



Discharge Monitoring Reports (DMRs)

NMTA Boatyard Workshop
February 15, 2007

Lydia Cabeza Wagner
Southwest Regional Office

Stormwater DMR

DISCHARGE AUTHORIZATION WA G-03 ****
BOATYARD GENERAL PERMIT (NPDES WA G-03)
DISCHARGE MONITORING REPORT
Discharge to Marine Waters

NAME FACILITY: _____
 LOCATION: _____
 MONITORING MONTH, DAY, YEAR: _____

STORMWATER DISCHARGE:
 MONITORING POINT: _____

There was NO stormwater discharge at any time of boatyard operation during this month

PARAMETER	<u>MAXIMUM CONCENTRATION MEASURED</u>	UNITS	# of samples or observations
Oil Grease		mg/L	
TSS		mg/L	
COPPER (Total Recoverable)		µg/L	
	<u>NUMBER OF OCCURRENCES</u>		
OIL SHEEN		NA	

PERMIT REQUIREMENTS			
PARAMETER	BENCHMARK OR LIMIT	UNITS	SAMPLE TIMES
OIL GREASE	Benchmark - 6.0	mg/L	September, October, January, April, and May
TSS	Benchmark - 21.0	mg/L	"
COPPER	Benchmark - 229	µg/L	"
OIL SHEEN	Limit - No Visible Sheen	Yes/No	1/week

Visible Oil Sheen Detected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. If Yes, date detected: _____ If detected more than (1) one day, enter <u>all</u> dates in "Comments" or on a separate sheet. 2. If Yes, identify the probable cause of the oil sheen and describe the actions taken to prevent further contamination under "Comments" or on a separate sheet
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I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THESE FACTS I AM INDIVIDUALLY RESPONSIBLE FOR OBTAINING THIS INFORMATION. I BELIEVE THE QUALITY OF INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION IN ACCORD WITH THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 19 USC § 2681 AND 33 USC § 1918. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR A MAXIMUM IMPRISONMENT OF ONE YEAR AND SIX MONTHS AND FIVE YEARS.

_____ DATE: ____ MONTH ____ YEAR

TRANSITIBLE PRINCIPAL EXECUTIVE OFFICER (TYPED OR PRINTED)
DATE, MO DAY YEAR

_____ TELEPHONE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE NUMBER

RESPONSE TO MEASUREMENTS ABOVE BENCHMARKS (Reference all benchmarks here):

Pressure Wash Wastewater DMR

DISCHARGE AUTHORIZATION WA-03-****

BOATYARD GENERAL PERMIT (NPDES WA G03)

DISCHARGE MONITORING REPORT

Discharge to Marine Waters

NAME/FACILITY: _____

LOCATION: _____

MONITORING MONTH, DAY, YEAR: _____

STORMWATER DISCHARGE:

MONITORING POINT: _____

There was NO stormwater discharge at any time of boatyard operation during this month

PARAMETER	MAXIMUM CONCENTRATION MEASURED	UNITS	# of samples or observations
Oil Grease		mg/L	
TSS		mg/L	
COPPER (Total Recoverable)		µg/L	
	<u>NUMBER OF OCCURANCES</u>		
OIL SHEEN		NA	

PERMIT REQUIREMENTS

PARAMETER	BENCHMARK OR LIMIT	UNITS	SAMPLE TIMES
OIL GREASE	Benchmark - 6.0	mg/L	September, October, January, April, and May
TSS	Benchmark - 21.0	mg/L	"
COPPER	Benchmark - 229	µg/L	"
OIL SHEEN	Limit - No Visible Sheen	Yes/No	1/week

Visible Oil Sheen Detected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. If Yes date detected: _____</p> <p>If detected more than (1) one day, enter all dates in "Comments" or on a separate sheet.</p> <p>2. If Yes identify the probable cause of the oil sheen and describe the actions taken to prevent further contamination under "Comments" or on a separate sheet.</p>
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PRESSURE WASH WASTEWATER DISCHARGE TO A POTW:

PARAMETER	MAXIMUM CONCENTRATION MEASURED	UNITS	Number of Samples
COPPER		mg/L total recoverable	
ZINC		mg/L total recoverable	
LEAD		mg/L total recoverable	
pH (report max and min)		Standard Units	

There was NO discharge of pressure wash wastewater during this month

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PERMIT REQUIREMENTS FOR PRESSURE WASH WATER

PARAMETER	LIMIT	UNITS	SAMPLE TIMES
COPPER	2.4	mg/L total recoverable	1 mo in June, July, August and September
ZINC	3.3	mg/L total recoverable	"
LEAD	1.2	mg/L total recoverable	"
pH	5 to 11	Standard Units	"

