

# **DIRECTIONS FOR COMPLETING MONTHLY DISCHARGE MONITORING REPORTS**

(Forms MR-1, MR-1.1, MR-2 & MR-3)

## **I: FACILITY INFORMATION**

1. NPDES Permit No. Operator In Responsible Charge
2. Discharge No. Grade
3. Facility Name Certified Laboratory
4. Class Person(s) Collecting Samples
5. County Signature Of Operator In Responsible Charge

## **II: DATA REPORTING**

1. Operator Arrival Time Units of Measurement
2. Operator Time On Site Additional Parameters
3. ORC on Site? Average, Maximum, Minimum
4. Data Sample Type
5. Flow Monthly Limit
6. Parameter Codes

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## **I. FACILITY INFORMATION**

1. **NPDES Permit No.** - Number issued by the Division of Water Quality consisting of the letters "NC" followed by a seven digit number. Information from non-discharge facilities should not be reported on the MR series of forms.

2. **Discharge No.** - Three-digit number which corresponds to the effluent pipe for which the data are being reported (i.e., 001, 002, 003, etc.). Numbers are found within the NPDES permit.

3. **Facility Name** - Name of the facility as it appears on the NPDES permit.

4. **Class** - The class of the facility as designated by the Water Pollution Control System Operators Certification Commission. The rating will be either 0, I, II, III or IV. You should enter the water quality classification of the receiving stream in this space.

5. **County** - County in which the discharge outfall is located.

6. **Operator In Responsible Charge** -The printed name of the certified WWTP operator designated as operator in responsible charge. Unrated (class 0) facilities do not require an operator in responsible charge.

7. **Grade** - Certificate grade of the operator in responsible charge as awarded by the Water Pollution Control System Operators Certification Commission.

8. **Certified Laboratory** - Name of the certified laboratory (-ies) performing analyses (if applicable).

9. **Person(s) Collecting Samples** - Printed name of the individual who collected the sample for which the data was reported. In the case of several individuals, please specify as a group name, such as "operators" or "staff," etc.

10. **Signature Of Operator In Responsible Charge** - Dated signature of the operator in responsible charge. Each month's report must include an original signature in ink. Copies are not acceptable.

## II. DATA REPORTING

1. **Operator Arrival Time** -Record the time of arrival of a certified operator using a 2400 clock value. If the facility is staffed by operators 24 hours a day, record the arrival time of the 1st shift operator.

2. **Operator Time On Site** - Record the number of hours spent by certified operators at the facility. If the facility is staffed on all three shifts, enter "24." If more than one operator is on duty at the same time, this value is not the sum of all hours worked by the operators, but the total number of hours the facility was staffed.

3. **ORC On Site?** - Record yes (Y) or no (N) as to whether the designated ORC visited the site on that date. If the designated backup operator served as ORC on a particular day, record "B" in this column for that date. It is also appropriate to record "H" in the cell if the date is a legal holiday.

4. **Data** - Enter the analytical results for each sample under the appropriate parameter code in the row that corresponds to the day upon which the sample was taken. Please note that Flow should always be reported as a decimal number (do not use scientific notation) in units of millions of gallons per day (MGD), unless the permit states otherwise.

5. **Parameter Codes** - Codes for the more commonly monitored parameters can be found on the back of form MR-1 or MR-1.1. A complete list of parameter codes can be found on the NPDES website.

6. **Units of Measurement** - All data values must be accompanied by corresponding units of measurement, noted at the top of the data column for the particular parameter. If your permit contains a numeric limit for any parameter, then the reporting units must be the same units of measurement of that limit. If your reporting units are other than those on

the pre-printed form, the printed units should be marked out and the reporting units be clearly designated at the top of the column.

7. **Additional Parameters** - Enter the appropriate parameter code, name of the parameter and units of measurement in the space provided.

8. **Average, Maximum, Minimum** - Enter the average, maximum and minimum values for the results recorded in the data column. Please note no average is to be calculated for pH. Any average for Fecal Coliform is to be calculated as a geometric mean. If you are uncertain about how to calculate the geometric mean, please contact your local DWQ Regional Office or a member of the NPDES Compliance/Enforcement Unit staff at (919) 807-6300. If only one value is reported for a parameter during the reporting month, that value should be reported as the average, maximum and minimum.

9. **Sample Type** - Enter the sample description in each column for which data is being reported. Enter the letter "C" for composite or the letter "G" for grab.

10. **Monthly Limit** - Enter the monthly limit for each parameter as found in the current NPDES permit, Special Order by Consent or Judicial Order by Consent.

### III. FACILITY STATUS INFORMATION

1. **Facility Status** - Mark the appropriate box to show whether facility was compliant or noncompliant with regard to permit, SOC or JOC requirements. If noncompliant, use the comment section to explain in detail the course of action taken or to be taken to achieve compliance.

2. **Signature of Permittee** - Record the name of the permittee or his or her authorized agent (printed or typed), the dated signature of that person and a mailing address and phone number at which he or she may be reached during working hours. If someone other than the permittee is to be the signatory, the requirement noted by the double asterisk "\*\*\*" must be met. Also record the expiration date of the current permit in this section. While this is not on the form, you may also wish to provide an e-mail address in this space that can provide the Division with another avenue of communication.

### IV. STREAM MONITORING INFORMATION

1. **Stream** - Name of the stream from which the upstream or downstream monitoring samples are taken.

2. **Location** - Location of the site on the stream from which the sample was taken. This may be recorded as a distance (e.g. "100 feet upstream of outfall") or a specific location (e.g. "S.R. 1111").

