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NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

Storm Event Data Form GP-0-17-004

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

Storm Event Date: / /

Storm Duration: . (in hours)

Rainfall measurement from Storm Event: . (in inches)

Date of last measurable Storm Event: / /

Duration between Storm Event sampled and end of previous measurable Storm . (in hours)

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