LIMIT VIOLATION DMR - WASTEWATER

*SEND TO YOUR LOCAL REGIONAL OFFICE**

PROCESS MINE/DEWATERING *WASTEWATER*
GENERAL PERMIT NO. NCG020000 (MINING)

* Use this form if you have *Exceeded Wastewater Limits* for any parameters. *Send sample results to your local DWQ Regional Office within 30 days of receipt from lab.*

CERTIFICATE OF COVERAGE NO. NCG02__ __ __ __
FACILITY NAME: _____
PERSON COLLECTING SAMPLES: _____
CERTIFIED LABORATORY:_____ **Lab #** _____
_____**Lab #** _____

LIMIT VIOLATIONS? YES ☐ **NO** ☐

SAMPLE COLLECTION QUARTER: 1 ☐ **2** ☐ **3** ☐ **4** ☐
MONTHLY MONIOTORING? YES ☐ **NO** ☐ **MONTH:** _____
COUNTY: _____
PHONE NO. (_____)_____
ADD TO LISTSERVE? YES ☐ **NO**☐ **EMAIL:** __ _____

INDUSTRIAL SAND[1]? ☐ **DISCHARGING TO SA WATERS[4]?** ☐

Part A: Wastewater Monitoring Requirements

Outfall No.	Date Sample Collected[1]	Total Flow	Total Suspended Solids[4]	Turbidity[3]	Settleable Solids	pH	Fecal Coliforms
-	mm/dd/yr	MG	mg/l[2,4]	NTU[2,3]	ml/l[2]	Standard[2]	col/ml[2,4]

[1] All mines must monitor WW discharges for TSS. Only industrial sand mine discharges are subject to TSS limits.
[2] If an effluent limit is exceeded, the permittee is required to institute monthly monitoring for that parameter for the remaining permit term.
[3] The discharge shall not cause an instantaneous measurement of the turbidity of the receiving water to exceed: 10 NTU for freshwater streams, lakes, and reservoirs designated as trout waters; 25 NTU for all lakes and reservoirs, and all salt waters; 50 NTU for all other streams and surface waters. Turbidity may be monitored at the Stormwater Discharge Outfall. Alternatively, the permittee may choose to monitor turbidity in the receiving water, directly upstream and downstream of the SDO.
[4] Only facilities discharging to SA waters are required to monitor for Fecal coliforms.

USE THIS FORM IF YOU HAVE EXCEEDED WASTEWATER LIMITS FOR ANY PARAMETERS.

SEND THIS DMR TO YOUR DWQ REGIONAL OFFICE WITHIN 30 DAYS OF RECEIPT OF SAMPLE RESULTS FROM THE LAB.

DWQ REGIONAL OFFICES:

Asheville Regional Office (ARO)
Roger Edwards, Surface Water Protection Supervisor
2090 US Highway 70
Swannanoa, NC 28778
COURIER 12-59-01
Phone: (828) 296-4500
Fax: (828) 299-7043

Mooresville Regional Office (MRO)
Rob Krebs, Surface Water Protection Supervisor
610 East Center Avenue, Suite 301
Mooresville, NC 28115
COURIER 09-08-06
Phone: (704) 663-1699
Fax: (704) 663-6040

Washington Regional Office (WaRO
Al Hodege, Surface Water Protection Supervisor
943 Washington Square Mall
Washington, NC 27889
COURIER 16-04-01
Phone: (252) 946-6481
Fax: (252) 946-9215 or (252) 975-3716

Winston-Salem Regional Office (WSRO)
Steve Tedder, Surface Water Protection Supervisor
585 Waughtown Street
Winston-Salem, NC 27107
COURIER 13-15-01
Phone: (336) 771-5000
Fax: (336) 771-4631

Fayetteville Regional Office (FRO)
Belinda Henson, Surface Water Protection Supervisor
225 Green Street
Systel Building Suite 714
Fayetteville, NC 28301-5043
COURIER 14-56-25
Phone: (910) 433-3300
Fax: (910) 486-0707

Raleigh Regional Office (RRO)
Danny Smith, Surface Water Protection Supervisor
3800 Barrett Drive
Raleigh, NC 27609
COURIER 52-01-00
Phone: (919) 791-4200
Fax: (919) 571-4718

Wilmington Regional Office (WRO)
Rick Shiver, Surface Water Protection Supervisor
127 Cardinal Drive Extension
Wilmington, NC 28405-2845
COURIER 04-16-33
Phone: (910) 796-7215
Fax: (910) 350-2004

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)**