Discharge ReportFor Moderate Risk Projects

Under General Permit 3-9020



In accordance with General Permit 3-9020 (amended 2008) this form shall be completed by the On-Site Plan Coordinator or a person acting under the direction of the On-Site Plan Coordinator after observation of any visibly discolored stormwater leaving the construction site. Attach additional pages as necessary to completely document the discharge. Submit a copy to DEC if turbidity readings above 25 NTU are noted. Retain a copy on site for all recorded discharges.

A. Project Information 1. Project Name:	2. Notice of Intent Number:
B. Discharge Information 1. Date of Discharge:	2.Time Discharge Detected:
3. Describe Location(s) of the Discharge(s):	
4. Duration of the Discharge(s):	
5. Cause of the Discharges(s) :	
6. Was the discharge visibly turbid? ☐ Yes ☐ No If 'No', only complete section E below. If Yes, proceed to item 7.	
7. Did the On-Site Plan Coordinator shall immediately inspect and maintain BMPs for compliance with the approved EPSC Plan? Yes No	
8. Describe any deficiencies in compliance with the EPSC that contributed to the discharge:	
9. Fully describe BMP maintenance (e.g. locations, address the discharge:	BMP deficiencies, actions taken) performed to
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10. After inspection and maintenance, did visibly diconstruction site? Yes No	
If 'No', only complete section E below. If Yes, proce	ed to item 11.
11. Did the visibly discolored stormwater leaving the (including wetlands)? ☐ Yes ☐ No	
If 'No', supplement BMPs as necessary to correct the maintain and supplement BMPs until such time as the below. If Yes, proceed to item 12.	
12. Did the On-Site Plan Coordinator shall immedia	<u> </u>

13. Fully describe the supplemental BMPs installed to correct or eliminate the discharge.	
14. After installing supplemental BMPs, did discharge of visibly discolored stormwater from the	
construction activities continue to enter Waters of the State? Yes No	
if 'No', only complete section E below. If Yes, proceed to item 15.	
C. Project Status	
Describe the work occurring that contributed to the discharge(s):	
2. At the time of the discharge, was the EPSC Plan fully implemented for the work contributing to the	
discharge? Yes No	
3. If No, describe what EPSC practices were not fully implemented and why:	
D. Corrective Action1. Describe the corrective action take, including a description of the actions taken, their location, and	
the time and date of the corrective action.	
E. On-Site Plan Coordinator 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 gathered and evaluated 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.	
Signature: Date:	

Submit Original Form to:

Vermont Department of Environmental Conservation Watershed Management Division, Stormwater Program 1 National Life Drive, Main 2 Montpelier, VT 05620-3522