



Instructions

Instructions: This report must be completed for each quarter and submitted by the 15th of February, May, August and November to the appropriate DEQ regional or agent office. The report must contain the results of all stormwater monitoring conducted during each quarter, and variance requests are due semi-annually, in February and August. Sample for the pollutants at monitoring location(s) specified in your SWPCP and use the monitoring location(s) number from your SWPCP. You must include the laboratory results, including minimum detection level, Quality Assurance/Quality Control and analytical methods for the parameters analyzed. You must also submit pH field notes and chain of custody.



DEQ Northwest Region Office
Stormwater Programs
700 Lloyd Building at 700 NE
Multnomah St., Suite 600
Portland, OR 97232

DEQ Eastern Region Office
Stormwater Program
475 NE Bellevue Drive, Suite 110
Bend, OR 97701

DEQ Western Region Office
Stormwater Program
165 East 7th Ave., Suite 100
Eugene, OR 97401

Clean Water Services
Industrial Stormwater
2550 SW Hillsboro Hwy.
Hillsboro, OR 97123

City of Portland
Industrial Stormwater
Section
Water Pollution Control Lab

City of Eugene
Industrial Source Control
410 River Ave.
Eugene, OR 97404

All Sections

- Organize data by monitoring location.
- Provide the data reported on the laboratory results sheets for each monitoring location.
- The excel spreadsheet will automatically calculate the geometric mean.
- Report "W" in the column(s) for any monitoring waiver. Pollutant(s) with a monitoring waiver will automatically generate a "W" in the geomean cell for that parameter.
- Report non-detect results as "ND" along with the applicable detection limit or minimum quantification limit in parentheses, for example ND (0.001).
- The spreadsheet will automatically use 1/2 the detection limit to calculate the geometric mean for non-detect results. The geometric mean is required in the second year of coverage.
- If a sampling event is missed or sampling frequency has been fulfilled, a sampling parameter is not analyzed, or if the sample result is not valid due to a qualifier on the laboratory report enter "NS" in each applicable column for that row. Report the resample for missed or invalidated parameters on a new row with the resample date.
- If "ERROR" appears in the geomean cell, recheck the data entry and the steps described in how reporting non-detects.
- For no discharge, report "No Discharge" in the row after the sampling date for any applicable monitoring location. Submit applicable documentation to support no discharge claim with February and August DMR.
- Use additional pages as needed for reporting extra monitoring events.

Statewide Benchmark Tabs

- At least one statewide benchmark tab is required for all permit holders. Only complete and print required pages.
- Sample 4 times per year, every year, unless granted a monitoring waiver or request a monitoring variance.
- Geometric mean is only required in the second year of permit coverage.



Sector Tab: Sector-Specific Benchmark Sampling

- If your facility does not have sector-specific benchmark requirements listed in your permit assignment letter, do not submit this section.
- Sample 4 times per year, every year, unless granted a monitoring waiver or request a monitoring variance.

Impairment Tab: Impairment Sampling

- If your facility does not have impairment sampling requirements, do not submit this page.
- Requirements are based on the receiving water body.
- Report "W" in the column(s) for any monitoring waiver or exemption from impairment monitoring due to non-detects.
- Sample 4 times per year, every year, unless granted a monitoring waiver or request a monitoring variance.
- PCBs should be reported as the sum of the following aroclors 1016, 1221, 1232, 1242, 1248, 1254, 1260. Do not use any value for any aroclor that is non-detect, If all Aroclors are non-detect, report the ND value for the highest non-detect value from the lab report, for example ND (0.002).

Numeric Effluent Limits Tab: Numeric Effluent Guidelines Sampling

- If your facility does not have effluent limits requirements, do not submit this page.
- Sample 2 times per year, every year, or as directed by permit conditions.



State of Oregon
Department of
Environmental
Quality

National Pollutant Discharge Elimination System Permit
Industrial Stormwater Discharge General Permit

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Facility Information

Legal name: _____ DEQ File No: _____
 Common name: _____ EPA #: _____
 Facility address: _____ Reporting Quarter: 1st 2nd 3rd 4th
 Facility City, Zip: _____ Reporting Year: 20_____ to 20_____
 Geo-Region: Columbia Slough Columbia River Portland Harbor Regional **Administered by:**
 2nd Geo-Region Columbia Slough Columbia River Portland Harbor Regional DEQ Clean Water Services
 Primary SIC Code: _____ Secondary SIC Code: _____ City of Portland City of Eugene

Monitoring Information

Number of discharge point(s): _____ Number of monitoring location(s): _____
 If different, you certify that the facility has established either: 1) the area has no exposure of stormwater to industrial activities, or 2) the effluent is substantially similar to effluent(s) monitored and the same BMPs are implemented and maintained. (See permit pg 23)

Monitoring Waiver(s) If yes list date on DEQ or Agent approval letter.

MM/DD/YY				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DMR Submittal Checklist

Please check all applicable documents are included with you DMR submittal:

- Original Signature Laboratory Reports Chain of Custody QA/QC form Lab pH field sheets

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 fine and imprisonment for knowing violations (40 CFR 122.22(d)).

Signature: _____ Date: _____
 Printed Name: _____ Title: _____
 Legally Authorized Representative
 Email: _____
 Telephone : _____

