

**Notice:** The Department is authorized to request the information in this report under ch. 283, Wis. Stats. Proper use of this form will aid permittees in making complete information submittals and thereby minimize the need for subsequent information requests by the Department. If false information from quarterly visual inspections is reported to the Department, you could be subject to penalties up to \$10,000 pursuant to s. 283.91(4), Wis. Stats. Personally identifiable information on this form may be used for other water quality program purposes.

Please type or clearly print your answers to all questions.

**Section I: Facility/Site Information**

Facility/Site Name (as Appears on Permit Authorization)		County	
Location Address/Description (if different from mailing address below)		State	ZIP Code
Municipality	<input type="radio"/> City <input type="radio"/> Village <input type="radio"/> Township	Facility Identification (FID) and/or FIN Number (if known)	
		FID:	FIN:

**Section II: Facility/Site Contact Person (person who collected storm water samples)**

Contact Person		Title	
Mailing Address (if different than site location address)	Municipality	State	ZIP Code
Phone Number (include area code)	Fax (include area code)	Email Address or Website (if applicable)	

**Section III: Laboratory Information**

Lab Name	WI Certification Number
Phone Number (include area code)	Subcontract Lab Name(s) (if applicable)

**Submit lab reports along with all information (including chain of custody forms, quality control data, etc.) received from laboratory.**

**Section IV: Sample Information**

Discharge or Outfall Number	Sample Number	Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)	Rainfall Event:	
		Start Time	End Time
Sample Collection:	Time Interval Between Sample Collection	Number of Samples Collected	
Start Time	End Time		

When a facility has more than one outfall which have storm water discharges substantially similar based on consideration of industrial activity, significant materials, and management, one outfall may be selected to represent the group of similar outfalls provided that this strategy has been clearly stated in the facility monitoring plan and that the representative outfall is clearly identified as such on the drainage base map.

Is this outfall representative of other discharges from the facility?  Yes  No

If yes, identify all of the outfalls that this one represents:

Discharge or Outfall Number	Sample Number	Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)	Rainfall Event:	
		Start Time	End Time
Sample Collection:	Time Interval Between Sample Collection	Number of Samples Collected	
Start Time	End Time		

Is this outfall representative of other discharges from the facility?  Yes  No

If yes, identify all of the outfalls that this one represents:

List additional sample information on page 2.

# Storm Water Chemical Analysis Report

Form 3400-176B (R 01/20)

Page 2 of 3

<b>Discharge or Outfall Number</b>		<b>Sample Number</b>		Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)		Rainfall Event:		
			Start Time	End Time	
Sample Collection:		Time Interval Between Sample Collection		Number of Samples Collected	
Start Time	End Time				

Is this outfall representative of other discharges from the facility?     Yes     No

If yes, identify all of the outfalls that this one represents:

<b>Discharge or Outfall Number</b>		<b>Sample Number</b>		Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)		Rainfall Event:		
			Start Time	End Time	
Sample Collection:		Time Interval Between Sample Collection		Number of Samples Collected	
Start Time	End Time				

Is this outfall representative of other discharges from the facility?     Yes     No

If yes, identify all of the outfalls that this one represents:

<b>Discharge or Outfall Number</b>		<b>Sample Number</b>		Description of Outfall or Discharge (pipe, grass swale, channel, etc.)	
Date of Sample Collection	Amount of Rainfall (nearest tenth of an inch)		Rainfall Event:		
			Start Time	End Time	
Sample Collection:		Time Interval Between Sample Collection		Number of Samples Collected	
Start Time	End Time				

Is this outfall representative of other discharges from the facility?     Yes     No

If yes, identify all of the outfalls that this one represents:

**Section V: Certification & Signature** (person attesting to the accuracy and completeness of the Storm Water Chemical Analysis Report)

**This form must be signed by an official representative of the permitted facility in accordance with s. NR 216.22(7), Wis. Adm. Code. See instructions on page 3. If this form is not signed, or is found to be incomplete, it will be returned.**

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.

Signature of Authorized Representative			Date Signed	Telephone Number (include area code)	
Type or Print Name		Company Name		Position Title	
Mailing Address			Municipality	State	ZIP Code

**Instructions**

Please type or clearly print your answers to all questions. Read instructions before completing this form.

**Section I: Facility/Site Information**

Provide the name of the facility as it appears on the permit application or permit cover letter and location address. If known, provide the Facility Identification (FID) and/or FIN Number assigned by the WDNR.

**Section II: Facility/Site Contact Person**

Provide the facility contact information for the person responsible for collecting the storm water samples. The mailing address should be given for the facility contact person if it is different from the facility site location address information.

**Section III: Laboratory Information**

Provide the name of the laboratory, WI Certification number, and laboratory contact information for the laboratory that performed the chemical analyses on your facility's storm water samples.

**Section IV: Sample Information**

Provide the name and description of the outfalls sampled; the date and start and end time of the sample collection; and the amount, start and end times of the sampled rainfall event. Also include the time interval between sample collection and the number of samples collected. Indicate if this outfall is representative of other discharges from the facility and identify those representative outfalls. Use additional sheets if necessary.

**Section V: Certification & Signature**

State Statutes provide for severe penalties for submitting false information on this form. State regulations require this form be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of Vice President, or a duly authorized representative having overall responsibility for the operation covered by this permit.
2. For a unit of government, a principal executive officer, a ranking elected official, or other duly authorized representative.
3. For a partnership, by a general partner; for a sole proprietorship, by the proprietor.
4. For a limited liability company, by member or manager.

Sign the form, print or type the name of the individual signing the certification and the date of signature, and provide the contact information.

**Mailing Addresses**

Unless otherwise directed, mail this completed form to the Wisconsin Department of Natural Resources (WDNR) office associated with the county of the facility site location as follows:

<b>NORTHERN REGION (NOR)</b>			
Ashland	Forest	Price	WDNR Eau Claire Service Center 1300 W Clairemont Ave Eau Claire, WI 54701 715-839-1636
Barron	Iron	Rusk	
Bayfield	Langlade	Sawyer	
Burnett	Lincoln	Taylor	
Douglas	Oneida	Vilas	
Florence	Polk	Washburn	
<b>NORTHEAST REGION (NER)</b>			
Brown	Manitowoc	Shawano	WDNR Northeast Regional Headquarters 2984 Shawano Avenue Green Bay, WI 54313-6727  (920) 662-5100
Calumet	Marinette	Waupaca	
Door	Marquette	Waushara	
Fond du Lac	Menominee	Winnebago	
Green Lake	Oconto		
Kewaunee	Outagamie		
<b>WEST CENTRAL REGION (WCR)</b>			
Buffalo	Jackson	Pierce	WDNR Eau Claire Service Center 1300 W Clairemont Ave Eau Claire, WI 54701 715-839-1636
Chippewa	Juneau	Portage	
Clark	La Crosse	St. Croix	
Crawford	Marathon	Trempealeau	
Dunn	Monroe	Vernon	
Eau Claire	Pepin	Wood	
<b>SOUTH CENTRAL REGION (SCR)</b>			
Columbia	Green	Richland	WDNR South Central Regional Headquarters 3911 Fish Hatchery Rd. Fitchburg, WI 53711 (608) 275-3266
Dane	Iowa	Rock	
Dodge	Jefferson	Sauk	
Grant	LaFayette		
<b>SOUTHEAST REGION (SER)</b>			
Kenosha	Racine	Washington	WDNR SER Headquarters 2300 N Dr. Martin Luther King Jr. Dr Milwaukee, WI 53212
Milwaukee	Sheboygan	Waukesha	
Ozaukee	Walworth		