Attachment 8

Industrial Storm Water – Storm Event Monitoring Report
(ISW – SEMR)

Form Approved
1/10/2011

Nebraska Department of Environmental Quality
Industrial Storm Water – Storm Event Monitoring Report
(ISW – SEMR)

A. Permit Tracking Number: NER_____

B. Facility Information

1. Facility Name: _____

2. Facility Location Address:

a. Street: _____

b. City: _____ c. State: ___ d. zip code: _____ - _____

3. Additional Facility Information (Optional)

Contact Name: _____ Phone: ____ - ____ - _____ Ext. _____

E-mail (optional): _____

4. ISW – SEMR Preparer (Complete if ISW – SEMR was prepared by someone other than the person signing the certification section)

Prepared by: _____

Organization: _____

Phone: ____ - ____ - _____ Ext. _____

E-mail (optional): _____

C. Discharge Information

1. Identify Monitoring Period:

☐ Check here if proposing alternative monitoring periods due to semi-arid climate, or freezing conditions

☐ Quarter 1 (January 1 – March 31) ☐ Quarter 1: From ___/___ To ___/___

☐ Quarter 2 (April 1 – June 30) ☐ Quarter 2: From ___/___ To ___/___

☐ Quarter 3 (July1 – September 30) ☐ Quarter 3: From ___/___ To ___/___

☐ Quarter 4 (October 1 – December 31) ☐ Quarter 4: From ___/___ To ___/___

2.a. Are you required to monitor for any hardness dependent metals (cadmium, copper, chromium, lead, nickel, silver, zinc)? ☐ YES ☐ NO

2.b. If so, what is the hardness of the receiving water? _____ mg/L

D. Outfall Information

1. How many outfalls are identified in the SWPPP? ___ List the identification code (name, 'SW-outfall 1') for each outfall in the table below.

2. Do any of the outfalls discharge substantially identical effluents? ☐ YES ☐ NO

3. If yes, for each monitored outfall, indicate outfall names that are substantially identical in the table below.

3.a. Monitored Outfall Name*	3.b. Substantially Identical Outfalls (list those determined to be substantially identical to outfall identified in 3.a.)	3.c. No Discharge?
		☐
		☐
		☐
		☐
		☐
		☐
		☐

*Reference attachment if additional space is needed to complete the table.

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E. Monitoring Information

Permit Tracking Number: NER_____

1. Nature of Discharge: ☐ Rainfall (Complete line items 1.a., 1.b., & 1.c.) ☐ Snowmelt

1.a. Duration of Rain event (hours): ___ 1.b. Rainfall amount (inches) : ___._ 1.c. Time since previous measureable storm event (days): ____

2.a. Outfall Name	2.b. Monitoring Type (QBM, I, O)*	2.c. Parameter	2.d. Quantity or concentration	2.e. Units	2.f. Results Description	2.g. Collection Date	2.h. Exceedance due to natural background pollutant levels	2.i. No further pollutant reductions achievable?
							☐	☐
							☐	☐
							☐	☐
							☐	☐
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* (QBM) – Quarterly benchmark monitoring; (I) – Impaired waters monitoring; (O) – Other monitoring as required by NDEQ

3. Comments and/or Explanation of any monitoring results (also reference attachments here)

F. 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 possibility of fine and imprisonment for knowing violations.

1.a. Print Name: _____

b. Title: _____

c. Signature: _____ d. Date: ___/___/_____ (MM/DD/YYYY)

e. E-mail: _____ (optional)