STORMWATER DISCHARGE OUTFALL (SDO)
MONITORING REPORT

Certificate of Coverage No. NCG _____

SAMPLES COLLECTED DURING CALENDAR YEAR: _____
(This monitoring report shall be received by the Division no later than 30 days from the date the facility receives the sampling results from the laboratory.)

FACILITY NAME _____
PERSON COLLECTING SAMPLE(S) _____
CERTIFIED LABORATORY(S) _____Lab #_____
_____Lab #_____

COUNTY _____
PHONE NO. (_____)_____
_____
(SIGNATURE OF PERMITTEE OR DESIGNEE)
By this signature, I certify that this report is accurate complete to the best of my knowledge.

Part A: Vehicle Maintenance Activity Monitoring Requirements (only if, on average, more than 55 gallons per month of new motor oil is used)

Outfall No.	Date Sample Collected, mo/dd/yr	Total Rainfall, inches	New Motor Oil Usage, Annual average gal/mo	00556 Oil and Grease, mg/L	Non-polar O&G/TPH (Method 1664 SGT-HEM), if appl.	00530 Total Suspended Solids, mg/L	00400 pH, Standard units
Benchmark	**-**	**-**	**-**	**30**	**15**	**100**	**6.0 – 9.0**

Note: If you report a sampled value in excess of the benchmark value, or outside the benchmark range for pH, you must implement 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

"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)**