

STORM WATER SAMPLING RESULTS REPORT

Facility Name: _____

Permit I.D. No.: _____

Date: _____

Storm Event Information

Date of Storm Event: _____
(Month/Day/Year)

Individual Who Performed Sampling: _____

Time Discharge Started: _____

Time Sampled: _____

Duration of Storm: _____
(In Minutes)

Total Rainfall
During Storm Event: _____
(In Inches)

Number of Hours between Start of Storm
Measured and End of Previous Measurable
Rain Event: _____

Laboratory Information

Name of Laboratory: _____

Address: _____

Phone: _____

Contact Person: _____

Sampling Results

Outfall No.: _____

Sample Type: _____
(Grab or Composite*)

Parameter	Result	Unit	Detection Limit	Analyst	Analysis Date	Method Reference
Oil & Grease		mg/L				
CBOD ₅		mg/l.				
COD		mg/L				
TSS		mg/L				
TKN		mg/L				
T. Phosphorus		mg/L				
pH		s.u.				
Nitrate plus nitrogen		mg/L				

*Only if added to the storm water monitoring requirements by the Commissioner.

Please use the space below to explain any of the following:

1. Why all the parameters were not sampled.
2. Why all the outfalls the Notice of Intent letter stated would be sampled were not sampled.
3. Other.

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 the fine and imprisonment for knowing violations."

Responsible Corporate Officer or Duly Authorized Representative under 327 IAC 15-4-3(g):

(Printed Name)

(Date Signed)

(Signature)

Submit this report, along with a complete copy of the laboratory report, including chain-of-custody, to the following address within 30 days after laboratory analyses have been completed:

Attention: Rule 6 Storm Water Coordinator
Indiana Department of Environmental Management
Office of Water Quality
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015