STORMWATER DISCHARGE OUTFALL (SDO)
ANNUAL SUMMARY DATA MONITORING REPORT (DMR)
Calendar Year _____

General Permit No. NCG200000
Certificate of Coverage No. NCG20☐☐☐☐☐

This monitoring report summary is due to the DWQ Regional Office no later than March 1st of each calendar year.

Facility Name: _____
County: _____
Phone Number: (_____)_____ Total no. of SDOs monitored _____

Outfall No. _____
Is this outfall currently in Tier 2 (monitored monthly)? **Yes** ☐ **No** ☐
Was this outfall ever in Tier 2 (monitored monthly) during the past year? **Yes** ☐ **No** ☐
If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?
Enough consecutive samples below benchmarks to decrease frequency ☐
Received approval from DWQ to reduce monitoring frequency ☐
Other _____ ☐

Outfall _____	Total Rainfall, inches	00530 TSS mg/l	00340 COD mg/l	00556 Oil & Grease mg/l	00400 pH s.u.	01113 Cadmium mg/l	01119 Copper mg/l	00980 Iron mg/l	01114 Lead mg/l	01094 Zinc mg/l
Benchmark	***N/A***	**100**	**120**	**30**	**6.0 – 9.0**	**0.001**	**0.007**	**N/A***	**0.03**	**0.067**
Date Sample Collected, mo/dd/yr										

*Iron benchmark was removed due to variable ambient in-stream concentrations throughout State. However, 90% of ambient monitoring data collected since 2004 by DWQ show background iron concentrations less than or equal to 2.1 mg/l. Stormwater discharge iron concentrations greater than 2.1 mg/l may be contributing iron above background levels.

Additional Outfall Attachment (make copies as needed for additional outfalls)

Outfall No. _____

Is this outfall currently in Tier 2 (monitored monthly)? **Yes** ☐ **No** ☐

Was this outfall ever in Tier 2 (monitored monthly) during the past year? **Yes** ☐ **No** ☐

If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?

Enough consecutive samples below benchmarks to decrease frequency ☐

Received approval from DWQ to reduce monitoring frequency ☐

Other _____ ☐

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"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 _____

Date _____

Mail Annual DMR Summary Reports to Your Regional DWQ Office:

DWQ Regional Office Contact Information:

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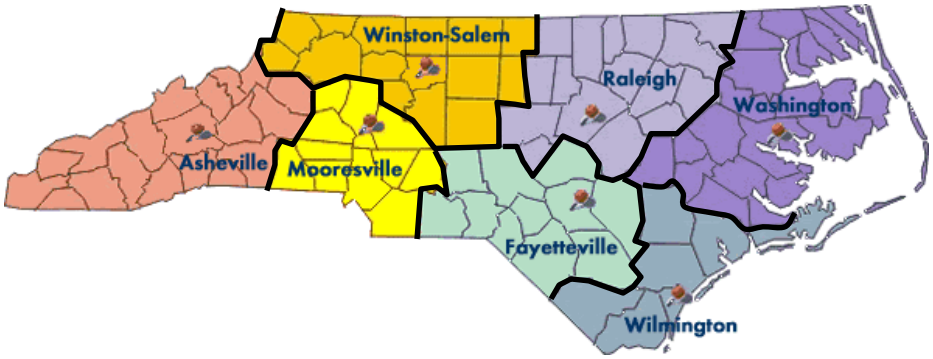
Fayetteville Office … (910) 433-3300
Mooresville Office … (704) 663-1699
Raleigh Office …….. (919) 791-4200
Washington Office …(252) 946-6481
Wilmington Office … (910) 796-7215
Winston-Salem …… (336) 771-5000
Central Office ……(919) 807-6300



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