

**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-0-17-004)**

**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-0-17-004 (MSGP). **These results must be submitted to the Department electronically using the NetDMR system.** In cases where a waiver has been approved by the Department to continue using paper DMR forms, they must be submitted to the Department's Albany office, on preprinted DMR forms which the Department provides.

Table I lists monitoring periods and the due dates for the DMRs.

<b>Table I - Monitoring Periods and DMR Due Dates</b>		
<b>Monitoring Frequency</b>	<b>Monitoring Period</b>	<b>DMR Due date</b>
<b>Semi Annual</b>	January 1 <sup>st</sup> – June 30 <sup>th</sup>	July 28 <sup>th</sup>
	July 1 <sup>st</sup> – December 31 <sup>st</sup>	January 28 <sup>th</sup>
<b>Quarterly</b>	January 1 <sup>st</sup> – March 31 <sup>st</sup>	April 28 <sup>th</sup>
	April 1 <sup>st</sup> – June 30 <sup>th</sup>	July 28 <sup>th</sup>
	July 1 <sup>st</sup> – September 30 <sup>th</sup>	October 28 <sup>th</sup>
	October 1 <sup>st</sup> – December 31 <sup>st</sup>	January 28 <sup>th</sup>

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) contains errors, contact the Department immediately so the problem can be corrected before the reporting deadline.

## Instructions for Completing DMRs for Benchmark and/or Compliance Monitoring required by the MSGP electronically in NetDMR

Owner/Operators with benchmark and/or numeric effluent limitation monitoring requirements must submit the results of their analysis electronically using EPA's DMR reporting system, NetDMR. To sign up for a NetDMR account, please follow the instructions on the Department's website at the following link: <https://www.dec.ny.gov/chemical/8461.html>

These instructions 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.

### **Finding DMRs**

Instructions on DEC website: <https://www.dec.ny.gov/chemical/104757.html>

### **Review data on DMR page**

Make sure that the information under the "Permit" heading is correct. Use the following list to verify the preprinted information.

- "Permit" heading
  - The *PERMIT ID* should match the SPDES ID on the acknowledgment letter received from the Department. If not the same ID, please contact the Department immediately.
  - If the *PERMITEE*, *PERMITEE ADDRESS*, *FACILITY* or *FACILITY LOCATION*, is incorrect, please submit an NOI with the necessary changes.
  - The *PERMITTED FEATURE* corresponds to the outfall number listed on the NOI. The *DISCHARGE* is a designator based on the SIC code(s). If not correct, please contact the Department immediately.
- "Report Dates & Status" heading
  - Make sure the DMR is for the correct *MONITORING PERIOD*. If you are not viewing the correct DMR, you must return to the DMR selection screen to select the correct DMR.
  - Confirm the *DMR DUE DATE* (date this DMR must be submitted to the Department) is correct. If not correct, please contact the Department immediately.
- Data Section
  - Make sure that all the parameters required by the permit for the facility's sector(s) are listed. If not correct, please contact the Department immediately.
  - Make sure that the limit values are correct. If not correct, please contact the Department immediately.

### **Completing the DMR**

Under the "Principal Executive Officer" heading, enter the FIRST NAME, LAST NAME, TITLE and TELEPHONE of the Principal Executive Officer. NOTE: This can be different from the person signing the DMRs.

The “No Data Indicator (NODI)” section is used for facilities which have no discharge for the entire monitoring period, or who are requesting a waiver. Please see the “No Discharge” and “Use of Waivers” sections below for more information if this applies to your facility.

### **Enter the DMR *VALUE* data**

- The *PARAMETERS* listed in the left-hand column of the DMR match the facility’s requirements under the MSGP.
- Fill in all the open *VALUE* boxes with the DMR data. The qualifier preceding the empty *VALUE* field defaults to the equal sign (=). If you need to change it to greater than (>) or less than (<), click on the drop-down arrow to select the correct qualifier.
- Enter only numbers in the *VALUE* boxes. Do not enter letters or other characters – NetDMR will not allow the DMR to be submitted if they are included here.
- Do not use commas.

### ***UNITS***

***Never*** change this field. The *UNITS* field defaults to what is listed in the MSGP. You ***must*** enter the data on the DMR in the same units as what NetDMR defaults to. If the results of your lab analysis are reported in different units than the units in NetDMR, you must convert the numeric value(s) to the appropriate unit of measurement before entering in in the value field.

### ***FREQ. OF ANALYSIS***

The *FREQ. OF ANALYSIS* will default to the permit requirement for this facility. In most cases, this should not be changed. If the facility sampled in a frequency which differs from the permit requirement, use the drop-down arrow to select the correct frequency. If additional analyses were performed during the reporting period, beyond the permit requirements, you must provide an explanation in an attachment to the DMR.

