STORMWATER DISCHARGE OUTFALL (SDO) - Semi-Annual MONITORING FORM

GENERAL PERMIT NO. NCG140000

CERTIFICATE OF COVERAGE NO. NCG14__ __ __ __
FACILITY NAME: _____
PERSON COLLECTING SAMPLES _____
CERTIFIED LABORATORY_____ **Lab #** _____
_____**Lab #** _____
OPTIONAL INFO: _____

SAMPLE COLLECTION YEAR: _____
SAMPLING PERIOD: ☐ **July-December** ☐ **January-June**
COUNTY _____
PHONE NO. (_____)_____
ADD TO LISTSERVE? ☐**YES** ☐**NO EMAIL:** _____
DISCHARGING TO CLASS: ☐**SA** ☐**HQW** ☐**PNA** ☐**Trout** ☐**Other**_____

Part A: Stormwater Monitoring Requirements

Outfall No.	Date Sample Collected (mo/dd/yr OR NO FLOW)[1]	pH (Standard Units)	TSS (mg/L)	Event Duration (minutes)	Total Rainfall[4] (in)	In Tier 2 Monthly Monitoring? (y/n)	# of Months in Tier 2 Sampling[2]
-	-	6-9[2]	100[2,3]	-	-	-	-

[1] If "NO FLOW" or "NO DISCHARGE, Enter "NO FLOW" or "NO DISCHARGE" for each outfall here. Please make sure to mark the sample period above.
[2] If a value is in excess of the benchmark, or outside the benchmark range (for pH), you must implement the Tier 1 or Tier 2 responses in the General Permit. Tier 2 Monthly sampling shall be done until 3 consecutive samples are below the benchmark or within the benchmark range.
[3] TSS benchmark values are 100 mg/l, except when discharging to ORW, HQW, Trout, and PNA waters where they are 50 mg/l.
[4] For each sampled measurable storm event the total precipitation must be recorded using data from an on-site rain gauge.

Part B: Vehicle Maintenance Activity Monitoring Requirements for facilities using > 55 gal of new motor oil/month – averaged over a calendar year.

Outfall No.	Date Sample Collected (mo/dd/yr)[1]	pH (Standard Units)	TPH *using method 1664A SGT-HEM* (mg/L)	Total Suspended Solids (mg/L)	Event Duration (minutes)	Total Rainfall[4] (in)	New Motor Oil Usage (gal/month)	In Tier 2 Monthly Monitoring? (y/n)	# of Months in Tier 2 Sampling[2]
		6-9[2]	15[2]	100[2,3]	-	-	-	-	-

HAS YOUR FACILITY HAD 4 OR MORE BENCHMARK EXCEEDENCES AT ANY ONE OUTFALL (INCLUDING VEHICLE MAINTENANCE)? YES ☐ NO ☐
HAVE YOU CONTACTED THE REGION? YES ☐ NO ☐
REGIONAL OFFICE CONTACT NAME: _____

Mail Original and one copy of this DMR (including all "No Flow" & "No Discharge" reports) within 30 days of receipt of sample (or at end of monitoring period in case of "No Flow") to:

Division of Water Quality
Attn: DWQ Central Files
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

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)**