STORMWATER DISCHARGE OUTFALL (SDO)
GENERAL PERMIT NO. NCG200000
DISCHARGE MONITORING REPORT (DMR)

CERTIFICATE OF COVERAGE NO. NCG20□□□□
FACILITY NAME _____
PERSON COLLECTING SAMPLES _____
CERTIFIED LABORATORY_____ **Lab #** _____
_____ **Lab #** _____

COUNTY _____
PHONE NO. (_____)_____

Mail original and one copy to:
Division of Water Quality
Attn: Central Files
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

SAMPLES COLLECTED DURING CALENDAR YEAR: _____
(This monitoring report is due at the Division no later than 30 days from the date the facility receives the sampling results from the laboratory.)

Part A: Specific Monitoring Requirements

Outfall No.	Date Sample Collected mo/dd/yr	Total Rainfall inches	00530 Total Suspended Solids mg/l	00340 Chemical Oxygen Demand mg/l	00556 Oil & Grease mg/l	00400 pH s.u.	01113 Cadmium[2] mg/l	01119 Copper[2] mg/l	00980 Iron[2] mg/l	01114 Lead[2] mg/l	01094 Zinc[2] mg/l
Benchmark[1]	**-**	**-**	**100**	**120**	**30**	**6.0 – 9.0**	**0.001**	**0.007**	**N/A**	**0.03**	**0.067**

[1] 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.
[2] Total recoverable.

Only complete Part B if this facility uses more than 55 gallons of new motor oil per month.

Part B: Vehicle Maintenance Activity Monitoring Requirements

Outfall No.	Date Sample Collected mo/dd/yr	Total Rainfall inches	New Motor Oil Usage gal/month	00530 Total Suspended Solids mg/l	00400 pH s.u.	00556 Oil & Grease mg/l
Benchmark[1]	**-**	**-**	**-**	**100**	**6.0 – 9.0**	**30**

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)**