MONITORING REPORT FOR DISCHARGES FROM PETROLEUM RELATED REMEDIATION ACTIVITIES AUTHORIZED BY GENERAL PERMIT 3-9004 and 3-9016

PERMITTEE: ___________________________ NOI# ___________
ADDRESS: ___________________________ Discharge Point ___________
PHONE: ___________________________ Month/Year

NOIs authorized by both General Permits must monitor the influent at least once per month.

<table>
<thead>
<tr>
<th>PARAMETERS</th>
<th>FLOW</th>
<th>BENZENE</th>
<th>TOTAL BTEX</th>
<th>MTBE</th>
<th>TPH *</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITS OF MEASURE:</td>
<td>GALLONS</td>
<td>ppb</td>
<td>ppb</td>
<td>ppb</td>
<td>ppb</td>
</tr>
<tr>
<td>FREQUENCY OF MEASURE:</td>
<td>1x per month</td>
<td>2x per month</td>
<td>2x per month</td>
<td>2x per month</td>
<td>2x per month</td>
</tr>
<tr>
<td>SAMPLE TYPE:</td>
<td>MEASURED</td>
<td>GRAB</td>
<td>GRAB</td>
<td>GRAB</td>
<td>GRAB</td>
</tr>
<tr>
<td>LIMIT:</td>
<td>Not to exceed pump capacity</td>
<td>5 ppb</td>
<td>50 ppb</td>
<td>monitor only</td>
<td>1000 ppb</td>
</tr>
</tbody>
</table>

SAMPLE DATE: INFLUENT SAMPLE RESULTS

SAMPLE DATE: INDIVIDUAL EFFLUENT SAMPLE RESULTS

FLOW TOTAL: AVERAGE:

- General Permit 3-9004 and General Permit 3-9016 = Effluent discharges lasting less than two weeks in duration shall be sampled a minimum of two times for those parameters listed above. Influent shall be sampled a minimum of one time.
- If sample results indicate that the effluent does not meet limits, take an additional effluent sample within 3 business days of receiving the results.
- Flow shall be measured as the total gallons discharged since the last meter reading. Flows may be measured or estimated by use of integrating timers on pumps, or by use of a weir or flume and a continuous recording flow meter.
- * TPH monitoring is required if the source is diesel, heating oil, kerosene, and or jet fuel.

COMMENT AND EXPLANATION OF ANY VIOLATIONS: (Reference all attachments here)

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. 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.

Prepared by: ___________________________ PRINT: ___________________________ Phone: _________________

Mail report form to:
Data Clerk
Watershed Management Division
One National Life Drive
Montpelier, VT 05620-3522

Do not attach lab sheets. Retain them as required in Part III.H.

Approved by: ___________________________ (Authorized Agent for Permittee)

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