



Department of Environmental Conservation

Representative Outfall Waiver Form GP-0-17-004

The completed Notice of Intent (NOI) should be submitted to: MSGP Coordinator, NYSDEC Division of Water, 625 Broadway, 4th Floor Albany, New York 12233-3505

All sections must be completed unless otherwise noted. Incomplete forms will result in ineligibility for this waiver claim and all applicable monitoring and sampling requirements must be performed. For each Representative Outfall being claimed a separate Representative Outfall Waiver Form must be completed and submitted.

Permit Number NYR00

This completed form shall be electronically attached to the discharge monitoring report (DMR) for the outfall it is being claimed for. The DMR shall be submitted with No Data Indicator (NODI) Code 9 - Conditional monitoring- Not required this period.

- Radio buttons for submission type: as attachment to NOI or after corrective actions.

Facility Name

Facility Name input grid

Contact First Name

Contact First Name input grid

Contact Last Name

Contact Last Name input grid

Contact Phone

Contact Phone input grid (XXX-XXX-XXXX)

Contact eMail

Contact eMail input grid

1) Are substantially identical industrial activities being conducted in the areas discharging to the outfall that is being sampled and the outfall(s) for which a sampling waiver is being requested?

- Radio buttons for Yes/No and note: If NO, you are not eligible for this waiver.

2) Are similar stormwater controls being implemented in the drainage area(s) discharging to the outfall being sampled and the outfall(s) for which the waiver is being claimed?

- Radio buttons for Yes/No and note: If NO, you are not eligible for this waiver.

3) Do any of the outfalls for which the waiver is being claimed discharge to an impaired waterbody where the cause of the impairment is a pollutant of concern included in the benchmarks and/or effluent limitations to which the facility is subject to in Part VII of the MSGP?

- Radio buttons for Yes/No and note: If YES, you are not eligible for this waiver.

4) The outfall that is being claimed as the representative outfall is:

Outfall No. input grid (XXX)

5) The outfall(s) for which the waiver is being claimed is/are:

Outfall No.(s) input grid (XXXX, XXXX, XXXX, XXXX, XXXX)

6) For each outfall, provide an estimate of the Drainage Area (in acres), Impervious Area, Area of Exposed Materials (in acres) within the drainage area and Level of Industrial Activity within the drainage area:

Outfall #	Drainage Area (ac)	Impervious Area (ac)	Area of Exposed Materials (ac)	Level of Industrial Activity	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Low	<input type="radio"/> High
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Low	<input type="radio"/> High
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Low	<input type="radio"/> High
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Low	<input type="radio"/> High
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Low	<input type="radio"/> High

7) Provide a short description of why the outfall chosen as a representative outfall represents the worst case scenario (e.g. more industrial activity in the drainage area, more impervious area, etc.)

**Certification**

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "Representative Outfall(s)." 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

/  /   
Date

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

Signature

Please submit this form and all supporting documentation to:  
 MSGP Permit Coordinator  
 NYSDEC, Bureau of Water Permits  
 625 Broadway,  
 Albany, New York, 12233-3505