### V. GENERAL

1. **Submitting Reports** - An original and one copy of each month's monitoring report is required to be submitted to the Division of Water Quality's Central Files office (address

listed on form MR-1) and must be received by the Division within thirty (30) days after the end of the month for which the report is made.

**2. Appearance** - Forms must be completed in ink. Please make all entries on forms legible. All information other than signatures must be printed or typed. If you fill out forms by hand, please make sure the originals are completed in ink and that all entries are legible. Copies of the original report must also be readable and must include a reproduction of the backside of the effluent reporting form containing the permittee's certification. If you utilize a computer-generated report, you must also ensure that the report is legible and that proper copies are made. DWQ will notify if you are the user of a form that is deemed deficient and will advise you of what modifications need to be made.

### **3. Calculations**

(a) *Averages*. All averages are to be calculated as the arithmetic mean of the recorded values with the exception of that of Fecal Coliform, which is to be calculated as a geometric mean. If you are uncertain about how to calculate the geometric mean, please contact your local DWQ Regional Office or a member of the NPDES Compliance/Enforcement Unit staff at (919) 807-6300.

(b) *Use of "less than" values*. For calculation purposes only, recorded values of less than a detectable limit (< #.##) may be considered to equal zero (0) for all parameters except Fecal Coliform, for which values of "less than" may be considered to be equal to one (1). Values of results which are less than a detectable limit should be reported in the daily cells using the "less than" symbol (<) and the detectable limit used during the testing (or the value with appropriate unit conversion). Please note there is never a case when an average would need to be recorded along with a "less than" symbol.

(c) *Use of "greater than" values*. Such values are only expected (and then only infrequently) in the reporting of Fecal Coliform and BOD. If a "greater than" value is reported, the numeric portion of the value should be sufficiently high so as to make the facility aware of the extent of any problems with treatment efficiency. Upon receipt of "greater than" testing results, a facility should consult its laboratory to see if changes in testing procedure need to be made in order to get discreet values from the analysis. For calculation purposes only, the numeric portion of the value must be used to calculate either an arithmetic or geometric mean.

**4. Enforcement** - Failure to comply with any of the requirements listed above may result in the facility being issued a Notice of Violation or being subject to other appropriate enforcement action.

**5. Order of Report Forms** - DMR submittals typically include the results of monitoring of the facility's effluent, its influent and its receiving stream. It is requested that for any DMR, the report be bound with the Effluent page(s) (DWQ form MR-1 or MR-1.1) on top, followed by the Influent page (form MR-2, if influent monitoring is required) and finally the Upstream/Downstream page (form MR-3).

**6. Number of Reports** - You are required to submit the original and one copy of the report to DWQ. Each copy should be a discreet report for the month, put together in the order described above.

**7. Multiple Submittals** - School systems and contract operations, please take note of this request. If you submit reports for multiple permits within one mailing, please bind together the submittals (original and one copy) for the various facilities. Please do not segregate the reports into any other type of organization (e.g., binding together all effluent or stream monitoring pages). To do so will cause reports to be taken apart and placed together properly, which slows processing and introduces opportunity for mistakes to be made. If you send many DMRs in one envelope, it is advisable that you send a summary sheet along with the DMRs that lists what reports are contained in the package.

**8. Permits for Other Program Areas** - Please note that this discussion pertains to submittal of DMRs required of NPDES permittees (point source discharge pipes to streams). You may have permits for activities in other program areas such as DWQ's non discharge program (wastewater spray irrigation or land application of residuals) or the Division of Environmental Health's public water supply program (drinking water). Please consult those permits for instructions for their submittal. It is not advisable to submit any other reports along with your DMR submittals.

**9. Toxicity Reporting** - Some permittees will have monitoring requirements for Toxicity within their permits. Please be aware that this parameter has a dual reporting requirement. Results of toxicity testing should be reported on DMR forms, but the toxicity testing results forms must be submitted to the Aquatic Toxicity Unit at the address listed below.

Aquatic Toxicology Unit  
DWQ Environmental Sciences Branch  
1621 Mail Service Center Raleigh, NC 27699-1621

**10. Corrected or Amended Reports** - In the event that you omit or erroneously report data on a DMR, the information should be updated with the submittal of an amended report. To best handle the amended data, the following procedure is recommended:

1. Regenerate or make a copy from your files of the DMR previously submitted to DWQ.
2. Make changes to the individual data points on the form, including updated summary information.
3. Initial and highlight changes to the original submittal.
4. At the top of the reporting page, write very conspicuously: "Amended Report" or "Corrected Report."
5. Provide a short cover page describing the changes to the DMR or note changes in the comment area on the back of the MR-1 form.

Use of this procedure will be a great help to DWQ's data entry staff. Without specifically identifying changes on the DMR, each data point must be evaluated between the original and amended reports to ensure the values in our database are correct. Calling attention to just those values that are changed both speeds up our processes and decreases the possibility for errors to be made.

11. **Contacts** - DWQ deals with a tremendous number of permitted entities that may be experiencing their own changes involving administration and personnel. In dealing with NPDES permit matters, DWQ must deal with only one representative of the permitted facility (someone with authority to see that changes are made at the facility if they are necessary) in order to be effective. You are encouraged to keep DWQ informed of any updates as to the person responsible for the permit, addresses or phone numbers in order to facilitate the best possible communication between our two organizations. This can be done by sending an e-mail to our Unit or by using the back of the MR-1 form under the permittee certification section. Regulations regarding who may be deemed responsible for a permit and who may sign as the "permittee" on the DMR can be found (respectively) in the North Carolina Administrative Code in sections 15A NCAC 2H .106(e) and 15A NCAC 2B .0506 (b)(2).