

# Corrective Action/ Non-Compliance Event Form GP-0-23-001

This Corrective Action/Non-Compliance Event Form is to be used when there is an exceedance of a numeric effluent limitation or an impaired waters quarterly limit in a facility's stormwater discharge. This form must be submitted to the Department with the DMR which reports the exceedance and a copy must be kept with the facility's SWPPP.

Permit Number
Facility Name
Contact First Name Contact Last Name
Contact Phone       -       -
Contact eMail

Is this form being used to report an exceedance of numeric effluent limits or impaired waters quarterly limits?

○ Numeric Effluent Limit

**Department of** 

Environmental

Conservation

O Quarterly Limit

Instructions for using this form:

- Complete a separate attachment for each Parameter/Pollutant exceeded and for every outfall where the exceedance occurred.
- Number each attachment (1 of XX, 2 of XX, 3 of XX, etc.)
- Initial and date each attachment
- Write in the number of attachments included in the box below
- The Owner/Operator must sign and date the certification statement below
- This form must be attached to the Discharge Monitoring Report (DMR) submission.
- A copy of this form must be kept with the facility's SWPPP

Number of attachments included:

### **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.

O/O Signature First Name (please print or type)	MI	O/O Signature Last Name (please print or type)
		Signature

# Outfall Discharge Data

1.	Outfall No.:											
2.	Parameter/Pollutant o	f Con	icern E	Exceeded:								
3.	Have you claimed this outfall as a Representative Outfall? $\bigcirc$ Yes $\bigcirc$ No											
	If Yes, Corrective Actions must be completed for all outfalls claming 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 Additionally the representative outfall waiver claim is no longer valid until two consecutive semi-annual monitoring samples show no exceedance for all outfalls.											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	$\bigcirc$ s.u.	○ NTUs	
6.	Reported Value:					Units:	⊖ mg/L	⊖ ng/L	⊖ ug/L	○ s.u.	○ NTUs	

# **Corrective Actions and Sample Results**

7. Describe the exceedance and its cause(s):

8. 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.

Initial:\_\_\_\_ Date:\_\_\_\_\_

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