### ***SMPL. TYPE***

The *SMPL. TYPE* will default to the permit requirement for this facility. The MSGP only requires *GRAB* samples to be collected, so this will default to “GR” in NetDMR.

### **Form NODI**

- **No Discharge**

If there was no discharge from the outfall during the ***entire*** monitoring period, this is entered in the **Form NODI** field in the header under “No Data Indicator (NODI)”. Use the drop-down menu to choose “C – No Discharge”. After selecting this option, the system will enter “C” as the NODI code for the parameter values.

NOTE: This should ***only*** be used if no stormwater discharged for the ***entire*** monitoring period. NODI C must ***not*** be used 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.

- **Representative Outfall Waiver**

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):

1. Open the DMR for the outfall in NetDMR;
2. In the **Form NODI** field in the header under “No Data Indicator (NODI)”, use the drop-down menu to select “9 – Conditional Monitoring – Not Required This Period”. After selecting this option, the system will enter “9” as the NODI code for the parameter values.;
3. In the Comments field, write “Representative Outfall Claimed at ‘XXX’” (where ‘XXX’ is the *PERMITTED FEATURE* of the outfall that was sampled).

NOTE: For information on representative outfalls, read Part IV.G.3 of the MSGP, beginning on page 39.

- **Inactive/Unstaffed Site Waiver**

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

For the outfall(s) where a waiver is being claimed:

1. Open the outfall in NetDMR;
2. In the **Form NODI** field in the header under “No Data Indicator (NODI)”, use the drop-down menu to select “2 – Operator Shutdown”. After selecting this option, the system will enter “2” as the NODI code for the parameter values.;
3. In the Comments field, write “Inactive/Unstaffed Waiver claimed, see attached”.

NOTE: For information on Inactive/Unstaffed sites, read Part IV.G.2, beginning on page 38 of the MSGP.

- **Adverse Climatic Conditions Waiver**

If you are trying to claim this waiver, please call the Department for assistance in submitting your DMR.

NOTE: For information on the Adverse Climatic Conditions Waiver read Part IV.G.1 of the MSGP, beginning on page 38.

## ***COMMENTS***

Enter comments and/or explanation of any violations or waivers in the *COMMENTS* field.

## ***ATTACHMENTS***

To add an attachment to the DMR submittal, click the “Add Attachment” button and choose the attachment to add from your computer.

- **Storm Event Data**

All permittees must provide storm event documentation using the Storm Event Data Form available on the Department website. This completed form must be attached to the DMR before submission.

- **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 on file with the Department (either submitted with the NOI or attached to the DMR) and noted in the *COMMENTS* field at the bottom of the DMR.

- **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, which may include, submitting the Corrective Action Form to the Department. For more information on the required follow-up actions, please consult the MSGP Part V, beginning on page 41.

### **Validating DMR**

If there are more than 10 parameters in this discharge, advance to the next page using the arrows or clicking on the page number next to “Showing Parameters” # - # of ## and enter the data for all the pages of the DMR. When all the data has been entered for the DMR, click “Save & Continue” at the bottom of the page.

Any “errors” will show up as red. These errors include missing values or values that are above the limit. You must acknowledge the errors by checking the boxes in the “*Edit Check Errors*” section. Once all the data has been entered and any “errors” acknowledged, the status in the header section will be “NetDMR Validated.” Once it is validated, click on Sign and Submit.

### **Sign & Submit DMR**

Always click “Check All” for “Include in Submission” and “Add Copy of Submission and Attachments to Email Notification”.

Enter your password, then click the “Submit” button. Enter the answer to your secret question and click the “Submit” button. After you have submitted the DMR, you will get a Signing Process” Confirmation number. This confirmation will also be emailed to you.

### **Important Links:**

Notice of Intent (NOI): [https://www.dec.ny.gov/docs/water\\_pdf/msgp017004noi.pdf](https://www.dec.ny.gov/docs/water_pdf/msgp017004noi.pdf) .

Representative Outfall Waiver Claim Form:

[https://www.dec.ny.gov/docs/water\\_pdf/msgp017repoutflwavr.pdf](https://www.dec.ny.gov/docs/water_pdf/msgp017repoutflwavr.pdf) .

Representative Outfall Waiver Instructions:

[https://www.dec.ny.gov/docs/water\\_pdf/msgp017rowvrinstr.pdf](https://www.dec.ny.gov/docs/water_pdf/msgp017rowvrinstr.pdf) .

Inactive/Unstaffed Waiver Claim Form:

[http://www.dec.ny.gov/docs/water\\_pdf/msgpwaiverunstaff.pdf](http://www.dec.ny.gov/docs/water_pdf/msgpwaiverunstaff.pdf) .

