREQUENCY OF ANALYSIS* **9** column located to the right of the sample results and units you entered. The general permit requires analytical sampling on an annual or quarterly frequency, so most permittees will see *Annual* or *Quarterly* written on their DMR. For annual monitoring, if the outfall was sampled once in the calendar year, report “01/YR” on the DMR. For annual monitoring, if the outfall was sampled twice in the calendar year, please report “02/YR” on the DMR. For annual monitoring, if the outfall was sampled quarterly, please report 04/YR.

For quarterly monitoring, if the outfall was sampled once in the quarter, report “01/90” on the DMR. For quarterly monitoring, if the outfall was sampled twice in the quarter, report “02/90” on the DMR. If additional analyses were performed during the reporting period, beyond the permit requirements, you must provide an explanation in an attachment to the DMR.

Enter the Sample Type

Enter the sample type in the *SAMPLE TYPE* **10** column for each parameter. The general permit only requires *GRAB* samples to be collected, so report “GR” on the DMR.

No Discharge

The *No Discharge* **11** box is located in the upper right hand corner of the DMR. Check this box **only** if no stormwater discharged from the outfall during the **entire** monitoring period. This box **should not** be checked to indicate that stormwater samples were not collected due to storms occurring outside of normal business hours, inconvenience of sampling or other failures to collect stormwater samples.

Enter Comments and/or Explanation

Enter comments and/or explanation of any violations or waivers in the *COMMENTS AND EXPLANATION OF ANY VIOLATIONS* **12** section as described in the Use of Waivers section and the Corrective Action Form section below.

Storm Event Data

Along with the DMR, all permittees must provide storm event documentation using the Storm Event Data Form available on the Department website at the following link:

http://www.dec.ny.gov/docs/water_pdf/msgpsedf.pdf .

Use of Waivers

DMRs must be submitted for all outfalls listed in the NOI submitted to obtain coverage under the MSGP. If a waiver is being claimed, the correct Department form requesting the waiver must be attached to the DMR(s) and noted in the *COMMENTS AND EXPLANATION OF ANY VIOLATIONS* section at the bottom of the page.

Representative Outfall Waiver

For information on representative outfalls, read Part IV.B.4.d of the MSGP, beginning on page 54.

The DMR for the representative outfall (the outfall that was sampled), must be completed in its entirety.

For the outfall(s) where a waiver is being claimed (the outfall(s) not sampled), write “Representative Outfall Claimed at ‘XXXX’” (where ‘XXXX’ is the *DISCHARGE NUMBER* of the outfall that was sampled) in the *COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS* section at the bottom of the DMR page(s). Sign and date all pages of the DMRs and submit with the Representative Outfall Waiver Claim Form filled out and attached to the DMRs. This form is available on the Department website at the following link: http://www.dec.ny.gov/docs/water_pdf/msgprowc.pdf . Instructions for filling out this form are included with the form. Please contact the Department if you have further questions related to the Representative Outfall Waiver.

Inactive/Unstaffed Site Waiver

For information on Inactive/Unstaffed sites, read Part IV.B.4.c, beginning on page 54 of the MSGP.

DMRs for sites claiming this waiver must be accompanied by the Inactive/Unstaffed Waiver Claim form which certifies the dates during the monitoring period when the site was not staffed.

For the outfalls(s) where a waiver is being claimed (the outfalls not sampled), write “Inactive/Unstaffed Waiver claimed, see attached” in the *COMMENTS AND EXPLANATION OF ANY VIOLATION* section at the bottom of the DMR page(s).

Sign and date all pages of the DMR(s) and submit with the completed Inactive/Unstaffed Waiver Claim form attached to the packet of DMRs. This form is available on the Department website at the following link:

http://www.dec.ny.gov/docs/water_pdf/msgpwaiverunstaff.pdf . Instructions for filling out this form are included with the form. Please contact the Department if you have further questions related to the Inactive/Unstaffed Site Waiver.

Adverse Climatic Conditions Waiver

For information on the Adverse Climatic Conditions Waiver read Part IV.B.4.a of the MSGP, beginning on page 53.

The Adverse Climatic Conditions Waiver only applies if the only qualifying storm event(s), in the entire reporting period resulting in storm water discharge, occurred during weather conditions that were dangerous or made it impossible to obtain a sample. This waiver should not be used to indicate that samples were not collected due to inconvenient timing of storms or other failures to collect stormwater samples.

For the outfalls(s) where a waiver is being claimed (the outfalls not sampled), write “Adverse Climatic Waiver claimed, see attached” in the *COMMENTS AND EXPLANATION OF ANY VIOLATION* section at the bottom of the DMR page(s).

