

NPDES and State Permits Section PO Box 98922 Lincoln, NE 68509-8922 P: 402-471-2186 F: 402-471-2909 http://dee.ne.gov

NDEE Industrial Storm Water General Permit - Attachment 4 Storm Event Monitoring Report (ISW-SEMR)

		for reporting and recordkeeping (se	ee Part 7 of the				
Facility Information							
Permittee:		Permit ID:					
Contact Name:		Title:					
Phone:		Email:					
ISW-SEMR Preparer							
	ared by someone other t	than the person signing the certifica	tion statement.				
Prepared by:		Title:					
Organization (if different than	permittee):						
Phone:		Email:					
Discharge Information							
Identify Monitoring Period:		☐ Check here if proposing alternative monitoring period 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 (July 1 – September 30)		□ Quarter 3: From/ To/					
☐ Quarter 4 (October 1- December 31)		□ Quarter 4: From/ To/					
Are you required to monitor for any hardness dependent metals (cadmium, chromium, lead, nickel, silver, zinc, see Part 8 of permit for requirements)? □ Yes □ No		If so, what is the hardness of the receiving water? mg/L					
Outfall Information							
Reference attachment if additio	•	complete the table below.					
How many outfalls are identified							
List the identification code (ex.	SW-001) for each outfall	in the table below.					
Do any of the outfalls discharge substantially identical effluents? ☐ Yes ☐ No							
If yes, indicate substantially identical outfalls in the table below.							
A. Monitoring Outfall Name	B. Substantially Iden	cal Outfalls (to column A) C. Discharge?					
			☐ Yes ☐ No				
			☐ Yes ☐ No				
	_		☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				



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wontoring i	mormation									
Nature of disch	narge: 🗆 Rainfa	II ☐ Snowme		event, complete:						
Duration of Rain Event (hours):										
			Rainfall	amount (inches)						
Time since previous measurable storm event (days):										
Outfall Name	Monitoring Type*	Parameter	Quantity or Concentration	Units	Resu	ılts	Collection Date	Exceedance due to exceptions listed in Part 3.2.6 (list exception)		
*See Part 6.2 of	*See Part 6.2 of the permit for monitoring type descriptions: Indicator, Benchmark, Effluent Limitations, Impaired Waters, Other as required by NDEE.									
Certification										
I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.										
Certifying Official or Authorized Representative, per Title 119, Chapter 13, or SWPPP contact provided on NOI										
Name/Title:										
Signature:					Date	e:				