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION & DATA HEREON AND BELIEVE ON MY OWN KNOWLEDGE AND BELIEF THAT THE INFORMATION IS TRUE AND CORRECT AND COMPLETE. I AM AWARE THAT THERE ARE PENALTIES FOR SUBMITTING FALSE INFORMATION IN CARRYING THE DUTY OF THIS PERMIT. I AM AWARE THAT THERE ARE PENALTIES FOR SUBMITTING FALSE INFORMATION IN CARRYING THE DUTY OF THIS PERMIT. I AM AWARE THAT THERE ARE PENALTIES FOR SUBMITTING FALSE INFORMATION IN CARRYING THE DUTY OF THIS PERMIT. I AM AWARE THAT THERE ARE PENALTIES FOR SUBMITTING FALSE INFORMATION IN CARRYING THE DUTY OF THIS PERMIT.

NAME/TITLE PRINCIPAL SUBJECT'S OFFICER (TYPE OR PRINT)

DATE: MO DAY YEAR

SIGNATURE OF PRINCIPAL SUBJECT'S OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER

RESPONSE TO PERMIT REQUIREMENTS ABOVE BENCHMARKS (If any or all do not meet)

Filling out a DMR

**DISCHARGE AUTHORIZATION WAG-03-9999
BOATYARD GENERAL PERMIT (NPDES WAG 03)
DISCHARGE MONITORING REPORT
Discharge to Marine Waters**

NAME/ FACILITY: **Sunny Day Marina**

LOCATION: **789 Sunnysdale St., Sunnysdale, WA**

MONITORING MONTH, DAY, YEAR: **October 5, 2006**

STORMWATER DISCHARGE:

MONITORING POINT: **Outfall 001**

X

There was NO stormwater discharge at any time of boatyard operation during this month.

Filling out a DMR

- continued -

Stormwater

<u>PARAMETER</u>	<u>MAXIMUM CONCENTRATION MEASURED</u>	<u>UNITS</u>	<u># of samples or observations</u>
Oil/Grease	5.4	mg/L	
TSS	41	mg/L	
COPPER (Total Recoverable)	335	µg/L	
<u>NUMBER OF OCCURANCES</u>			
OIL SHEEN	yes	NA	2

PERMIT REQUIREMENTS

<u>PARAMETER</u>	<u>BENCHMARK OR LIMIT</u>	<u>UNITS</u>	<u>SAMPLE TIMES</u>
OIL/GREASE	Benchmark - 6.0	mg/L	September, October, January, April, and May
TSS	Benchmark - 21.0	mg/L	"
COPPER	Benchmark - 229	µg/L	"
OIL SHEEN	Limit - No Visible Sheen	Yes/No	1/week

Filling out a DMR

- continued -

<p>Visible Oil Sheen Detected?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1. If Yes, date detected: 10/5/06 If detected more than (1) one day, enter all dates in "Comments" or on a separate sheet.</p> <p>2. If Yes, identify the probable cause of the oil sheen and describe the actions taken to prevent further contamination under "Comments" or on a separate sheet.</p>
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PRESSURE WASH WASTEWATER DISCHARGE TO A POTW:

PARAMETER	MAXIMUM CONCENTRATION MEASURED	UNITS	# of samples or observations
COPPER	.109	mg/L	
ZINC	.079	mg/L	
LEAD	.014	µg/L	
pH	7.2	Standard Units	

There was **NO** discharge of pressure wash wastewater during this month.

Filling out a DMR

- continued -

PERMIT REQUIREMENTS FOR DISCHARGE TO A POTW COVERED BY THIS PERMIT

PARAMETER	LIMIT	UNITS	SAMPLE TIMES
COPPER	2.4	mg/L total recoverable	1/mo in June, July, August and September.
ZINC	3.3	mg/L total recoverable	
LEAD	1.2	mg/L total recoverable	
pH	5 to 11	Standard Units	

Certification Box

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)

DMR Example

- Continued -

Wesley Pickett

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (TYPED OR PRINTED)

October 31, 2006

DATE: MO DAY YEAR

Wesley Pickett

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

360/123-4567

TELEPHONE NUMBER

DMR Example - continued

RESPONSE TO MEASUREMENTS ABOVE BENCHMARKS *(Reference all attachments here):*

Pollutant sources:

- Pressure wash pad runoff.
- Hull work done by tenants and employees without tarping.

Source/Operational Control Methods:

- Berm pressure wash pad to redirect runoff to sump.
- Clean out sump frequently.
- Require tarping for each boat where work is performed.

