STORMWATER DISCHARGE OUTFALL (SDO)
GENERAL PERMIT NO. NCG160000
DISCHARGE MONITORING REPORT (DMR)

CERTIFICATE OF COVERAGE NO. NCG16☐☐☐☐

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.)

FACILITY NAME _____
PERSON COLLECTING SAMPLES _____
CERTIFIED LABORATORY_____ **Lab #**_____
_____**Lab #** _____

COUNTY _____
PHONE NO. (_____)_____

Monitoring Requirements

Outfall No.	Date Sample Collected, mo/dd/yr	Total Rainfall, inches	00530 Total Suspended Solids, mg/l	00400 pH, Standard units	00556 Total Petroleum Hydrocarbons, mg/l EPA Method 1664 (SGT-HEM)
Benchmark[1]	**-**	**-**	**100**	**Within 6.0 – 9.0**	**15**

[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.

Mail original and one copy to:
Division of Water Quality
Attn: 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)**