1759042402

NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

Corrective Action Form
for
Semi-Annual Benchmark Monitoring Exceedances
GP-0-17-004

This Corrective Action Form is to be used when there is an exceedance of a required benchmark cut-off concentration in the facilities stormwater discharge.

If you need to report an exceedance of a numeric effluent limitation or an impaired waters quarterly limit please use the Corrective Action/Non-Compliance Event Form found on the Department's website.

Please do not submit this form to the Department, keep this form with the facilities SWPPP.

Permit Number
NYR00

Facility Name

Contact First Name

Contact Last Name

Contact Phone
- -

Contact eMail

Instructions for using this form:
- Complete a separate attachment for each POC exceeded and for every outfall where the exceedance occurred.
- Answer all questions (1 through 10) on each attachment.
- Number each attachment (1 of XX, 2 of XX, 3 of XX, etc.)
- Initial and date each attachment
- Fill in number of attachments included in the box below
- The Owner/Operator must sign and date the certification statement below
- This form is not to be submitted to the Department. Keep this form with the Facilities SWPPP.

Number of attachments included:

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 possiblity 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

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Outfall Discharge Data

1. Parameter/Pollutant of Concern Exceeded:

2. Outfall No.:

3. Have you claimed this outfall as a Representative Outfall? ○ Yes ○ No
   If Yes, Corrective Actions must be must be completed for all outfalls claiming the Representative Outfall Waiver. Additionally the representative outfall waiver claim is no longer valid until two consecutive monitoring samples show no exceedance for all outfalls.

4. Date of Exceedance: / /

5. Permitted Value: Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

6. Reported Value: Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

Corrective Actions and Sample Results

For questions 7 - 10 provide Corrective Action information and sample results.
The next semi-annual monitoring sample may be used as your Corrective Action sample.

7. Corrective Action Sample Date: / /

8. Corrective Action Sample Value: Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

9. Describe the exceedance and its cause(s):

10. Describe the short- and long-term corrective actions taken to address the exceedance(s). Include all changes to existing BMPs and any new BMPs implemented. Specify the SWPPP modifications..

Initial:____ Date:_____

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Outfall Discharge Data

1. Parameter/Pollutant of Concern Exceeded: [ ]

2. Outfall No.: [ ][ ][ ]

3. Have you claimed this outfall as a Representative Outfall? ○ Yes ○ No
   If Yes, Corrective Actions must be must be completed for all outfalls claiming the Representative Outfall Waiver. Additionally the representative outfall waiver claim is no longer valid until two consecutive monitoring samples show no exceedance for all outfalls.

4. Date of Exceedance: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

5. Permitted Value: [ ][ ][ ][ ][ ][ ] Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

6. Reported Value: [ ][ ][ ][ ][ ][ ] Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

Corrective Actions and Sample Results

For questions 7 - 10 provide Corrective Action information and sample results.
The next semi-annual monitoring sample may be used as your Corrective Action sample.

7. Corrective Action Sample Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

8. Corrective Action Sample Value: [ ][ ][ ][ ][ ][ ] Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

9. Describe the exceedance and its cause(s):

10. Describe the short- and long-term corrective actions taken to address the exceedance(s). Include all changes to existing BMPs and any new BMPs implemented. Specify the SWPPP modifications..

Initial:____ Date:_____

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Outfall Discharge Data

1. Parameter/Pollutant of Concern Exceeded: [ ]

2. Outfall No.: [ ][ ][ ]

3. Have you claimed this outfall as a Representative Outfall? ○ Yes ○ No
   If Yes, Corrective Actions must be must be completed for all outfalls claiming the Representative Outfall Waiver. Additionally the representative outfall waiver claim is no longer valid until two consecutive monitoring samples show no exceedance for all outfalls.

4. Date of Exceedance: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

5. Permitted Value: [ ][ ][ ][ ][ ][ ] Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

6. Reported Value: [ ][ ][ ][ ][ ][ ] Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

Corrective Actions and Sample Results

For questions 7 - 10 provide Corrective Action information and sample results.
The next semi-annual monitoring sample may be used as your Corrective Action sample.

7. Corrective Action Sample Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

8. Corrective Action Sample Value: [ ][ ][ ][ ][ ][ ] Units: ○ mg/L ○ ng/L ○ ug/L ○ s.u. ○ NTUs

9. Describe the exceedance and its cause(s):

10. Describe the short- and long-term corrective actions taken to address the exceedance(s). Include all changes to existing BMPs and any new BMPs implemented. Specify the SWPPP modifications..

Initial:____ Date:_____