SWPPP Changes/Improvements:

- BMPs – berm pressure wash pad, insert filters by March 1, 2007.
- Employee training – March 2007.

Inspection results:

- We will berm the pressure wash pad by February 1 to direct the flow to the closed loop system and clean out the sump more frequently to maintain the capacity.
- We are now requiring tarping under all boats where work will be performed.



2007 DMR Submittal Dates

Stormwater	
Sample Month	Submit by
January	February 15, 2007
April	May 15, 2007
May	June 15, 2007
September	October 15, 2007
October	November 15, 2007



2007 DMR Submittal Dates

Pressure Wash Wastewater	
Sample Month	Submit by
June	July 15, 2007
July	August 15, 2007
August	September 15, 2007
September	October 15, 2007

Not all boatyards are required to submit DMRs for pressure wash wastewater.

For more information contact:

**Boatyard
Permit Manager**

**Island
King**

**Kitsap
Snohomish**

**Northwest Regional Office
Cindy Callahan
425/649-7059
cyca 461 @ecy.wa.gov**

For more information contact:

**Boatyard
Permit Manager**

Bellingham Field Office
Andrew Craig
360/676-2217
acra461@ecy.wa.gov

San Juan

Skagit

Whatcom



For more information contact:

**Clallam
Clark
Cowlitz
Grays Harbor**

**Jefferson
Lewis
Mason
Pacific**

**Pierce
Skamania
Thurston
Wahkiakum**

**Boatyard
Permit Manager**

**Southwest Regional Office
Lydia Cabeza Wagner
360/407-6291
Ibla461@ecy.wa.gov**



WASHINGTON STATE
DEPARTMENT OF
E C O L O G Y

Home Page

<http://www.ecy.wa.gov>



Water Quality Home Page

<http://www.ecy.wa.gov/programs/wq/wqhome.html>



Boatyard General Permit

<http://www.ecy.wa.gov/programs/wq/permits/boatyard/index.html>

Boatyard General Permit

<http://www.ecy.wa.gov/programs/wq/permits/boatyard/index.html>

Forms

- Application
- Transfer of Ownership

Guidance

- How to do Stormwater Sampling
- Frequently Asked Questions
- Level 1 Response Guidance
- Sample – Level 1 Report

Monitoring Results

- DMR Data Report
- Violation Report
- Failure to Submit DMR Report
- Boatyard Study

Example Level One Response Form

DEPARTMENT OF ECOLOGY
BOATYARD GENERAL PERMIT
LEVEL ONE RESPONSE FORM*

Facility Name: _____

Permit Number: _____

Site Address: _____

Mailing Address: _____

Monitoring Period: __Jan__ Apr __May__ Sept __Oct__ Year: _____

Parameter(s) Above Benchmark:
 ___ Oil/Grease ___ Total Recoverable Copper ___ TSS

*(Please fill out one Level One Response Form for each month any parameter(s) are exceeded.)

Sample Point(s) if applicable: _____

Level One Response

Each time a sampling result for a parameter or group of parameters within a sampling month is above a benchmark value the Permittee shall take the following actions:

- Conduct an inspection of the permitted facility as promptly as possible after the sample results are available:
 Date Sample Results Received: _____
 Level One Inspection Date: _____
- Inspection Components:
 - Identify and evaluate possible source(s) of the benchmark parameter in the stormwater discharge:

Pollutant Sources
1.
2.
3.
4.
5.
6.
7.

(b) Identify source/operational control methods by which stormwater contamination can be reduced:

Source/Operational Control Methods
1.
2.
3.
4.
5.
6.
7.

(c) Evaluate which improvements or changes to the stormwater pollution prevention plan (SWPPP) are necessary to control the benchmark parameter?

SWPPP Changes/Improvements
1.
2.
3.
4.

3. Summarize the inspection results, including remedial actions taken or planned and a schedule here when they will be implemented. Include this information to update your SWPPP.

Summarize what actions will be taken to try and correct the problems.

4. Send this form with the Discharge Monitoring Report (DMR) for the sampling period.

Mail to appropriate office:

Department of Ecology	Department of Ecology
Northwest Regional Office	Southwest Regional Office
Water Quality Program	Water Quality Program
3190 160th Ave SE	PO Box 47775
Bellevue, WA 98008-5452	Olympia, WA 98504-7775

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.

 Name & Title of Principal Executive Officer or Authorized Agent

Signature _____ Date _____

Phone Number _____

Gracias

Vielen
Dank

THANK YOU

Merci

Grazie