Quarterly Process Wastewater Discharge Monitoring Report

for North Carolina Division of Water Quality General Permit No. NCG240000 Date submitted

CERTIFICATE OF COVERAGE NO. NCG24 FACILITY NAMECOUNTY	SAMPLE COLLECTION YEAR		
PERSON COLLECTING SAMPLES Lab Cert. # Lab Cert. # WHAT IS THE 2-year, 24-hour RAINFALL AT THIS SITE?	DISCHARGING TO CLASS ORW HQW Trout PNA Zero-flow Water supply SA Other OUTFALL #		
ARE YOU REPORTING LIMIT VIOLATIONS? YES \(\square\) NO \(\square\)	DATES & RAINFALL AMOUNTS OF ANY BYPASSES:		
Wastewater Limits and Monitoring Results	☐ No discharge this period¹		

Wastewater Limits and Monitoring Results				No discharge this period		
Date Sample Collected ¹ (mm/dd/yr)	BOD ₅ Quarterly avg; Daily max	TSS Quarterly avg; Daily max	Fecal coliform Quarterly avg; Daily max	рН	Total Flow ³ in MG	Rainfall ⁴
Limits ===>	30 mg/L; 45 mg/L	30 mg/L; 45 mg/L	200 col./100 mL; 400 col./100 mL	6-9 ²	-	-

¹ If a process wastewater discharge did not occur in this quarter, please mark the "No discharge" box. Please also mark the sample quarter as well.

² pH limits are 6-9 S.U. for wastewater discharges to freshwaters, and 6.8-8.5 S.U. for discharges to saltwaters. Other limits may apply to Sw – Swamp Waters; contact DWQ for guidance if you discharge to Swamp Waters.

³ Enter total flow in million gallons on the day of the sample.

⁴ If the process wastewater discharge was partially in response to a rainfall event, enter the rainfall amount in inches.

MAIL ORIGINAL AND ONE COPY OF THIS FORM WITHIN 30 DAYS OF RECEIPT OF SAMPLE RESULTS, OR AT THE END OF THE MONITORING PERIOD FOR "NO DISCHARGE" REPORTS, TO:

Division of Water Quality Attn: DWQ Central Files 1617 Mail Service Center Raleigh, North Carolina 27699-1617 (919) 807-6379

YOU MUST SIGN THIS CERTIFICATION FOR ANY INFORMATION REPORTED:

"I certify, under penalty of law, that this document and all attachme	ents were prepared under my direction or supervision in accordance with a system designed to					
assure that qualified personnel properly gather and evaluate the inf	formation 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 submit	itting false information, including the possibility of fines and imprisonment for knowing					
violations."						
(Signature of Permittee)	(Date)					

Permit Date: 10/1/2011-09/30/2016

Last Revised 12/07/11