Inactive/Unstaffed Waiver Instructions: [http://www.dec.ny.gov/docs/water\\_pdf/msgpsedf.pdf](http://www.dec.ny.gov/docs/water_pdf/msgpsedf.pdf) .

Corrective Action Form: [https://www.dec.ny.gov/docs/water\\_pdf/msgpcaf.pdf](https://www.dec.ny.gov/docs/water_pdf/msgpcaf.pdf) .

2002 DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES): [http://www.dec.ny.gov/docs/water\\_pdf/dmrmanual.pdf](http://www.dec.ny.gov/docs/water_pdf/dmrmanual.pdf).

Instructions for Completing pre-printed paper DMRs for Benchmark and/or Compliance  
Monitoring required by the MSGP

Owner/Operators with benchmark and/or numeric effluent limitation monitoring requirements must submit the results of their analysis electronically using EPA's DMR reporting system, NetDMR. To sign up for a NetDMR account, please follow the instructions on the Department's website at the following link: <https://www.dec.ny.gov/chemical/8461.html>

If you have submitted a waiver from electronic reporting, which has been approved by the Department, you can continue to submit paper DMRs. Only owner/operators who have been approved for this waiver may continue submitting paper DMRs.

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

The NOI form is available on the Department website at the following link:  
[https://www.dec.ny.gov/docs/water\\_pdf/msgp017004noi.pdf](https://www.dec.ny.gov/docs/water_pdf/msgp017004noi.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 **6** 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 **7** of the DMR.

### **Enter the Frequency of Analysis**

Enter the sampling frequency in the *FREQUENCY OF ANALYSIS* **8** column located to the right of the sample results and units you entered. The general permit requires analytical sampling on a semi-annual or quarterly frequency, so most permittees will see *Semi-Annual* or *Qtrly* written on their DMR. For semi-annual monitoring, if the outfall was sampled once in the calendar year, report “02/YR” on the DMR. For semi-annual monitoring, if the outfall was sampled twice in the semi-annual monitoring period, please report “03/YR” on the DMR. For semi-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* **9** 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* **10** 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* **11** 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](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 on file with the Department (either submitted with the NOI or attached to the DMR) 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.G.3 of the MSGP, beginning on page 39.

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 ‘XXX’” (where ‘XXX’ 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:

[https://www.dec.ny.gov/docs/water\\_pdf/msgp017repoutflwavr.pdf](https://www.dec.ny.gov/docs/water_pdf/msgp017repoutflwavr.pdf) . Instructions for filling out this form are located at the following link:

[https://www.dec.ny.gov/docs/water\\_pdf/msgp017rowvrinstr.pdf](https://www.dec.ny.gov/docs/water_pdf/msgp017rowvrinstr.pdf) . 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.G.2, beginning on page 38 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](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.G.1 of the MSGP, beginning on page 38.

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](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.

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**

Provide the *NAME* and *TITLE* **12** of the person who is the owner or operator or the duly authorized representative per Appendix H.8 of the permit (beginning on page 198).

**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* **13**

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 Department (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](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* number **14** of the person signing the DMR.

**DATE**

Enter the *date* **15** 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, which may include, submitting the Corrective Action Form to the Department. For more information on the required follow-up actions, please consult the MSGP Part V, beginning on page 41. The Corrective Action Form is available on the Department website at the following link: [https://www.dec.ny.gov/docs/water\\_pdf/msgpcf.pdf](https://www.dec.ny.gov/docs/water_pdf/msgpcf.pdf) .

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

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

1

2 NYR00Z100 001-A 3  
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
MM/DD/YYYY 4 MM/DD/YYYY  
FROM 01/01/2012 12/31/2012

**DMR Mailing ZIP CODE:** 11111  
MINOR  
(SUBR 00)  
STORMWATER RUNOFF - BENCHMARK MONI  
External Outfall  
10 No Discharge

5 PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6	7		8	9
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  TYPED OR PRINTED 12	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.	13	TELEPHONE		DATE	
			14	15	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
Concrete and Gypsum Product Manufacturers (SIC 3271-3275)  
11

## 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  $0.085 \text{ mg/L} = 85 \text{ ug/L}$ . 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 semi-annual DMRs for a parameter that I sampled quarterly during the calendar year?**

Q8. If quarterly sampling was required during the calendar year, you will have two sample results from each of the semi-annual monitoring periods. To report on the semi-annual DMR, you would compare the two values for that monitoring period and report the greatest of these values on the semi-annual DMR, because we are looking for the *DAILY MX*, which is the daily maximum value.

Example: You have the following two quarterly Total Suspended Solids values from your sampling during the first semi-annual monitoring period: 19 mg/L, 52 mg/L. You would report the greatest of these values on the semi-annual DMR. In this case, you would report 52 mg/L on the semi-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.