



# ATTACHMENT

## OUTFALL DISCHARGE DATA

1. Outfall No.:
2. Parameter/Pollutant of Concern Exceeded:
3. Have you claimed this outfall as a Representative Outfall?  Yes  No  
If Yes, Corrective Actions must be completed for all outfalls claiming the Representative Outfall Waiver. Additionally the representative outfall waiver claim is no longer valid until two consecutive semi-annual monitoring samples show no exceedance for all outfalls.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.