North Carolina Division of Water Quality

SEMI-ANNUAL STORMWATER DISCHARGE OUTFALL (SDO) MONITORING REPORT

Vehicle Maintenance Activities Only

Date submitted _____

CERTIFICATE OF COVERAGE NO. NCG____ __ __ __
FACILITY NAME _____
COUNTY _____
PERSON COLLECTING SAMPLES _____
LABORATORY_____ **Lab Cert. #** _____

SAMPLE COLLECTION YEAR _____

PLEASE REMEMBER TO SIGN ON THE REVERSE →

Vehicle Maintenance Area (VMA) Stormwater Monitoring Results: Only for facilities using an average of > 55 gal of new motor oil per month.

Total event rainfall [1]_____ *or* ☐ *No discharge this period*[2]

Outfall No.	Sample Collected, mm/dd/yr	Total Suspended Solids (TSS), mg/L	Non-polar O&G/TPH, mg/L (Method 1664 SGT-HEM) (if applicable)	Oil and Grease, mg/L (if applicable)	pH, Standard units (if applicable)	New Motor Oil Usage, Annual average gal/mo
Benchmark	**-**	**100 or 50**[3]	**15**	**30**	**Within 6.0 – 9.0**	**-**

[1] The total precipitation must be recorded using data from an on-site rain gauge.
[2] For sampling periods with no discharge at <u>any</u> outfalls. You must still submit this discharge monitoring report with a checkmark here.
[3] See General Permit text that identifies the especially sensitive receiving water classifications where the more protective TSS benchmark applies.

***FOR 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

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/npdessw