Sign and date all pages of the DMR(s) and submit with the completed Adverse Climatic Waiver Claim form attached to the packet of DMRs. This form is available on the Department website at the following link:

http://www.dec.ny.gov/docs/water_pdf/msgpwaiveradclim.pdf . Instructions for filling out this form are included with the form. Please contact the Department if you have further questions related to the Adverse Climatic Conditions Waiver.

Alternative Certification of “Not Present” or “No Exposure”

A facility may qualify for a waiver from benchmark monitoring on an outfall-by-outfall or pollutant-by-pollutant basis if a condition of “Not Present” or “No Exposure” is met for an entire monitoring period. If you need information about the specifics of this waiver, read Part IV.B.4.b of the MSGP, beginning on page 53.

To claim this waiver, certify in accordance with Part IV.B.4.b that the substance is not present or exposed to precipitation on the site. This certification must be submitted to DEC with the DMR and ACR.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Provide the *NAME* and *TITLE* **13** of the person who is the owner or operator or the duly authorized representative per Part V.H.2 of the permit (beginning on page 61).

Signature and Certification

All DMRs shall be signed (use only black or blue ink) by the person who is authorized to sign the DMR. Each page of the DMR must have an original (not a photocopy), legible *signature* **14**

If the principal executive officer authorizes another person to sign the DMR(s) an authorization form must be signed by the principal executive officer and submitted to the Bureau of Water Compliance (See Appendix A of the DMR Manual). The Signature Authorization Form is available on the Department website at the following link:

http://www.dec.ny.gov/docs/water_pdf/SigAuth.pdf . Authorization forms may be submitted and approved with the DMR submission.

TELEPHONE

Enter the *telephone* **15** number of the person signing the DMR.

DATE

Enter the *date* **16** of signature.

Corrective Action Form/Non Compliance Event Form

If results of analysis of a benchmark and/or compliance monitoring sample exceed a cut-off concentration for one or more parameters, the permittee must perform follow-up actions, including, but not limited to submitting the Corrective Action Form to the Department. For more information on the required follow-up actions, please consult the permit, Part IV.B.1 beginning on page 44. The Corrective Action Form is available on the Department website at the following link: http://www.dec.ny.gov/docs/water_pdf/msgpcaf.pdf.

Mail the DMR and all attachments so they are received by the due date.

Frequently Asked Questions

Q1. The outfall number on the NOI is the same as the *DISCHARGE NUMBER*, but there is a letter after the number on the DMR that I don't recognize. What is this?

A1. The DISCHARGE NUMBER is based on the outfall number(s) provided in the NOI. The outfall number is followed by a letter. The letter represents the "limit set." These limit sets contain the parameters or pollutants of concern to be sampled and are determined by the Standard Industrial Classification (SIC) or industrial activity code for the facility. Outfalls with more than one SIC or industrial activity code may have more than one "limit set", and they will have more than one DMR for that outfall.

Example: An auto salvage yard that also sells automobiles for scrap is required to report results of analysis for limit sets required for SIC code 5015 and SIC code 5093 activities. If such a facility has one outfall, they will receive two DMRs. The *DISCHARGE NUMBER* on one will be 001A and the other will be 001B.

Q2. One or more of the parameters is listed on both DMRs I received for the same outfall. Am I supposed to have 2 samples analyzed?

A2. One or more parameters may appear on both DMRs. For instance, Total Suspended Solids (TSS) is included in both SIC code 5015 and SIC code 5093 requirements, so it will appear on both DMRs sent to the facility in the previous example. It is *not* necessary to have two samples analyzed for the same parameter at the same outfall. The results of analysis of the sample may be entered on both DMRs.

Q3. One or more of the parameters is listed on the DMRs I received for different outfalls. Am I supposed to have more than one sample analyzed?

A3. Yes, unless a representative outfall waiver has been claimed for one or more outfalls, it is necessary to collect a sample at each outfall, have each sample analyzed at an approved lab and report those results on the appropriate DMR.

Q4. My lab results show the Lead reported as 0.085 mg/L (milligrams/Liter), but the DMR is asking for it in ug/L (micrograms/Liter). What do I enter on the DMR?

A4: Results must be reported to the Department in the same units listed on the DMR. So the Lead needs to be reported on the DMR in ug/L. To perform this conversion, you move the decimal place to the right three places. So 0.085 mg/L = 85 ug/L. 85 ug/L is what should be reported on the DMR for Lead in this example.

Q5. My lab results include letters instead of numbers (ND) for some parameters. What does this mean and what should I enter on the DMR?

A5. Results must be reported using only numeric values!

Results on a lab report sometimes appear as text rather than as a number. Text such as "ND", "Non-detect" or "<MDL" mean that the concentration of the parameter being measured was less than the detection limit used by the lab when analyzing the sample. You may not report results

using “ND”, “Non-detect”, “<MDL” or any other text. The numeric value for the detection limit is usually provided in the lab report, if not, you may need to contact your lab for this value. Once you have the numeric value, report it on the DMR with the less than symbol (<) in front of the number. This shows that the sample was less than the detection limit used by the lab. If you have any questions about your lab report, call the lab for assistance.

