

**Multi-Sector General Permit for Stormwater Discharges
Associated with Industrial Activities (GP-0-12-001)
Corrective Action Sampling Waiver Form**

Background:

The MSGP (Part IV.B.c.(6).(d) and Part IV.B.e.(5).(e) states that if a facility can demonstrate that the exceedances of either the benchmark cut-off concentration or effluent limits are attributable solely to the presences of a pollutant in the natural background or run-on from another location that is outside of the owner's/operator's control then the facility may request relief from corrective action sampling.

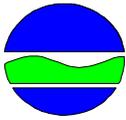
Natural background pollutants include those substances that are naturally occurring in soils or groundwater. Natural background pollutants **do not include** legacy pollutants from earlier activity on the site.

Instructions:

Complete the entire Corrective Action Sampling Waiver Form. The waiver form must be signed and certified in accordance with Part V.H of the MSGP and submitted with the Corrective Action Form/Non Compliance Event Form.

A copy of the waiver form must be maintained with the Stormwater Pollution Prevention Plan (SWPPP) along with the supporting documentation that justifies the use of the waiver.

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Division of Water

Bureau of Water Permits

625 Broadway, Albany, New York 12233-3505
Phone: (518) 402-8111 Fax:(518) 402-9029

Website: http://www.dec.ny.gov/

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Corrective Action Sampling Waiver Form

Permit Number [] Facility Name []

Contact First Name [] Contact Last Name []

Contact Phone [] - [] - [] Contact eMail []

1. Parameter/Pollutant of Concern Exceeded: []

2. Outfall No.: [] 3. Date of Exceedance: [] / [] / []

4. Describe in detail the justification for claiming this waiver (presence of pollutant in natural background, exceedance caused by run-on from neighboring location, etc.). Justification should include historical data, off-site run-on sampling results, etc. Attach supporting documentation and additional sheets if necessary.

[]

Certification

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.

O/O Signature First Name (please print or type) []

MI []

O/O Signature Last Name (please print or type) []

Date [] / [] / []

Signature []