



**General Permit for the Discharge of Stormwater from Small
Municipal Separate Storm Sewer Systems**

Stormwater Monitoring Report Form

PERMITTEE INFORMATION

Town: _____			
Mailing Address: _____			
Contact Person: _____	Title: _____	Phone: _____	
Permit Registration #GSM _____			

SAMPLING INFORMATION

Discharge Location (Lat/Long or other description): _____	
Please circle the appropriate area description: Industrial, Commercial, or Residential	
Receiving Water (name, basin): _____	
Time of Start of Discharge: _____	
Date/Time Collected: _____	Water Temperature: _____
Person Collecting Sample: _____	
Storm Magnitude (inches): _____	Storm Duration (hours): _____
Date of Previous Storm Event: _____	

MONITORING RESULTS

Parameter	Method	Results (units)	Laboratory
Sample pH			
Rain pH			
Hardness			
Conductivity			
Oil & Grease			
COD			
Turbidity			
TSS			
TP			
Ammonia			
TKN			
NO ₃ +NO ₂			
E. coli			

STATEMENT OF ACKNOWLEDGMENT

I certify that the data reported on this document were prepared under my direction or supervision in accordance with the MS4 General Permit. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.	
Authorized Official: _____	
Signature: _____	Date: _____