Example: The result is ND. The detection limit used by the lab is 0.05 mg/L. Enter the result as <0.05 in the *SAMPLE MEASUREMENT value* box and the mg/L as the units in the *UNITS* box.

Q6. What do I do if I took one sample and the DMR has *PERMIT REQUIREMENT value* boxes for both *DAILY MX* and *DAILY MN* or *DAILY MX* and *30DA_AVG*?

A6. Along with the numeric limit, you will see a term such as *DAILY MX* (Daily Maximum), *DAILY MIN* (Daily Minimum) or *30DA_AVG* (30-day Average) preprinted on the DMR. If you are only required to collect one sample during the monitoring period, the *DAILY MX* and *DAILY MIN* or *DAILY MX* and *30DA_AVG* values will be the same, so write the same number in both boxes.

Q7. What do I do if I took more than one sample and have *PERMIT REQUIREMENT value* boxes for both *DAILY MX* and *DAILY MIN*?

A7. If more than one sample was collected for the reporting period and there are *DAILY MX* and *DAILY MIN* requirements, report the greater of the values for the *DAILY MX* and the lesser of the values for the *DAILY MIN* in the *SAMPLE MEASUREMENT value* box.

Q8. How do I report on my annual DMR for a parameter that I sampled quarterly during the calendar year?

Q8. If quarterly sampling was required during the calendar year, you should have 4 sample results taken during the annual monitoring period. To report on the annual DMR, you would report the greatest of these values on the DMR, because we are looking for the *DAILY MX*, which is the daily maximum value.

Example: You have the following four quarterly Total Suspended Solids values from your sampling during the calendar year: 19 mg/L, 52 mg/L, 4 mg/L and 13 mg/L. You would report the greatest of these values on the annual DMR. In this case, you would report 52 mg/L on the annual DMR.

Q9. What do I do if more than one sample was collected for a *30DA_AVG*?

A9. If more than one sample was collected within the same month, the average of the sample results must be entered for the *30DA_AVG* in the appropriate *SAMPLE MEASUREMENT* box.

If more than one sample was collected within the same monitoring period, but not in the same month, the greater of the sample results must be entered for the *30DA_AVG* in the appropriate *SAMPLE MEASUREMENT* box.

A reason for the additional analyses must be summarized in an attachment to the DMR.

Tips for Successful DMR Reporting

1. Signature – Each DMR page must be dated and submitted with an original signature. The Department will not accept the following and will return DMRs to the permittee:
 - Unsigned DMRs
 - DMRs signed in pencil

2. Enter all data – Every blank *VALUE* field must be completed.

Use the DMR provided by the Department to report data.

- Lab reports are not accepted by the Department. Do not include lab reports with your DMR submission. Keep lab reports onsite for 5 years.
 - If you did not receive a DMR from the Department, please contact the Department immediately.
 - Do not make changes to the preprinted information on the DMR. The information printed on the DMR represents the discharges and activities at a facility covered by the permit. If you have sampling data for parameters not listed on your DMR, please contact the Department to make sure you are sampling for the proper requirements under the MSGP.
3. Only use the *No Discharge* box or waivers when they apply.
 - Make sure you understand waiver conditions before claiming one.
 - The *No Discharge* box can be used only if no stormwater discharged from the outfall during the **entire** monitoring period. This box should not be checked to indicate that stormwater samples were not collected due to storms occurring outside of normal business hours, inconvenience of sampling or other failures to collect stormwater samples.
 4. Only enter numeric values in DMR *SAMPLE MEASUREMENT* boxes.
 - Report values that are less than the detection limit by entering “<MDL”(eg. <.05) where MDL is the numeric value of the detection limit used by your lab. Do not enter “ND”, “Non-detect”, “MDL”, etc.
 5. Remember to note all attachments in the *COMMENTS AND EXPLANATION OF ANY VIOLATIONS* section of the DMR and include them with your DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: EXAMPLE INDUSTRIES LLC
ADDRESS: NEIGHBORHOOD CREEK RD
OUR TOWN, NY 11111
FACILITY: PRODUCTS TRANSPORTATION
LOCATION: 111 INDUSTRIAL DR
FACTORY TOWN, NY 11110

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NYR00Z100
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 01/01/2012 TO 12/31/2012

5

DMR Mailing ZIP CODE: 11111
MINOR
(SUBR 00)
STORMWATER RUNOFF - BENCHMARK MONI
External Outfall

11 No Discharge

6 PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****	7	8		9	10
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Annual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	SAMPLE DMR			*****	100 DAILY MX	mg/L		Annual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 13 TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	14 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			15 AREA Code	NUMBER	16 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Concrete and Gypsum Product Manufacturers (SIC 3271-3275)

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