

SEMI-ANNUAL STORMWATER DISCHARGE MONITORING REPORT

for North Carolina Division of Water Quality General Permit No. NCG060000

Date submitted _____

CERTIFICATE OF COVERAGE NO. NCG06 _____
 FACILITY NAME _____
 COUNTY _____
 PERSON COLLECTING SAMPLES _____
 LABORATORY _____ Lab Cert. # _____

SAMPLE COLLECTION YEAR _____
 FACILITY ACTIVITIES INCLUDE (check all that apply):
 use/process meats use animal fats/byproducts
 DISCHARGING TO SALTWATERS? YES NO

PLEASE REMEMBER TO SIGN ON THE REVERSE →

Part A: Stormwater Benchmarks and Monitoring Results

*Total event rainfall*² _____ or No discharge this period³

Outfall No.	Sample Collected, mo/dd/yr	TSS, mg/L	pH, Standard units	COD, mg/L	Oil and Grease, mg/L	Fecal Coliform ¹ , Colonies per 100 ml	Enterococci ¹ , Colonies per 100 ml
Benchmark	-	100 or 50 ⁴	Within 6.0 – 9.0	120	30	1000	500

¹ Only applies to facilities that use/process meats.

² The total precipitation must be recorded using data from an on-site rain gauge.

³ For sampling periods with no discharge at any outfalls. You must still submit this discharge monitoring report with a checkmark here.

⁴ See General Permit text, Table 3, identifying the especially sensitive receiving water classifications where the more protective benchmark applies.

Did this facility perform Vehicle Maintenance Activities using more than 55 gallons of new motor oil per month? yes no (if yes, complete Part B)

Part B: Vehicle Maintenance Area Monitoring Results: only for facilities averaging > 55 gal of new motor oil/month.

Outfall No.	Sample Collected, mo/dd/yr	Oil and Grease, mg/L	TSS, mg/L	pH, Standard units	New Motor Oil Usage, Annual average gal/mo
Benchmark	-	30	100 or 50 ⁴	6.0 – 9.0	-

¹ Only applies to facilities that use/process meats.

² The total precipitation must be recorded using data from an on-site rain gauge.

³ For sampling periods with no discharge at any outfalls, you must still submit this discharge monitoring report with a checkmark here.

⁴ See General Permit text, Table 3, identifying the especially sensitive receiving water classifications where the more protective benchmark applies.

***FOR PART A AND PART B MONITORING RESULTS:**

- A BENCHMARK EXCEEDANCE TRIGGERS **TIER 1 REQUIREMENTS**. SEE PERMIT PART II SECTION B.
- 2 EXCEEDANCES IN A ROW FOR THE SAME PARAMETER AT THE SAME OUTFALL TRIGGER **TIER 2 REQUIREMENTS**. SEE PERMIT PART II SECTION B.
- **TIER 3:** HAS YOUR FACILITY HAD 4 OR MORE BENCHMARK EXCEEDENCES FOR THE SAME PARAMETER AT ANY ONE OUTFALL? YES NO
IF YES, HAVE YOU CONTACTED THE DWQ REGIONAL OFFICE? YES NO

REGIONAL OFFICE CONTACT NAME: _____

Mail an original and one copy of this DMR, including all "No Discharge" reports, within 30 days of receipt of the lab results (or at end of monitoring period in the case of "No Discharge" reports) to:

Division of Water Quality Attn: DWQ Central Files 1617 Mail Service Center Raleigh, NC 27699-1617
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YOU MUST SIGN THIS CERTIFICATION FOR ANY INFORMATION REPORTED:

"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 fines and imprisonment for knowing violations."

(Signature of Permittee)

(Date)

Additional copies of this form may be downloaded at: <http://portal.ncdenr.org/web/wq/ws/su/npdsw#tab-4>