

January 23, 2004

Additional Sampling Requirement!

«company_name»
«address»
«City»

Copper – Lead – Hardness added to DMR for:
SO3-«PermitNo»
«facility_name»
«loc_addr»

Dear Industrial Stormwater Permittee:

Re: Industrial Stormwater General Permit Monitoring

Our records show that you have exceeded the benchmark value for zinc, 117 micrograms per liter (µg/L), for at least two consecutive samples. You reported values for «quarters» 2003. The values were:

«Zinc1» µg/L and «Zinc2» µg/L

When you exceed zinc for two consecutive sampling periods, you must begin sampling for copper, lead, and hardness. If you have not already begun the additional monitoring, you must begin doing so no later than the second quarter of 2004 (April/May/June).

Ecology recommends that you contact your laboratory and let them know about the additional requirement. You need to ask them if the change will require additional sampling bottles or quantity of stormwater sampled.

If you have questions about this additional stormwater sampling, please review that section of the permit, condition S4., Monitoring Requirements (page 21). The “Additional Metal Sampling” requirement is found on page 24, S4.C.3. Information, including a booklet on how to do stormwater sampling, is available from the Ecology stormwater web page.

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

If you still have questions about this additional sampling requirement or if you think Ecology’s records are in error, please contact «contact» before April 30, 2004.

| | |
|----------------|--|
| «contact» | |
| Email: «email» | US Mail: WA State Dept of Ecology PO Box 47696 Olympia WA 98504-7696 |
| Phone: «phone» | |

A new Discharge monitoring report with instructions is enclosed. Please begin using the new form immediately.

Sincerely,

Melodie A. Selby, P.E., Manager
Program Development Services
Water Quality Program

cc: Joyce Smith
«RegionCC»

**SO3-«Permitend»
INDUSTRIAL STORMWATER GENERAL PERMIT
DISCHARGE MONITORING REPORT**

MONITORING PERIOD for (year/quarter): _____ Jan/Feb/Mar Apr/May/June Jul/Aug/Sep Oct/Nov/Dec
year

Facility/Site Information

«NAME»
 Location: «facility_location»
 County: «County»
 Primary SIC Code: «STMWTR_PRIM_SIC_ID»

Mailing Information

«mailing_name»
 «Address»
 «City»

You must send a Discharge Monitoring Report (DMR) to Ecology **every quarter**. If there was **no discharge** or you have **suspended sampling** because of consistent attainment of benchmark values, mark the appropriate boxes and send the DMR to Ecology. Please read the instructions before completing the DMR.

| Discharge Point _____ | | | | | | |
|--|--|---------|---------|----------------|-------------|----------------|
| <input type="checkbox"/> There was no qualifying storm event this quarter so no values are entered below (see explanation) | | | | | | |
| Quarterly Monitoring | | AVERAGE | MAXIMUM | UNITS | Sample Type | Events Sampled |
| Turbidity | <input type="checkbox"/> Consistent Attainment | | | NTU | | |
| pH | <input type="checkbox"/> Consistent Attainment | | | Standard Units | | |
| Zinc (total) | <input type="checkbox"/> Consistent Attainment | | | µg/L | | |
| Oil & Grease | <input type="checkbox"/> Consistent Attainment | | | mg/L | Grab | |
| Copper | <input type="checkbox"/> Consistent Attainment | | | µg/L | | |
| Lead | <input type="checkbox"/> Consistent Attainment | | | µg/L | | |
| Hardness | Required if Zinc, Copper or Lead are reported | | | mg/L | | |

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.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (TYPED OR PRINTED) DATE: MO DAY YEAR

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NUMBER

COMMENTS / EXPLANATIONS