

**STORMWATER DISCHARGE OUTFALL (SDO)
ANNUAL SUMMARY DATA MONITORING REPORT (DMR) / SPPP Annual Update DATA REVIEW FORM**
Calendar Year _____

Individual NPDES Permit No. NCS or
 Certificate of Coverage (COC) No. NCG

This monitoring report summary of the calendar year should be kept on file on-site with the facility SPPP.

Facility Name: _____

County: _____

Phone Number: (____) _____

Total no. of SDOs monitored _____

Outfall No. _____

Is this outfall currently in Tier 2 (monitored monthly)? Yes No

Was this outfall ever in Tier 2 (monitored monthly) during the past year? Yes No

If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?

Enough consecutive samples below benchmarks to decrease frequency

Received approval from DWQ to reduce monitoring frequency

Other _____

Was this SDO monitored because of vehicle maintenance activities? Yes No

	Total Rainfall, inches	Parameter, (units)							
Benchmark	N/A								
Date Sample Collected, mm/dd/yy									

Additional Outfall Attachment

Outfall No. _____

Is this outfall currently in Tier 2 (monitored monthly)? Yes No

Was this outfall ever in Tier 2 (monitored monthly) during the past year? Yes No

If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?

Enough consecutive samples below benchmarks to decrease frequency

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Was this SDO monitored because of vehicle maintenance activities? Yes No

	Total Rainfall, inches	Parameter, (units)							
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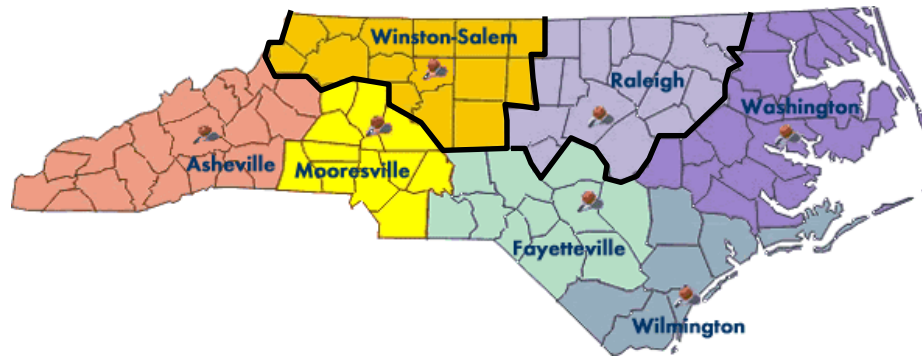
"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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 fines and imprisonment for knowing violations."

Signature _____

Date _____

For questions, contact your local Regional Office:

DWQ Regional Office Contact Information:



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